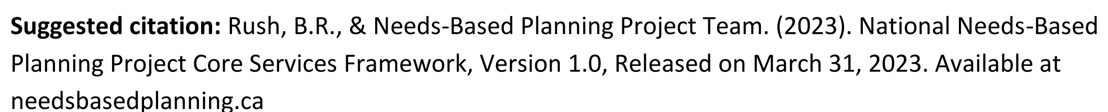
National Needs-Based Planning Project Core Services Framework

Rationale, Definitions and Examples



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1.0 INTRODUCTION AND BACKGROUND

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. There is ample evidence in the Canadian, as well as international 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. There is also ample evidence of wide variation in equity of access across communities and sub-populations. 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 traditionally disparate service delivery sectors.

System planners and policy makers are also giving much more attention to the need for a "whole system" or "whole-of-government" approach, calling for more comprehensive, population-based planning models and practical tools in support of such multi-sectoral collaboration, including but not limited to primary health care services. Data on the "treatment gap", and other systems-level analyses, have supported the case for a more comprehensive view of the treatment system, arguing that a discernible impact at a population level is not likely to be achieved only through mental health and substance use health services mandated specifically to serve people with the most severe and complex needs. Therefore, a systems approach to mental health and substance use health treatment system planning and resource allocation requires consideration of a wide range of service delivery settings and contexts in order to broaden the base of treatment and integrate services into a coherent treatment system.

The Needs-based Planning Project team led by Dr. Brian Rush and Dr. Daniel Vigo developed an integrated planning model that estimates the required capacity of mental health and substance use health services and supports for adults, based on objective measures of population need and evidence-informed services.

Each jurisdiction in Canada has a mental health and addictions strategy, yet, there is no planning model that can support jurisdictions to undertake integrated service planning that takes a "whole system" approach. This project made a significant contribution by developing a model that key decision-makers in health 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.

An important contribution of this project was agreement among key stakeholders on a core basket of services in the ideal treatment system, that is an agreement on the "what" is to be

estimated. The Needs Based Planning (NBP) project team undertook the development of a national set of core mental health and substance use health services as a key component for application within the NBP model. This work was undertaken with considerable input and iterative feedback from the project's National Advisory Committee and expert consultants, in particular, Dr. Sherry Mumford, Dr. Carol Adair and Ms. Stephanie Paquette, and other key stakeholders.

1.1 THE ADDED VALUE OF A NATIONAL CORE SERVICES FRAMEWORK

The primary motivation for the development of this national core services framework was the requirement within the NBP model to be very specific as to what service capacities are being projected as well as the mapping of current resources for purposes of the gap analysis. This requires a common understanding among all stakeholders when implementing the model, and the NBP project tested this system mapping process in the project's six pilot jurisdictions (province of New Brunswick, province of Nova Scotia, North Zone in Alberta, North-Bay Nipissing in Ontario, Niagara region in Ontario, and Prairie Mountain Health Authority in Manitoba).

In addition to the requirements of the national project it is recognized that core service frameworks are a critical part of implementing a comprehensive provincial or territorial strategic plan as well as a national vision for offering guidance on such things as workforce competencies, performance measurement and accountability frameworks. Many of the provincial and territorial governments have articulated priorities for certain types of services and supports, sometimes articulated as an ideal "basket" of services. It is intended that this national framework will contribute to further development of such work and concretely improved reach and coordination of services and supports and, ultimately, the outcomes of the treatment services and supports that are delivered. To enhance these person and family-level experiences a core service framework facilitates collective impact of several key activities, processes, and outcomes. These are summarized below.

Improving access to and coordination of evidence-informed services

Planning and allocating resources across an evidence-informed continuum of services and supports should help jurisdictions improve awareness among people in need as to what services are and should be available and, for service providers, illustrate the various ways they may themselves provide a greater range of options, including increasing their reach to those experiencing barriers to accessing and/or transitioning across services. The systems approach on which Needs-Based Planning is grounded should also increase inter-government and cross-sectoral collaboration, for example, highlighting the critical importance of community partners such as primary care, education, housing, justice etc. within the overall mental health and

substance use service system. Adherence to the principles of needs-based planning and conducting a thoughtful gap analysis should also serve to legitimize culture-based approaches to treatment, support reconciliation and reduce systemic discrimination and racism.

Improving the quality of services

National core service framework can facilitate quality improvement initiatives, including those requiring service guidelines and standards and support a common language, common definitions, and common operational standards. This would support Communities of Practices forming around each of the core services, thereby growing the quality of the clinical, psychosocial, and spirituality-based practices across the country. While the core services represent an ideal mix of services and supports to strive for in an aspirational way, they are, however, only one step towards service and system-level quality. Each core service model needs to be complemented with clinical and service guidelines to ensure quality and fidelity in actual service delivery and will also need practical implementation supports to be able to deliver the standard of care under variable conditions.

Improving the workforce and core competencies

An agreed-upon core services framework may enhance national and jurisdictional-level work focused on workforce training and competencies. The definitions of the core services provided herein include some information related to the range of staffing required for each service category so as to distinguish some of core services on the basis of severity and complexity of need among people they will support and hence differential staffing requirements. This is not presented as a definitive staffing and core competency model but rather as a helpful step in that direction.

Improving health system performance

Through the use of “Functional Centres” the Canadian Institute on Health Information (CIHI) collects, synthesizes, and reports on a wide range of health data and information that are used to accelerate improvements in health care, health system performance and population health across Canada. A specific stream of information is requested annually from provincial and territorial health ministries and individual health service providers, including those involved in the provision of mental health and substance use health services. Currently work is underway to align the CIHI functional centres with key elements of the national NBP core services framework. This work will be important to understand and support improvements in overall performance of mental health and substance use health treatment and support system. If successful in creating a common national expectation of services, this will allow for more comparative performance monitoring and cost analyses.

1.2 SCOPE

Specialized Services and Collaborating Partners: It is now widely accepted among leading experts in mental health and substance use health prevention and treatment systems that a broad "*whole-of-government"* approach is needed in order to affect a population-level impact of public investments. [1,2] A "whole-of-government" approach calls upon virtually all government departments to consider mental health, including substance use health, in their policies and programs. Further, in addition to investment in prevention and health promotion, a continuum of services specifically mandated to provide treatment and support to those with a range of mental health and substance use health challenges and risks, as well as a wide range of more generic providers of health, social and justice-related services is required. The national core services framework draws draw particular attention to the former, referred to as "specialized" mental health and substance use services while recognizing the critical role for the latter, referred to as "collaborating partners".

Non-governmental/health authority direct services: In many Canadian jurisdictions mental health and substance use health services are funded primarily through direct funding from government or a health authority. Typically, however, there are a wide variety of other funding arrangements, for example, through contracts with Non-Governmental Organizations (NGO's) and other private non-profit entities. The reality for many mental health and substance use health services is a mix of funding streams and contracts, often to supplement core governmental support. The private, for-profit sector is also an important provider of mental health and substance use health services in Canada including a small number of pan-Canadian organizations such as Homewood Health Services and Edgewood Health Network as well as more provincially or regionally focused organizations. Employee Assistance Programs (EAPs) also play an important role. Lastly, there are many professionals trained in mental health and/or substance use treatment and support who operate on a fee-for-service basis (e.g., psychologists, psychotherapists). Funding for services obtained in this array of private services often comes through the end-user's personal health insurance and/or out-of-pocket user fees.

Importantly, the estimates of need for the core mental health and substance use health services developed by the national NBP model are population-level projections regardless of the source of funding to meet that need, for example, the specific government department, Ministry or health authority, non-government organizations (NGO), or private for-profit organization. This presents some challenges in conducting a national, regional or local gap

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[1] babor

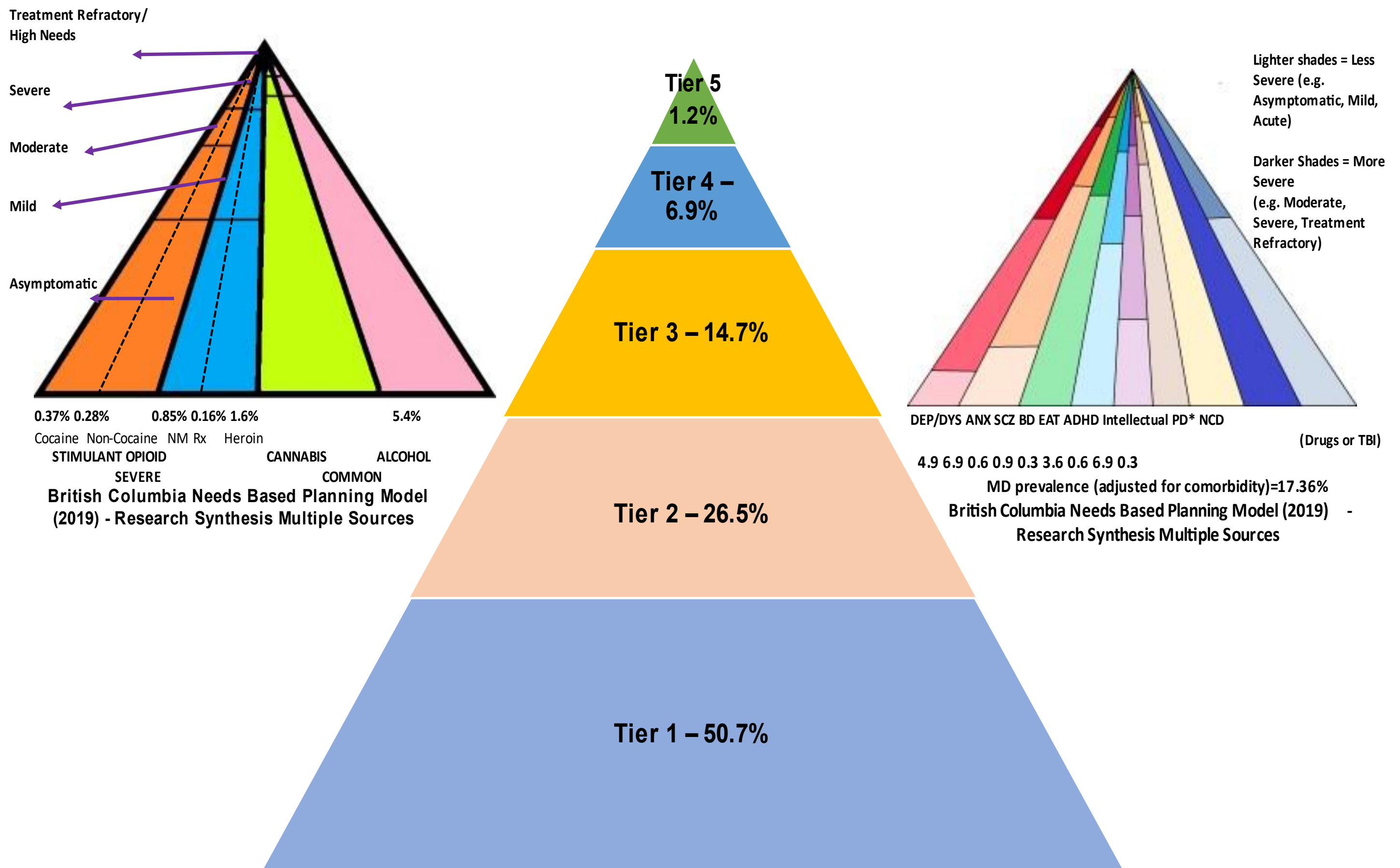
[2] Rush, B. and Urbanoski, K. (2019). Seven core principles of substance use treatment system design to aid in identifying strengths, gaps, and required enhancements. J. Stud. Alcohol Drugs, Supplement 18, 9–21.

analysis which requires accurate information on the current total level of service utilization, especially within the private sector. Experience has shown that, at this last step in application of the NBP model, private for-profit services will typically be excluded unless significant efforts can go into securing the required data for a particular jurisdiction.

Prevention and Health Promotion – Although the focus of the core services framework, and the overall NBP model, is on treatment and support services for people experiencing challenges related to mental health and substance use health this is not meant to downplay the importance of prevention and health promotion. With respect to health promotion, it is recognized that the promotion of health and wellness is critically important for people at all levels of risk and problem severity, and therefore an important component of all core service (e.g., a focus on social determinants of health, community connectivity, physical health, and wellness).

With respect to prevention, the grounding of the core service framework in the tiered model of system design draws attention to the needs of those in "Tier 2" for secondary prevention (e.g., identifying and responding to people using substances over the low risk guidelines) as well as primary prevention for those in "Tier 1"). The estimates of need derived from the NBP project distinguish both Tiers 1 and 2 and include Tier 2 in considerations of the core service capacity requirements (See Figure 1 below).

Figure 1: Estimates of needs for mental health and substance use health services in Canada



Virtual services: The role of "virtually delivered" mental health and substance use health services and supports has been increasing over the last decade and clearly spurred on significantly by the COVID-19 pandemic and ensuing public health safety measures. There are several ways in which Internet and mobile telecommunications are being used to assist people with health problems, including MH and SUH concerns. As of now, there is no widely accepted categorization of these applications, but there are two broad groupings of different technologies that are helpful for the purposes of treatment system description and planning: (a) mobile telecommunications, in particular text-messaging (SMS), and (b) Internet-based applications, including apps and websites The kinds of services and supports that can be offered through either of these technologies (or in combination) is expanding rapidly as is the corresponding evidence base.

Some options include:

- Unassisted access to health information, including information on available services (e.g., a website (or portal to other websites); a web app with local program information and perhaps the functionality for direct contact or bookings);
- Web apps that offer self-completed screening, diagnostic and assessment tools and matched self-managed structured interventions also delivered through the app and/or with therapist support and automated feedback often with a manual, diaries, brief telephone support and/or weekly counseling appointments.
- Text messaging or emailing to deliver health-related messages, encourage adherence to interventions being delivered by traditional means, provide follow-up support, or obtain evaluation feedback. Text messaging can also be used in conjunction with a manual, diaries, brief telephone support and/or weekly counseling appointments;
- Therapist-assisted counseling such that questions may be posted and a professional will respond confidentially (i.e., e-counselling; distance telecommunications such as OTN in Ontario);
- Chat lines, open forums or social networking (e.g., Facebook, Twitter) for mutual aid support or sharing of information with or without therapist mediation.

As with the private for- profit services noted above, the estimates of need for services and supports generated by the NBP project will include those who might benefit from virtually delivered services and supports. While the national core services framework recognizes that the services included in the framework may deliver some treatment and support interventions and activities through virtual means, the framework does not at present include separate virtual core services delivered as stand-alone entities. It will take another iteration of the NBP work as well as more research and evaluation of the various alternatives and combinations, to more fully incorporate evidence-based virtual services and supports into a national framework. This will need to include evidence and standards for free-standing virtual alternatives as well as how core services can be delivered through virtual means.

Children and Youth*:* A broad, systems view of mental health and substance use health services includes careful consideration of developmental age in all aspects of planning, delivering, and evaluating services. The present core services framework focuses on the age range 15 years and older. A model specific to children and youth under age 15 would have to be built upon on the unique strengths and needs of younger children as well as practical aspects of model development and application such as availability of national population-level data for this young cohort. For the present, there are administrative challenges to be anticipated in implementing the current NBP model given the involvement of different Ministries and data availability for gap analysis at the provincial and territorial level. The same community program

may provide services to youth that bridge the 15-year-old mark, thereby requiring distillation of data for those 15 years of age and over. The eventual development of a parallel child and youth-specific core services framework and overall Needs-Based Planning model is critical to a more complete population-health approach to service planning and delivery. Importantly, the present national model does include a focus on both adults and transitional youth given the critical importance of smooth transition from youth to adult service when needed.

***Indigenous Peoples*:** While the core services framework is intended to be inclusive of the needs of Canada's Indigenous peoples the optimal approach will be to develop an Indigenous-specific core services framework led by an Indigenous project team. The present project may provide some guidance to the development of such a national model. For the immediate future the present national core services framework may require local and regional adaptation to be more culturally appropriate, for example, to better represent Indigenous values and world view as well as specific cultural and land-based healing and support models.

Tobacco Use and Tobacco Use Disorders: The focus of the present core service framework is exclusive of tobacco-use disorders, while recognizing the importance of concurrent tobacco use among people experiencing challenges related to mental health and alcohol and other drug use, as well as the importance of mental health and substance use health services and supports to have comprehensive organizational-level tobacco use policies and to provide linkage to a range of smoking cessation interventions.

Gambling, Gaming and other "Behavioural Addictions": Similar to the decision with respect to tobacco use and tobacco use disorder, compulsive gambling, formally defined diagnostically, as an impulse control disorder, is not being formally considered within the present core service framework, while recognizing there are significant levels of mental health and substance use health challenges among people seeking help for their gambling related concerns. The same can be said for "addiction to gaming" which is of increasing concern among substance use health, mental health, and other health care professionals. While gaming and other "behavioural addictions" such as shopping, food, sex and love, will not be formally included in defining core services, it is acknowledged that specific interventions may address these challenges within a given core service.

1.3 KEY PRINCIPLES

It is important to ground the national core services framework in a set of core principles. These principles are rule sets, guidelines, fundamental truths and, as such, serve a variety of critical functions for system planning and service delivery. They describe the characteristics throughout the system that will help deliver services that meet the needs of people with mental health and/or substance use related risks and challenges.

The principles articulated here have been drawn from various provincial and territorial documents and inputs from the NBP National Advisory Committee[3]. They are not intended to be an "omnibus" list but are included here to both serve as examples and also to illustrate their importance in complementing a core services framework. The principles are goal-oriented; they can be used as guideposts to assess the means by which processes are implemented and outcomes achieved. They also provide the overarching vision for the system of treatment and support and should reflected and present across all components of the system and planning processes.

Actively Anti-Racist: working to actively eliminate systemic racism from services, policies and institutions that exist on colonial and racist foundations. This includes Anti-colonialism and Anti-Indigenous-specific Racism**,** which has been found to be widespread, pervasive, and systemic in some provincial/territorial healthcare system [4], and is the ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous peoples in Canada that perpetuates power imbalances, systemic discrimination, reduced access and inequitable outcomes stemming from colonial policies and practices [5].

Adaptable: Provincial, regional, and local context will impact the specific design, implementation and evaluation of a core service. As such a core service must be open to adaptation in delivery and open to revision based on experience and as context evolves.

Collaboration-based (Whole-of-Government/Whole-of-Society): Everyone and every system has a role to play in the mental health and substance use system of treatment and support, where every door is the right door. Collaboration also includes being intentional about the role of people with lived and living experience at all levels of the system, including planning, governance, and performance monitoring.

Cultural Safety and Humility: Ensuring that culturally safe mental health and substance use supports, and services are available to everyone, particularly Indigenous peoples, and accommodate peoples' cultural contexts, values and needs.

Equity: The system, at all levels, provides an opportunity for health for all, regardless of age, gender, ethnicity, religion, sexual orientation, or socioeconomic status and includes a broad gender-based analysis approach.

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[3] See BC Core Services Framework for alignment with these key principles and other elements. https://www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/substance-use-framework/mmha_substanceuseframework_appendixb_dec2022.pdf

[4] Turpel-Lafond, Dr. M. E. *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care Summary Report*. November 2020. https://engage.gov.B.C..ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf, pg.6

[5] Turpel-Lafond, pg. 10

Evidence-informed: The system and its services are delivered using the best available knowledge and are informed by ongoing monitoring and evaluation, including evidence that is generated from lived and living experience, stakeholder and partner expertise, conventional research processes, and traditional ways of knowing. There is cost-effective use of resources at all times. This includes promising practices and piloting of innovations with strong evaluation and continuous improvement processes.

Recovery-oriented: A recovery focus recognizes that people can and do recover; and recovery is a unique and personal process. A recovery-oriented system also includes a focus on empowerment and informed client choice in deciding their individual path.

Reducing Harms: Ensuring that inclusion of the prevention and reduction of harms associated with substance use, and overall promotion of mental wellness remains a key focus of the overall system, and the system works to meet people where they are at. This includes responsiveness to the immediate needs of people, including life saving measures.

Person- and Family-centred: The system is organized with and around the needs of people and their families and centres the importance of autonomy and person-directed choice.

Stigma-free and Discrimination-free: The system is transparent and inclusive and includes consideration of diverse perspectives. People can access substance use services and supports without shame, guilt, discrimination, or profiling.

Trauma-informed: A trauma-informed approach acknowledges the widespread impact of trauma; recognizes the signs and symptoms of trauma in clients, families, and staff; integrates knowledge about trauma into policies, procedures, and practices, and actively seeks to avoid re-traumatization. A comprehensive approach to trauma-informed care must be adopted at the clinical, organizational and systems levels.

1.4 SYSTEM-LEVEL SUPPORTS FOR MENTAL HEALTH AND SUBSTANCE USE HEALTH CORE SERVICES

For mental health and substance use health services to be maximally available, accessible, and cost-effective, in addition to principles, there are key foundational system-level supports that must be in place. These roots supports are essential for developing and maintaining the system so that clients, families, and care providers have access to the resources and information they need to be successful. These foundational elements for the system include practical considerations around infrastructure as well as expectations around the knowledge base and core competencies of the mental health and substance use workforce.

Population Health Promotion and Planning: System planning considers population-level considerations and needs and supports community development and health promotion.

Research, Evidence and Knowledge Translation: As new evidence and innovation in mental health and substance use services and supports emerges, this information is readily translated into practice system-wide to ensure that clients receive a high quality and standard of care.

Accountability, Evaluation, and Monitoring: Regular evaluation and monitoring activities are undertaken across the system to assess the impact and effect of services, and results are used to develop and inform continued accountability structures.

Workforce Development: The mental health and substance use workforce is supported by continued capacity-building and planning activities to ensure that people through the province have access to qualified practitioners. Peer and family support services are a core component of workforce development and should inform all areas of the mental health and substance use system. Cross-sector workforce development is also undertaken to ensure good collaboration and integration across systems to support people who use substances. Workforce development is additionally enabled through training and education activities to support the continued implementation of evidence in clinical practice, including adequate education in post-secondary education, as well as ongoing training opportunities to ensure a skilled workforce.

Funding: The system is adequately resourced to provide the core services and supports of the substance use system of care.

Information Sharing and Management*:* Clinical and system-level information sharing is supported across agencies and sectors to ensure knowledge mobilization and integrated service delivery.

Collaboration: Collaboration may include well-established cross-sectoral relationships, structural or functional integration at the service or system levels, and/or coordination of services to ensure continuity of treatment and support pathways to support people in accessing and moving through the system of services.

1.5 THE ROLE OF CONCURRENT DISORDERS

It is widely recognized that a proportion or people experiencing mental disorders have co-occurring substance use disorders and vice versa; the size of this proportion varying considerably across sub-populations as well as service delivery setting. Given this reality, a core services framework for mental health and substance services must draw attention to the need for **all** substance use health and mental health services to develop a level of capability for identifying, treating and otherwise supporting people with concurrent disorders (CD) in a

manner appropriate to their role in the service continuum. This service-level capability falls into three broad categories – CD-Informed, CD-Capable and CD-Enhanced (see Table 1 below for definitions) and which can be measured for purposes of program development as well as evaluation.

The key system design feature reflected here is that of "graduated integration", whereby the more severe and complex the profile of needs among the person seeking help, the more prepared the service must be for developing and implementing integrated substance use and mental health treatment and support plans. For individuals experiencing mild to moderate mental and substance use disorders, or significant risk and challenges that may not meet the threshold for defined DSM-based disorders, this preparedness may be achieved through strong collaborative relationships across different substance use and mental health service providers. Then, as the severity and complexity of concurrent disorders increases, so does the need for highly integrated, multi-disciplinary teams within the same service delivery setting.

As noted above, three levels of concurrent disorder capability can be defined for the specialized mental health and substance use core services[6]. The definitions are phrased initially in terms of substance use services and, in brackets, the equivalent capability for mental health services. For example, the third item (pre-intake screening…) would read for a specialized substance use service "Pre-intake screening for mental health based on self-report and clinical judgement" and, for a specialized mental health service, "Pre-intake screening for substance use based on self-report and clinical judgement". Following these general guidelines each core service definition (Appendix A) includes a statement regarding expected concurrent disorder capability.

Table 1: Concurrent Disorders Capability in the National Core Services Framework

CD-Informed	Majority of staff are aware of the importance of concurrent disorders and when to seek guidance. However, the primary focus of the service is substance use and addiction (or mental health) - concurrent disorders are not treated.

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[6] This service-level rating of concurrent disorder capacity is adapted from the original work of McGovern and colleagues (2007; assessing the dual diagnosis capability of addiction treatment services: The Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index. *Journal of Dual Diagnosis*, *3*(2), 111-123) and the DDCAT Toolkit which is now widely used for purposes of program development and evaluation at the organizational level (Substance Abuse and Mental Health Services Administration, Dual Diagnosis Capability in Addiction Treatment Toolkit Version 4.0. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011). The equivalent measures and toolkit for assessing dual disorder capability for mental health services is the Dual Diagnosis Capability in Mental Health Treatment (DDCMHT). https://www.bhevolution.org/public/ddcat.page#:~:text=The%20Dual%20Diagnosis%20Capability%20in%20Mental%20Health%20Treatment%20(DDCMHT)%20is,interviews%2C%20and%20review%20of%20materials. A complementary approach is to assess the level of concurrent disorder competency at the level of individual staff members (see, for example, Mumford, S. (2019). *Enhancing Capacity for Concurrent Disorders Education and Training.* Report for the B.C. Mental Health and Substance Use Services, Provincial Health Services Authority).

	May admit people with mental health (or substance use) challenges of low acuity but typically directs people with mental (or substance use) disorders or severe symptoms to other services in the community.
	Pre-intake screening for mental health (or substance use) based on self-report and clinical judgement.
	No capacity to monitor, guide or prescribe medication for mental health (or substance use).
	No staff have either a license/credential in a mental health (or substance use) profession or substantial experience sufficient to establish competence in mental health (or substance use) treatment.
CD-Capable	Primary focus of the service is on substance use and addiction (or mental health), however, but accepts people with mental health (or substance use) challenges of mild to moderate severity and if relatively stable.
	Has no barrier to providing mental health (or substance use) treatment or treating co-occurring disorders within the context of addiction (or mental health treatment.
	Formalized and documented coordination or collaboration with community mental health (or substance use) agency.
	Routine set of standard interview questions for mental health (or substance use) using a generic framework (e.g., ASAM). May use some standardized screening tools.
	The program has a mechanism for providing diagnostic services in a timely manner.
	Present, coordinated medication policies. Some access to prescriber for relevant medications and policies to guide prescribing are provided. Monitoring of the medication is largely provided by the prescriber.
	Some staff have either a license/credential in a mental health (or substance use) profession or substantial experience sufficient to establish competence in mental health (or substance use) treatment.
CD-Enhanced	Primary focus of the service is on persons with concurrent disorders and admits persons with moderate to high acuity, including those unstable in their mental health (or substance use) disorder.
	Most mental health (or substance use) services are integrated within the service and/or through case management staff to address mental health (or substance use) challenges
	Screen using standardized or formal instruments for both mental health and substance use disorders with established psychometric properties
	Assessment for mental disorders (or substance use) disorders is formal, standardized, and integrated with assessment for substance use symptoms.

	Clear standards and routine for medication prescriber who is also a staff member. Full access to prescriber and guidelines for prescribing in place. The prescriber is on the treatment team and the entire team can assist with monitoring.
	At least half the clinical staff have either a license/credential in a mental health (or substance use) profession or substantial experience sufficient to establish competence in mental health (or substance use) treatment.

2.0 OVERVIEW OF THE NATIONAL CORE SERVICES FRAMEWORK

2.1 WHAT DO WE MEAN BY "CORE" SERVICE?

The term core service typically implies "universal" access within a given geographic jurisdiction, including concrete provision, and accountability for ensuring that access is possible in another jurisdiction if not available geographically (e.g., given economies of scale some specialized services cannot realistically be available in all local areas). A core services model should articulate all the services and supports that should be widely accessible and available to people in the province or territory.

The steps towards a national core services framework for mental health and substance use services and supports

- What is a "core" service?
- Key elements of the framework
- System Functions
- Core Service Platforms
- Interventions and Supports
- Bringing it together in a Conceptual Model

Core services should be **accessible** to all residents of a planning area – that is, services should generally be available in some form within the person's local health planning region. In the event that these services are provided at another location (some services are provided at a provincial or territorial level), there must be a process to ensure that individuals have access to the service (e.g., through a transportation service, virtual options, outreach capacity).

Core services should also be **available** to all residents – that is, that the funder should ensure there is adequate capacity of services for individuals who need this type and level of support, while also maintaining service quality.

2.2 KEY ELEMENTS OF THE FRAMEWORK

It is important to distinguish between three level of the framework: (1) health system functions; (2) core service platforms and (3) treatment activities and supports.

HEALTH SYSTEM FUNCTIONS

While there are many definitions of a health care "system", they share the view that among the many inter-connected components such as governance, financing, information, technology, the delivery of services is a critical element. These services have basic functions that align with the needs of the population. For health care broadly speaking, this would include addressing the general health needs of people and treating them for common diseases (free or at a nominal cost in the context of the Canadian health care system).

For a system of mental health and substance use services, system functions identify what the system is intended to do, in alignment with peoples' needs, broadly categorized as follows:

Promotion, Prevention and Education: Health promotion, prevention and education aim to prevent and/or limit the onset of mental health challenges or at-risk substance use and inform the public about self-care and in the case of substance use, this includes guidelines for safe use. Prevention services are typically targeted at children and youth to address mental, and substance use risks early in the life course, however, prevention is also inclusive of young adults and adults. Health promotion is relevant across the lifespan and all levels of severity and complexity in the population. Critically, efforts in this area span the social determinants of health by including housing (supportive or otherwise), employment and education resources, and life skills training, and ongoing and longer-term recovery supports.

Early Identification and Intervention: Early intervention may include but not be limited to screening and identifying mental health and at-risk substance use as early as possible. Paired with evidence-informed brief interventions, this can prevent the development of more serious mental health and substance use disorders.

Crisis Response: Immediate and short-term supports for people who are in medical, mental, emotional, physical and/or behavioural distress, and ensuring people do not lose their lives due to mental health challenges and/or substance use. This may include, but is not limited to, overdose intervention, emergency medical assistance, and stabilization.

Harm Reduction: A set of practical, evidence-informed strategies and ideas aimed at reducing the negative consequences associated with substance use. It is also a movement for social justice built on a belief in, and respect for, the human rights of people who use substances.

Screening, Assessment and Treatment/Support Planning: Screening and assessment of the mental health, substance use-related and broader health care needs of a person when and where they enter the mental health and substance use system. This process supports diagnoses, the development of individualized treatment and support plans, and case management.

Mental Health and Substance Use Treatment and Support: Mental health and substance use treatment and support is a broad system function intended to help people achieve their ongoing personal goals regarding their mental wellness and substance use (e.g., stop, reduce use, stabilize, etc.), including both short-term and longer-term medication management, other evidence-based medical or psychosocial interventions and supports and traditional healing practices.

Support for Ongoing Health and Recovery Journey: Ongoing support for a process of change through which people continue to improve their health and wellness, increase their own health capacity and autonomy, live self-directed lives, and strive to reach their full potential.

CORE SERVICE DELIVERY PLATFORMS

While the specification of system functions is useful for aligning the health system with the peoples' needs, there are many different ways in which these functions can be fulfilled. This reflects the important distinction between function and structure. Structure within a health system includes service providers such as hospitals and community-based organizations which, in turn, and depending on their size and role, organize themselves into distinct service delivery units. These are sometimes organized around a particular model of service delivery, such as an intensive case management team or a community mobile withdrawal management service.

When developing a core services framework, the term "service platform" is often used as it reflects the organizational entity through which specific types of treatment activities and supports will be delivered. This distinction between a "service platform" and the treatment activities and supports that it will deliver is important since ***the core services within the model are defined at the level of service platform,*** not the specific activities and supports, thereby ensuring consistency among the many partners involved in its development, communication and application.

Service delivery platforms are the where, who and how the broad health system functions are fulfilled, and treatment activities

Table 2 below provides a listing of the core service delivery platforms in the national framework organized under three broad categories: Emergency and Crisis Response Services; Community Treatment and Support Services; and Acute and Specialized Services. Some are broken down into important sub-categories, for example, Community Treatment and Support includes a larger sub-category of Collaborating Partners, including primary care, the school system, and public health, for example.

Table 2: Core Service Delivery Platforms in the National Needs-based Planning Model

A. Emergency and Crisis Response
Emergency Department
Mental Health and Addiction Crisis
Urgent Care Clinic
Crisis Intervention/Mobile Crisis
Crisis Stabilization Units
Acute Intoxication
Distress/Crisis Phone/Digital Services
Other
Digital Services and Supports
B. Community Treatment and Support Services
Collaborating Partners
Primary Care
Public Health Services
Social Services
Family and Youth Services
Schools/Post-Secondary
Justice-related Services
Comprehensive MH/SU Services and Supports
Coordinated/Central Access and Navigation
MH/SU Community Services (blended or independent) includes (counselling, clinical, non-intensive case management, psychosocial)
Consultation and Liaison (ER, Hospital, LTC, Home care, schools, police-based)
Peer and Family Support Services teams (include psychosocial)
Home/Mobile MWS
Addiction Medicine Specialty Services (physician, RAAM/RAAC, OAT, managed alcohol)
Mental Health and Substance Use Court
Supervised/Safe Consumption Sites
Intensive MH/SU Services and Supports
Community Bed-based Withdrawal Management Services
Community SU Intensive Bed-based Treatment
Intensive Case Management (SU, MH, CD)

MH/SU-specific ICM
ACT/FACT
Community-based Intensive Day or Evening Treatment Services (SU, MH or CD)
SU-specific
MH- specific
Bed-based Recovery Supports
Supported Housing-high and moderate support (e.g., Housing First)
SU-specific
MH-specific
SU Supportive Recovery Services
Multi-functional SU Transition Services
Transitional/Long-term bed-based Mental Health Recovery
Other
Digital Services and Supports
Private (e.g., EAP, therapist, Psychologist, residential treatment facility)
C. Acute and Specialized
Hospital Bed-based Acute Care
Hospital Bed-based Tertiary Care
Disorder-specific/Complex Tertiary Care
Hospital Bed-based SU Withdrawal Management Services
Hospital Bed-based Intensive SU Treatment
Forensic Inpatient
Other
Digital Services and Supports
Private (e.g., mental health and substance use facilities)
See Appendix A for detailed definitions of these Core Service Delivery Platforms

TREATMENT ACTIVITIES AND SUPPORTS

Treatment activities and supports are the "what" is delivered by service platforms within the mental health and substance use system.

A service delivery platform is staffed and organized to undertake specified clinical and psychosocial treatment activities and supports, for example, an intensive case management (ICM) team might provide psychosocial assessment and referral, but also support navigating and accessing these services, case coordination, home visiting, ongoing monitoring and perhaps counselling and medication management. A withdrawal management service might provide rest and stabilization of symptoms, medical monitoring, medication management, screening and psychosocial assessment and transition planning. Table 3 provides several examples of treatment activities and supports. This list is not meant to be all inclusive but rather highlight the difference between this level of service delivery and the core service platforms within the NBP model.

Table 3: Examples of Specialized Mental Health and Substance Use Treatment and Support Activities

Screening, assessment and service and support planning
Motivational interviewing
Individual and group counseling (e.g., trauma-based)
Psychotherapy
Social Network Therapy
Cognitive Behaviour Therapy (CBT)
Mindfulness Cognitive Behaviour Therapy (MCBT)
Dialectical Behavioural Therapy (DBT)
Contingency Management Therapy
Land-based and culture-based healing supports
Continuing care/aftercare
Physical and psychiatric assessment
Pharmacotherapies (e.g., Acamprosate, OAT, etc.)
Prescribed Safe Supply
Psychedelic-assisted therapy
Opioid Agonist Treatment (OAT)
Injectable Opioid Agonist Treatment (iOAT)
Managed Alcohol

Acupuncture
Harm Reduction Supplies
Peer-led Witnessing
Overdose Prevention and Intervention
Supported Employment
Supported Education
Life Skills Training
Peer and Family Support
Self-help Recovery Support (e.g., 12-Step (AA, NA), SMART Recovery; Secular Organizations for Sobriety (SOS)
Note: This is not intended to be an exhaustive list of treatment activities and supports

3.0 BRINGING THE FRAMEWORK TOGETHER

The core services identified above in Table 2, and fleshed out in more detail in Appendix A, provide a roadmap for service and system planning, including but not necessarily limited to implementation of the full NBP model and gap analysis. To aid in planning as well as for communication purposes it is helpful to also organize the core services and associated principles into a broader conceptual framework. At a provincial and territorial level this kind of conceptual framework is typically part of a strategic planning process that specifies short- and long-term priorities. Often service priorities are aligned with the tiered model reflecting a stepped care approach[7] to planning, implementing, and evaluating an integrated system of mental health and substance use services and supports. Key elements are often enhanced with regional and cultural symbols such as the use of a lighthouse in portraying a tiered model of system and supports in the case of Nova Scotia and Indigenous culture in the Northwest Territories.

Based on the advice of the NBP National Advisory Committee the following example is provided, aligning it with the tiered model for system design. It is modelled after the conceptual framework utilized in the Manitoba Mental health and Addictions Treatment Strategy[8] which, in turn, drew upon similar work and adaptations in Ontario. **Importantly, this is intended as an example only, and provinces and territories are encouraged to use and adapt as appropriate to their local context.**

4.0 SUMMARY AND CONCLUSION

Needs-Based Planning requires specification of the "core" services to be estimated in the planning model for purposes of estimating capacity requirements, system mapping and decision-making with respect to identified gaps. However, a core services framework can also contribute to other goals and processes including system design efforts to maximize access to and coordination of services, quality improvement, performance measurement and workforce planning. The framework presented here draws important distinctions between broad system functions, service delivery platforms and specific treatment activities and supports; the capacity estimation and gap analysis for NBP being focused at the level of service delivery platforms. Definitions of the core service platforms (see Appendix A) are provided to support system mapping while recognizing there are important nuances across the provinces and territories to be taken into account when implementing NBP or other processes for which the core service framework may be useful. In the same spirit, we have provided a set of key principles and a broad conceptual framework to assist in incorporating this national perspective on core services within provincial, territorial and organizational-level

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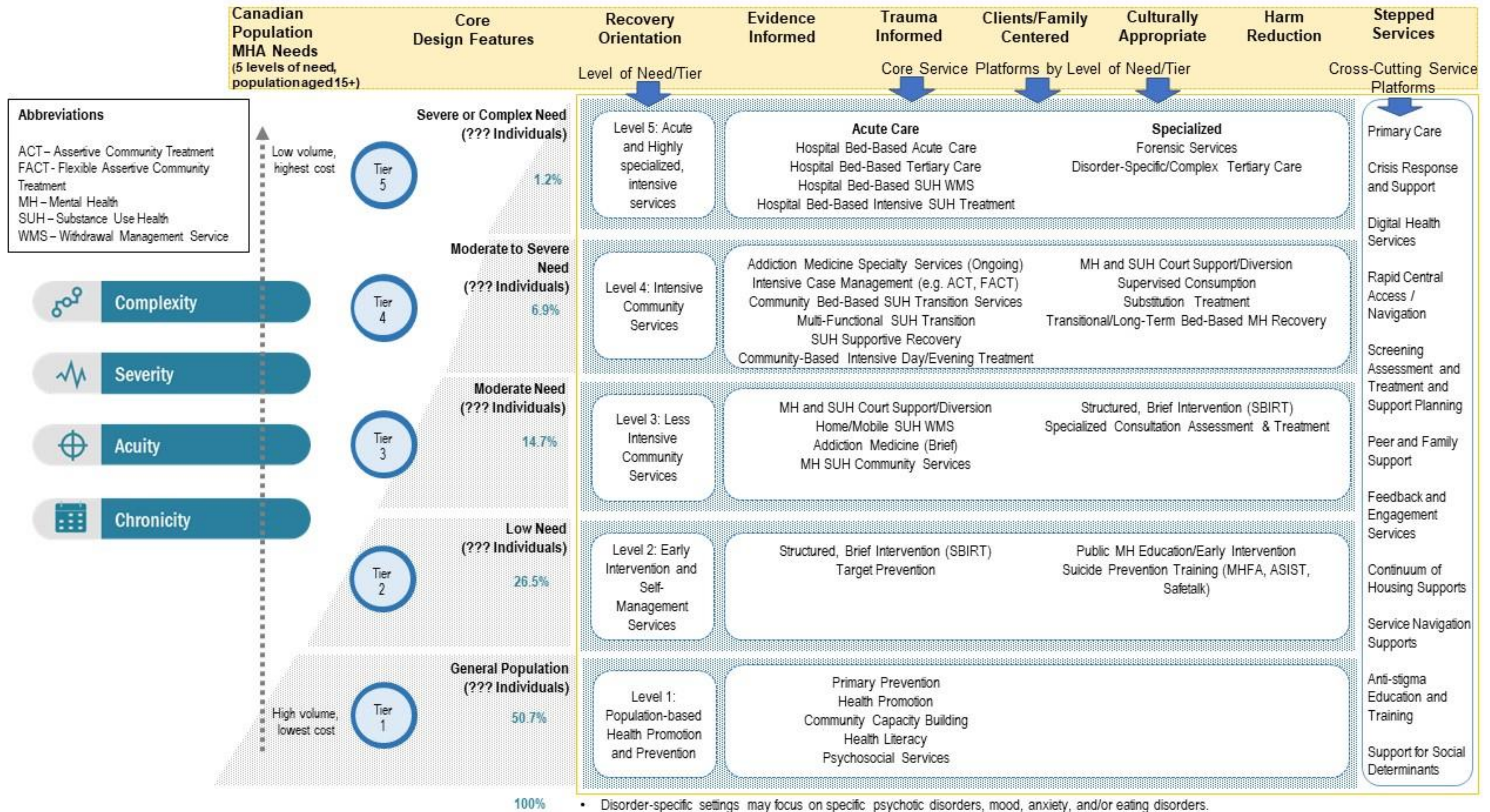
[7] Stepped Care 2.0 is one such approach to stepped care and some jurisdictions are using to operationalize core services

[8] https://www.gov.mb.ca/health/mha/strategy.html

strategic and operational plans, again recognizing the need for adaptation to local context. Finally, it’s important to reiterate that the intention here is to be forward thinking, that is articulating “what ought to be” in an ideal treatment and support system, while also recognizing the critical importance of health promotion and prevention. It is also anticipated that the core services framework presented here will evolve on the basis of research evidence and ongoing experience in its implementation and evaluation.

Figure 2: Conceptual model integrating the national core services framework



APPENDIX A

National Core Services Framework for Mental Health and Substance Use Health Services and Support:

Brief Description, Definitions and Examples

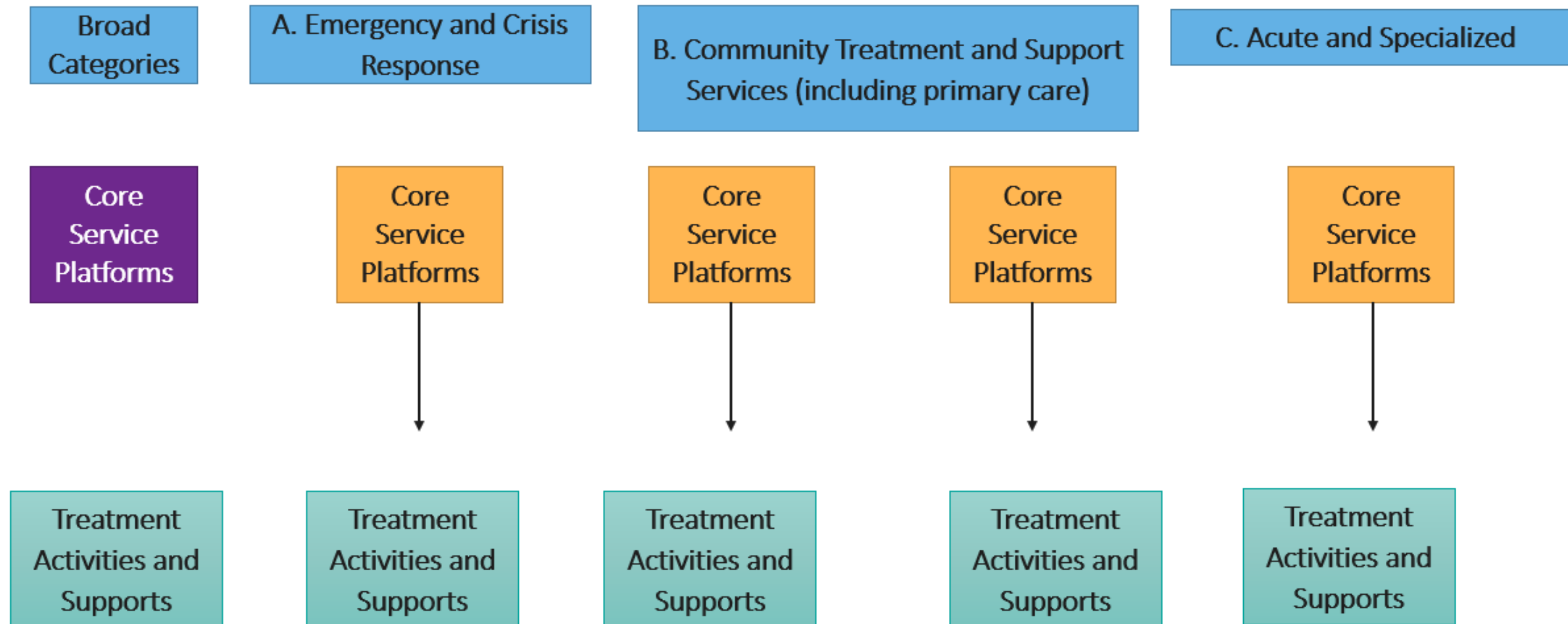


Figure 3: Overview of national core services framework

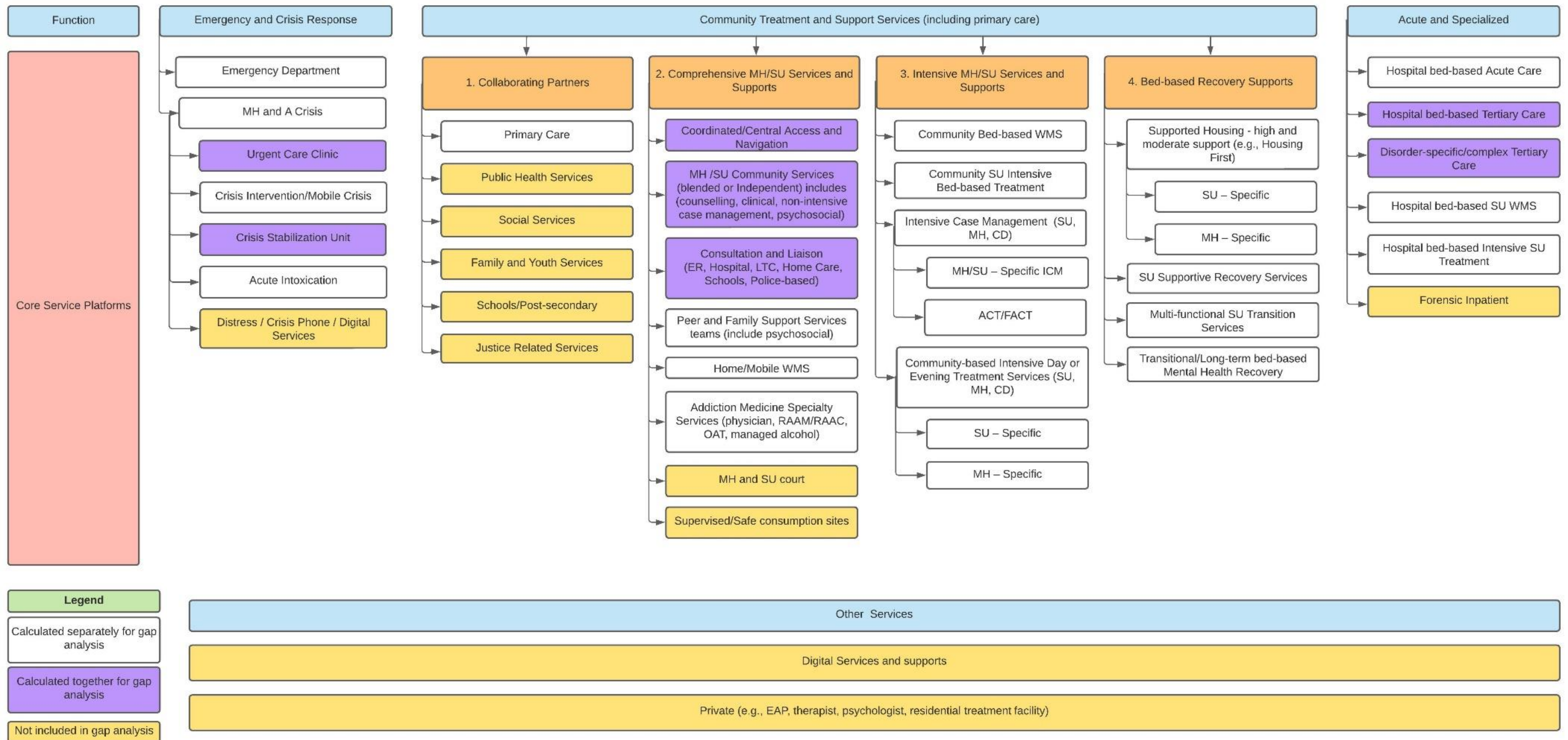


Figure 4: Overview of services and supports included in the national core services framework

Emergency and Crisis Response Services

OVERVIEW OF EMERGENCY AND CRISIS RESPONSE SERVICES

Figure 5: Overview of emergency and crisis response services

Legend

Calculated separately for gap analysis

Calculated together for gap analysis

Not included in gap analysis

EMERGENCY DEPARTMENT

Definition: An emergency department (ED), also sometimes known as an acute & emergency department (A&E), emergency room (ER), emergency ward (EW) or casualty department, is a medical service specializing in emergency medicine, that is, the acute care of patients who present without prior appointment; either by their own means or by that of an ambulance or police services. For purposes of this core services framework the focus is on adults 15 years of age and over (i.e., not pediatric emergency per se) although many of the same features will apply. The emergency department is usually found in a hospital and most operate 24 hours a day, although staffing levels may be varied to reflect patient volume. The traditional model for mental health and substance use-related support is to have dedicated mental health and/or substance use health professional staff located on site or on-call. This may include liaison nurses provided through community services. There are, however, models of specialized EDs for mental health and substance use health

Specialized Mental Health and Addictions Emergency Departments are intended to quickly screen, assess, and treat acute mental health and substance use cases. Co-located with emergency medical services, patients receive psychiatric and substance use assessment and treatment, as well as medical care and stabilization, as needed. Often a speciality mental health facility will offer an ED service which is, of course, specialized in mental health and substance use. These specialized ED services aim to work collaboratively with hospital emergency departments and community mental health/substance use services. The focus is on support in managing an acute situation with the goal being to transition the individual to the next appropriate level of treatment and support based on individual strengths and needs, for example, inpatient services in the hospital or follow-up and continuing treatment and support in community-based services.

Staffing of a specialized mental health and addictions ED typically includes a multidisciplinary team consisting of psychiatrists and other physicians (including physicians trained in substance use and addiction), and nursing professionals at various levels of training and certification. Mental health and addictions counsellors and/or peer support may also be provided. Patients who are triaged as requiring consultation with other medical services are connected directly with those specialists (on site or via telehealth). Coordination with other hospital services would also provide additional resources and expertise as required (e.g., pharmacy, social work and others).

There are several variations of Specialized Mental Health and Addictions ED services[9] and hours of operation range from evening hours to 24/7 service (with 24/7 psychiatry often on call). In some jurisdictions a specialized ED service will only accept patients who are referred by an ED

[9] Also see below for mental health and addictions crisis services, which are often closely related to ED departments.

physician. In others, MH/A cases bypass the general ED and proceed directly to the specialized ED staffed by mental health and substance use professionals and are then triaged in a different manner that the usual ED process. This reduces burden on ED physicians and staff and reduces length of stay in the ED. Another variant is to have mental health and substance use professionals as members of the initial triage team and still another is having a mental health team for immediate referral from the triage team. Reasons for requiring physician referral include more streamlined and appropriate referrals for this specialized level of care. In still other instances, a specialized mental health urgent care clinic (see below) can be situated in the ED to foster a continuum of acute psychiatric services.

CD Capability: Enhanced

Examples and variation across the provinces and territories

Alberta

Currently Psychiatric Emergency Services (PES) that are offered by Alberta Health Services in Calgary involve a multidisciplinary team at all the major hospital emergency rooms that receive patients through referral from ER physicians. People go through the conventional triage process in the ER with everyone else and then get referred to the mental health team. A psychiatrist may be on call but is not always available, in which case the person would see a psychiatric nurse and/or mental health and addiction workers/crisis workers who are trained but unregulated Health Care Professionals (HCP). The PES services may refer to community services for follow-up and provide short-term assistance in the community.

Ontario

Crisis Psychiatry Services offered at *North Bay Regional Health Centre* for individuals 16 years of age and older involve an assessment by a crisis worker (mental health and addictions background) and engagement with the on-call psychiatrist (where appropriate) who will collaborate with the crisis worker, the ED physician and the patient on an assessment and plan of care. The Crisis Psychiatry Service also provides an opportunity for individuals to return the following day to be assessed by a psychiatrist in cases where it is safe to discharge the individual home with a safety plan overnight.

Psychiatric Emergency Department at *CAMH* – CAMH's Emergency Department provides 24/7 emergency assessment and treatment focused exclusively on adults with mental health and substance use issues. Treatment and services include extended observation, assessment, and treatment services to adults assessed in the Emergency Service or those awaiting inpatient beds.

British Columbia

MHSU Zones, are considered to be specialized areas, attached to or close by traditional Emergency Departments, providing services and supports to people who come to the hospital with mental health or substance use concerns. It has a separate entrance from the traditional ED and includes teams of specialized health-care professionals, seclusion rooms, confidential assessment rooms and a nourishment centre with food and a shower room to support patient comfort.

New Brunswick

Several Emergency Mental Health departments across province offering consultative/assessment services to individuals who are suffering from an acute episode of mental illness and who seek emergency care through the hospital's emergency department.

MENTAL HEALTH AND ADDICTION CRISIS

URGENT CARE CLINIC

Definition: An Urgent Care Clinic (UCC) is a category of walk-in clinic focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency department (emergency room). Urgent care centers primarily treat injuries or illnesses requiring unexpected immediate care but not serious enough to require an emergency department (ED) visit. Urgent care centers are distinguished from similar ambulatory healthcare centers such as emergency departments by their scope of conditions treated and available facilities on-site. Urgent care may or may not be open 24/7. While a UCC is intended to provide access to services and supports across a wide spectrum of health conditions it can offer support for a wide range mental health and substance use-related with step up to more specialized services as required.

<u>Mental Health/Psychiatric Urgent Care</u>: Clinics provide specialized triage, assessment, and treatment for individuals who require timely access to psychiatric services, but who do not require an emergency department visit. Medication support and referrals to community programs are other common services provided in this setting. The focus is on support in managing an acute situation with the goal being to transition the individual to the next appropriate level of treatment and support based on individual strengths and needs, for example, inpatient services in the hospital or follow-up and continuing treatment and support in community-based services. In some instances, such as supporting a person with an eating disorder or in acute withdrawal from one or more substances these transitions to specialized services are facilitated rapidly.

There is notable variability in terms of access and referral routes. Urgent care clinics sometimes accept patients by self-referral. Other urgent care centres require referrals from health care providers. Some services are offered on a walk-in basis, whereas others have wait times of up to two weeks for an appointment. Hours of operation range from day-time hours to 24/7 access.

For clinics specializing in mental health and substance use health, teams may include nursing, social work, psychology, and psychiatry. For clinics that provide rapid access to psychiatry and addictions management, including access to Opioid Agonist Treatment, addictions physicians or Nurse Practitioners are either on staff or are available for consultation. Depending on the staffing structure, some clinics have capacity for medical assessment and monitoring. Others redirect or transfer to an Emergency Department for medical needs. Some clinics are located in community settings, whereas others are located adjacent to specialist or general hospitals.

CD Capability: Enhanced

Examples and variation across the provinces and territories

Alberta
The Urgent Care Centre at the Sheldon Chumir in Alberta - now called Mental Health Urgent Care – and similar services are also now stated to be offered at several other clinics and hospitals in southern Alberta.

Saskatchewan
Urgent Care Centres (UCC) in Saskatoon and Regina are currently in planning/development. It is still too early in the development phase to determine whether these UCCs will have psychiatrists or just psychiatric nurses, but they will be “general” UCCs with some focus on MHSU. Both will be in the community.

British Columbia
Urgent Care Response Centres, such as those located in the Fraser Health Authority, Surrey Memorial Hospital campus are services in most BC hospitals. Increased access to psychiatrists, same-day appointments, assessments, crisis stabilization and support are provided. Substance use clinicians work expanded hours to support people presenting with substance use concerns, including accessing rapid induction to OAT.

CRISIS INTERVENTION/MOBILE CRISIS

Definition: This core services category includes service models intended to provide immediate response to requests for emergency mental health and/or substance use related situations.

Access to Crisis Intervention Services may be through face-to-face walk-in or other in-reach access as well as via telephone and/or Internet based contact for assistance. Scope of service varies but may include mental health assessments, de-escalation and stabilization, short term support, advocacy, referrals to community services and education. These services may or may not be available on a 24/7 basis. Staffing of a crisis intervention service typically includes a multidisciplinary team consisting of psychiatrists and other physicians (including physicians trained in substance use and addiction), and nursing professionals at various levels of training and certification. Peer support may also be provided. Patients who are triaged as requiring consultation with other medical services are connected directly with those specialists. Coordination with other community or hospital services would also provide additional resources and expertise as required (e.g., pharmacy, social work, and others).

Mobile Crisis, or sometimes called Mobile Crisis Rapid Response Team (MCRRT) is distinguished from other specialized mental health crisis services by its outreach capacity, that is, going on site to support the emergency situation rather than requiring the people involved to come to the ED or a community-based service. While members of the general public may call directly to the crisis team, requests for assistance may also come from service providers such hospital-based services, community agencies, nursing homes, police, or EMS, for example. These first line responders provide crisis intervention, including assessment and linking to appropriate community and hospital resources for those experiencing an acute mental health or substance use-related crisis. The focus is on support in managing an acute situation with the goal being to transition the individual to the next appropriate level of treatment and support based on individual strengths and needs, for example, inpatient services in the hospital or follow-up and continuing treatment and support in community-based services. These services may or may not be available on a 24/7 basis. There may also be jurisdiction-specific guidelines about the geographic catchment area to be covered by the mobile crisis team as well as variation in requirements for consent for intervention, such that in instances where the person is declining support police services must be called.

Most mobile crisis teams comprise a partnership of emergency first responders (police, EMT, paramedic, etc.) and qualified mental health crisis worker (nurses at various levels, social worker, OT). There is variation in the level of engagement of physicians and psychiatrists but will be required if the person is apprehended under the Mental Health Act and requires psychiatric assessment.

Many mobile crisis services are closely connected to police services, in some areas this collaboration being mandated. A police mental health response service is a collaborative, team-based approach comprised of a police officer who is attached to a specific police force/unit, and a psychiatric nurse, social worker, or other mental health specialist, typically a regulated health

care professional. Police officers may be uniformed or plain-clothed in order to reduce stigmatizing the person in crisis. Similarly, unmarked police cars may be used. The team offers a rapid first response for 911 calls involving people with a mental health and/or substance use issue or concern. The police and the clinician attend these calls together. Police officers are there to keep everyone in the situation safe while allowing the mental health specialist to use their skills and expertise to directly assist and support the person who is in crisis.

CD Capability: Enhanced

Examples and variation across the provinces and territories

Alberta

PACT (Police and Crisis Response Teams) - is a partnership between Alberta Health Services (AHS) and Calgary Police Service (CPS that responds to situations involving individuals experiencing a mental health, addictions, or psycho-social crisis. The team offers mental health assessment, support, and / or consultation in crisis situations from AHS and CPS. Is able to arrange urgent psychiatry assessments and referrals as needed. The main goals are:

- divert individuals who are in crisis with mental illness and addiction issues, from the justice system and hospital emergency departments
- assess and stabilize individuals in crisis within the community
- connect individuals with resources and supports

Maskwacis Mobile Mental Health Team – Services include intervention, short-term crisis management, information, referrals and mobile response.

Ontario

Mobile Crisis Rapid Response Team (MCRRT) – Several jurisdictions in Ontario include this model whereby a hospital works in partnership with police services to provide rapid response to individuals with mental health and/or addiction issues or concerns. This may involve connecting the individual with a short-term Mental Health and Justice Safe Bed (MHJSB) admission or linking the individual to hospital or community services for additional follow up.

North Bay – The Community Crisis Outreach Service (CCOS) – North Bay Regional Health Centre assists the individual in crisis in managing their acute situation and working collaboratively with them on a plan of care that will involve transition to an appropriate level of service to meet any ongoing needs. Crisis workers (mental health and addiction workers) offer individual sessions for supportive counselling/emotional support and connect each individual (where appropriate) with a case worker.

Saskatchewan
Saskatchewan offers Police and Crisis Team (PACT) services in five communities, in partnership with municipal police services. Saskatchewan is piloting a phone based clinical support for RCMP officers responding to mental health and or substance use related calls in rural and northern Saskatchewan.

Newfoundland and Labrador
Mobile crisis response teams include a mental health care worker, such as a social worker or registered nurse, and a police officer, working together to respond to people in crisis. There are teams in each region of Newfoundland and Labrador and all teams are available seven days week. However, hours of operation vary by region.

Manitoba

Westman Crisis Services (CSU) Mobile Crisis Unit (MCU) – This mobile service offers phone and in-person support to clients requiring mental health crisis care. Mental Health professionals can provide on-site mental health assessments, interventions, and consultations with other providers. This community-based service is available 24 hours a day.

Winnipeg's Mental Health Crisis Response Centre – It offers a unique combination of walk – in, outreach and scheduled crisis services for Winnipeg adults that integrates, mental health assessment, crisis intervention and mental health crisis treatment, individual and family peer support and linkages to key resources for mental health and addiction follow up.

New Brunswick
Several Mobile Crisis Response Teams (MCR) across health regions providing timely intervention, support and short-term crisis management for children, youth and adults experiencing an important emotional distress relative to addiction and mental health. The MCR Teams offer support to families, friends, community agencies and others to manage addiction and mental health crisis through education, outreach and consultations.

CRISIS STABILIZATION UNIT

Definition: Crisis Stabilization Units are bed-based services that offer an alternative to acute hospital-based care, providing crisis response and assessment and short-term interventions to stabilize the individual and offer referral for follow up services. Services are available 24/7 and focus on support in managing an acute situation with the goal being to transition the individual to the next appropriate level of treatment and support based on individual strengths and needs, for example, inpatient services in the hospital or follow-up and continuing treatment and support in community-based services.

Staffing of a crisis stabilization unit typically includes a multidisciplinary team consisting of nursing professionals at various levels of training and certification, as well as access to psychiatrists and physicians trained specifically in substance use and addiction either in-house or through collaborative arrangements. Patients who are triaged as requiring consultation with other medical services are connected directly with appropriate specialists for consultation and treatment as required. Peer support may also be provided. Coordination with other hospital or community services also provides additional resources and expertise as required (e.g., pharmacy, social work, and others).

CD Capability: Enhanced

Examples and variation across the provinces and territories

Alberta

Peter Lougheed Centre Short Stay Unit – This unit is located in a full-service hospital but offers care and community connections for people with mental health concerns via physician referral (and often after presentation to EDs in the same or other regional hospitals). The focus is on short-term crisis intervention and stabilization, through brief intensive therapy and education over a 72-hour period. Discharge planning includes arranging access to community programs and services.

British Columbia

CRESST (Community Residential Short Stay and Treatment Program) is an example of BC services that offer crisis/emergency short stay residential treatment for psychiatric patients in crisis throughout some Fraser Health Authority communities. Services are provided 24 hours per day, for individuals that do not require a stay in hospital. Teams primarily consist of RN/RPNs and mental health workers.

Saskatchewan

Offers youth stabilization beds (substance use related), both on a voluntary and involuntary basis. An example is in Saskatoon through the Calder Centre Youth Program and Youth Stabilization Unit.

Manitoba

Westman Crisis Services (CSU) Crisis Stabilization Unit (CSU) – This eight-bed residence provides crisis intervention, short-term intensive care and treatment to clients in crisis. Mental health professionals that assist in crisis stabilization support clients admitted to the CSU.

Children's Crisis Stabilization Unit (CSU) and Crisis Line - A 10-bed crisis and treatment unit is housed in the Child and Adolescent Treatment Centre at 1240 10th Street in Brandon. The CATC

CSU provides 24-hour care to clients in crisis from Prairie Mountain Health and surrounding areas. Treatment focuses on alleviating the crisis, assessing underlying contributing factors and developing an individualized treatment plan that can be successfully transitioned to the community upon discharge.

Marymound's Crisis Stabilization Units (CSU) provides a short-term service designed to assist youth and their families during times of acute psychosocial crisis. The goal of this program, part of the Youth Crisis Stabilization Service, is to stabilize the crisis situation and prevent young people from going into care, or, if they are already in care, to keep their placement from breaking down. A stay in the unit is usually no longer than a few days. Young people and their families can access this program through the Youth Crisis Stabilization System Intake Service at 204-949-4777 in Winnipeg or toll-free at 1-888-383-2776.

Ontario

Short Term Crisis Support Beds or Safe Beds/Justice Safe Beds are intended to divert persons in a mental health and/or addictions crisis from incarceration, the justice system, and/or unnecessary hospitalization by providing them with voluntary community crisis accommodation and support. These service recipients have been assessed by medical professionals as being unsuitable for hospital admission and, by police services, as inappropriate for arrest and detention, but in need of supportive, short-term mental health residential placement (average maximum stay of no longer than 30 days). The goals of safe bed programming include assistance with de-escalation and stabilization of the initial crisis and the connection of clients with the services and supports they need to enable stable, community living that address their health and wellbeing over the longer term. These beds are offered by both community mental health providers and hospitals. Mental health clinicians (case managers, peer support workers) and addiction specialists staff the safe bed program to ensure that persons with concurrent disorder are not excluded from short-term residential treatment.

ACUTE INTOXICATION

Definition: It is widely acknowledged that many intoxicated individuals presenting to regular EDs are often kept for a period of time until they are sufficiently sobered to be discharged based on a reduction in, for example, blood alcohol level. In such instances follow-up may be minimal. Acute intoxication services, sometimes referred to as “sobering centre”, “protective care unit”, “brief detox” or “acute sobering unit” provides safe, short-term monitoring and management of symptoms of an episode of heavy alcohol and/or other drug use that cannot be managed at home. A core objective is to minimize ED presentations related to acute intoxication.

There are two models of acute intoxication services – one community-based and other hospital based, the latter typically connected to the ED itself. These two models exist along a continuum of what could be described as “medically monitored” to “medically managed”

Acute intoxication services that are community-based focus exclusively on individuals that do not have an apparent medical or psychiatric condition necessitating emergency interventions. Here the focus is on medical monitoring. Length of stay can be relatively brief, typically less than 24 hours depending on individual circumstances. Typically, services in this category have arrangements in place for quick transfer to the hospital ED if needed. The focus is on low barrier access, individual safety, and harm reduction. Staffing includes nurses at varying levels of training and certification and perhaps other regulated and/or non-regulated health professionals. In some jurisdictions these services include Emergency Medical Technicians (EMT) on staff.

The hospital-based variation of an acute intoxication service more closely resembles a short-term stabilization unit but with a primary focus being on substance use withdrawal management and stabilization. It is intended to provide people with the help they need in a timely manner and to free up police resources being used to supervise individuals who are under the influence of substances either while waiting to be assessed in the ED, or as an alternative to the ED admission. In contrast to the community-based sobering centres there is much more emphasis on medical management, including provision of medical supports and linkage to additional services as appropriate to the individual circumstances. Staffing is likely to include physicians, psychiatrists, outreach workers, nurses, and security personnel. Length of stay will depend on individual circumstances but may vary depending on the individual circumstances.

CD Capability: Informed

Examples and variation across provinces and territories:

British Columbia

Quibble Creek Sobering and Assessment Centre, Surrey

- Operated by Fraser Health, it provides short-term medical supervision to support individuals16 years and older and under the influence of alcohol and/or drugs with safely sobering and managing the withdrawal symptoms of discontinued alcohol and or drug use.
- There are separate sleeping areas for men, women, and vulnerable populations such as youth. Services are provided for a maximum stay of 23 hours. Showers, resource information, and snacks are available.

Sobering and Assessment Centre, Victoria

- Offered by Island Health, it offers short-term shelter and assessment for inebriated adults and youth age 17 and older who are under the influence of substances and need a temporary place to recover.
- Provides separate sleeping areas for men and women. Laundry and showers are available. Maximum stay is less than 24 hours.

Campbell River Sobering and Assessment Centre, Campbell River

- Offered by Vancouver Island Mental Health Society, it has 9 sobering beds that provide short-term services (up to 24 hours) for persons of any gender aged 17 and older who are intoxicated due to drug or alcohol use
- Facility operates 24 hours a day

Manitoba

The Mental Health and Addictions - Acute Medical Sobering Unit is a new initiative with the goal of managing challenging mental health and addictions presentation in the Health Sciences Centre (HSC) Emergency Department (ED). It is intended to provide people with the help they need in a timely manner and to free up police resources currently being used to supervise individuals who are under the influence of substances while they wait to be assessed at the HSC ED.

Main Street Protective Unit, in Winnipeg, is a 20-unit facility that provides acute withdrawal management services for people whose primary substance of intoxication is alcohol. An individual staying in Protective Care would be intoxicated to the point that it is not safe for them to be where they are, either for themselves or other people. The individual would need some time to withdrawal in a safe and secure environment where they are assessed upon

intake, assessed throughout their stay and assessed upon release, with the possibility of also being connected to other resources as required, such as a caseworker.

Saskatchewan
Saskatchewan has Brief Detox Services in Prince Albert, Saskatoon and Regina with respect to medical and nursing services.

Alberta
Alpha House in Calgary operates a 120-bed sobering centre facility.

DISTRESS/CRISIS PHONE/DIGITAL SERVICES

Definition: A crisis hotline is a phone number that people can call to get immediate emergency telephone counseling, usually by trained volunteers. Initially set up to help those contemplating suicide, many have expanded their mandate to deal more generally with emotional crises and may also respond to non-crisis situations. Similar hotlines operate to help people in specific circumstances, including sexual assault, bullying, runaway children, human trafficking, and people who are 2SLGBTQIA or intersex. Staffing and operational details vary significantly. Services are typically 24/7 but can depend on the specific focus and resources. Importantly, there are typically connects to crisis response teams to respond to emergency situations.

CD Capability*:* Capable

Examples and variation across the provinces and territories

Canada-wide
Kid's Help Phone is Canada-wide including territories and provides services to young adults and even some adults as well – it offers chat, text and phone

Alberta

Examples include Addiction Helpline, Mental Health Helpline, Health Link, E-MH supports for Albertan (piloting currently in 10 communities) and Togetherall (peer to peer support virtually).

Ontario
Examples include Distress and Crisis Ontario; Good2Talk Helpline; Hope for Wellness Help Line, Connex Ontario Problem Gambling Helpline

Ontario is also piloting various "crisis call diversion" programs that place a mental health crisis worker at 911 dispatch centres to screen crisis calls and determine if police presence is needed or if crises can be de-escalated by phone or by a community-led mobile crisis service.

Manitoba

The Klinic Crisis Program in Winnipeg operates a variety of crisis phone lines and online support services, providing free and confidential counselling, support and referrals for people who are suicidal, in crisis or struggling to cope. Examples of separate lines include Manitoba Suicide Prevention & Support Line; Klinic Crisis Line (24/7); Sexual Assault Crisis Line; Trafficking Hotline; Manitoba Farm, Rural & Northern Support Services and Seniors Abuse Support Line.

Saskatchewan

As a component of Saskatchewan's HealthLine 811 service (operated by the Saskatchewan Health Authority), registered psychiatric nurses, registered nurses and registered social workers offer crisis support, advice to help individuals manage their situation, provide information and support/facilitate connection to community resources. A program delivered by Healthline is a Maternal Mental Wellness program, offering support to post-partum women. Saskatchewan also funds two crisis lines – Problem Gambling Help Line and Farm Stress Line – which are delivered by community partners.

New Brunswick

Chimo is a provincial crisis phone line, accessible 24 hours a day, 365 days a year to all residents of New Brunswick, crisis intervention, referrals and information,

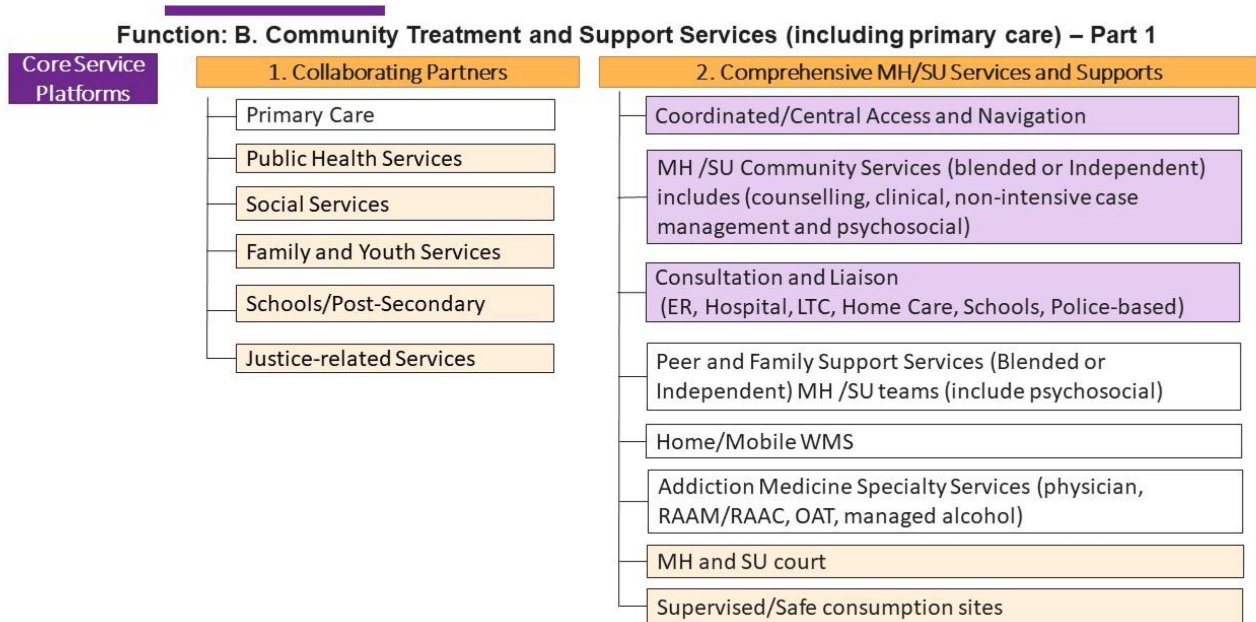
Newfoundland and Labrador

The Newfoundland and Labrador Mental Health Crisis Line is a free, confidential service for individuals, family and friends. Also, Newfoundland and Labrador Sexual Assault Crisis and Prevention Centre 24-hour crisis hotline; CHANNAL Provincial Peer Support Warm Line; and Planned Parenthood NL's 2SLGBTQIA+ Warm Line.

Community Treatment and Support Services (including primary care)

Function: B. Community Treatment and Support
Overview – Four components

Figure 6: Overview of community treatment and support services – Part 1



Legend

- Calculated separately for gap analysis
- Calculated together for gap analysis
- Not included in gap analysis

Collaborating Partners

PRIMARY CARE

Definition: Primary care is the day-to-day healthcare given by a health care provider. Typically, this provider acts as the first contact and principal point of continuing care for patients within a healthcare system and coordinates other specialist care that the patient may need. Patients commonly receive primary care from professionals such as a primary care physician (general practitioner or family physician) or nurse practitioner. While not identified in this framework as core specialized mental health and substance use health services, these primary care services are critical components of the overall treatment and support system; what we term *core collaborating service providers*.

For people with mild to moderate mental health and/or substance use challenges the primary care service may provide structured screening and brief intervention and referral to specialized services if needed. Primary care practitioners may also provide counselling, and medication management for people across a wide spectrum of severity living in the community.

Primary care is widely available across Canada, although the nature and accessibility of the service varies within and across jurisdictions. Collaborative primary care models include Medical Home (BC), My Health Team (Manitoba), Family Health Team and Community Health Centres (Ontario), the CLSCs (Quebec) and Primary Care Networks (Alberta). Many of these collaborative models between primary care and mental health reflect practices and principles inherent in the "Shared Care" model advanced over 20 years ago by Dr. Nick Kates.

Some collaborative primary care models such as a community health centre or family health team may include mental health and substance use health counsellors on staff, or perhaps co-located from their home agency for some designated hours per week[10][11]. In other instances, local specialized community mental health and substance use health services may provide brief consultation and liaison to the primary care provider on an as- needed basis. In a system mapping exercise for purposes of Needs-Based Planning and gap analysis, staff or co-located mental health or addiction specialists would be "counted" under Mental Health/Substance Use Health Community Services Community Services. Similarly, mental health and substance use health specialists employed by another service provider but providing a brief consultation and

[10] The inclusion of primary care and public health in the core services framework highlights their key role in the broader mental health and substance use system and is not meant to diminish the important role played by other health care services where mental health and substance use may play a role in care. Examples include internal medicine, cardiac and renal care, cancer care, maternity, and geriatric services, as well as collaborative models such as the Medical Psychiatric Alliance program at CAMH, HSC and University of Toronto which focusses on those with complex medical issues who also have MH problems.

liaison role in the primary care setting would be counted under Consultation and Liaison Services.

CD Capability: Capable

PUBLIC HEALTH SERVICES

Definition: All provinces and territories provide funding for public health services which address many needs of people with mental and substance use challenges, but which are not mandated specifically to serve this population. Their main focus is on population-level health promotion and prevention and offer many specific programs and activities such as home care, immunization and food safety and security. Many public health services are directly related to substance use such as needle exchange, distribution of naloxone kits and various activities aimed at ensuring a safe drug supply to prevent drug overdose.

While not identified in this framework as core specialized mental services and substance use services, they are critical components of the overall treatment and support system; what we term *core collaborating service providers*. In some instances, a given public health service may include one or more mental health and substance use counsellors as part of the team or a counsellor co-located from a collaborating agency through a formal arrangement for some designated hours per week (e.g., alcohol and drug worker, or peer support worker in a safe consumption site). In other instances, local specialized community mental health and substance use health services may provide brief consultation and liaison services on an as-needed basis.

In a system mapping exercise for purposes of Needs-Based Planning and gap analysis, staff or co-located mental health or addiction specialists would be "counted" under Community Counselling Services. Similarly, mental health and substance use health specialists employed by another service provider but providing a brief consultation and liaison role in the public health service would be counted under Consultation and Liaison Services.

CD Capability: Informed

SOCIAL SERVICES

Definition: All provinces and territories provide funding for a wide variety of social services which address many needs of people with mental and substance use challenges, but which are not mandated specifically to serve this population. This includes services such as income assistance, food security, shelters and various types of housing, including rent supplements. Rent supplements are a good example as they are government-funded payments that bridge the gap between what an individual or family can afford to pay and what the actual cost of

housing is. They are geared at reducing the cost to the rate of affordability wherever possible (less than 30% of pre-tax income on shelter). They are, therefore, a critical support for people with significant mental health and substance use challenges. Some social services are offered through, or in collaboration with, many non-governmental agencies (NGOs) and voluntary associations. Although social services in general are considered a core collaborating service provider, rent supplements are included as one component of supported housing in some jurisdictions.

For people with mild to moderate mental health and/or substance use health challenges various social services may provide structured screening, brief intervention, counselling, and referral to specialized services if needed.

In some instances, a given social service may include one or more mental health and substance use health counsellors as part of the team or a counsellor co-located from a collaborating agency through a formal arrangement for some designated hours per week (e.g., counsellor or support worker for a housing initiative). In other instances, local specialized community mental health and substance use health services may provide brief consultation and liaison services on an as-needed basis.

In a system mapping exercise for purposes of Needs-Based Planning and gap analysis, staff or co-located mental health or addiction specialists would be "counted" under Community Counselling Services. Similarly, mental health and addiction specialists employed by another service provider but providing a brief consultation and liaison role in the social service would be counted under Consultation and Liaison Services.

CD Capability: Informed

FAMILY AND YOUTH SERVICES

Definition: All provinces and territories fund a wide variety of family and youth services which address many needs of people with mental and substance use challenges, but which are not mandated specifically to serve this population. One example of a publicly funded service is Child Protection. Services such as childcare and youth and family counselling are also offered by many non-governmental agencies (NGOs) and voluntary associations. While not identified in this framework as core specialized mental services and substance use services these youth and family services are critical components of the overall treatment and support system; what we term *core collaborating service providers*.

For people with mild to moderate mental health and/or substance use challenges various social family and youth services may provide structured screening, brief intervention, counselling and referral to specialized services if needed.

In some instances, a given social service may include one or more mental health and substance use counsellors as part of the team, or a counsellor co-located from a collaborating community agency through a formal arrangement for some designated hours per week (e.g., a counsellor or support worker for a service for families at risk a child going into custody). In other instances, local specialized community mental health and substance use services may provide brief consultation and liaison services on an as-needed basis.

In a system mapping exercise for purposes of Needs-Based Planning and gap analysis, staff or co-located mental health or addiction specialists would be "counted" under Community Counselling Services. Similarly, mental health and addiction specialists employed by another service provider but providing a brief consultation and liaison role in the youth and family service would be counted under Consultation and Liaison Services.

CD Capability: Informed

SCHOOLS/POST-SECONDARY SERVICES

Definition: Primary, secondary and post-secondary schools offer a variety of services which address many needs of people with mental and substance use health challenges, but which are not mandated specifically to serve this population. This varies across schools, communities and neighborhoods but includes access to counselling for mental health and, less often, substance use health-related challenges. While not identified in this framework as core specialized mental services and substance use health services these school-based services are critical components of the overall treatment and support system; what we term *core collaborating service providers*.

For children and youth with mild to moderate mental health and/or substance use health challenges various school-based services may provide structured screening, brief intervention, counselling, peer support and referral to specialized services if needed. School counselling service may also be included in a child and youth-focused wrap around model.

In some instances, a given school setting may include one or more mental health and substance use counsellors as part of the team, or a counsellor co-located from a collaborating community agency through a formal arrangement for some designated hours per week (e.g., a counsellor or youth peer support). In other instances, local specialized community mental health and substance use health services may provide brief consultation and liaison services on an as-needed basis.

In a system mapping exercise for purposes of Needs-Based Planning and gap analysis, staff or co-located mental health or addiction specialists would be "counted" under Community Counselling Services. Similarly, mental health and substance use health specialists employed by

another service provider but providing a brief consultation and liaison role in the school-based service would be counted under Consultation and Liaison Services.

CD Capability: Informed

JUSTICE-RELATED SERVICES

Definition: All provinces and territories fund a wide variety of justice-related services which address many needs of people with mental and substance use health challenges, but which are not mandated specifically to serve this population. Examples include police services and custody-related services inclusive of corrections facilities and community programs, as well as probation and parole services. While not identified in this framework as core specialized mental services and substance use health services, these justice-based services are critical components of the overall treatment and support services; what might be termed ***core collaborating service providers***.

For people with mild to moderate mental health and/or substance use challenges various justice-based services may provide structured screening, brief intervention, counselling and referral to specialized services if needed. In some instances, a given justice-related service may include one or more mental health and substance use health counsellors as part of the team, or a counsellor co-located from a collaborating community agency through a formal arrangement for some designated hours per week (e.g., diversion programs, justice-based intensive case management service or community mobilization table; a substance use health worker providing assessment in the local corrections facility; a collaborative mental health and police crisis response team). Some corrections facilities offer specialized programming for opioid dependence and structured day programs. In other instances, local specialized community mental health and substance use health services may provide brief consultation and liaison services on an as-needed basis. Drug and mental health courts and inpatient and community-based forensic services are included as distinct core services (see below).

In a system mapping exercise for purposes of Needs-Based Planning and gap analysis, staff or co-located mental health or substance use health specialists would be “counted” under Community Counselling Services. Similarly, mental health and substance use health specialists employed by another service provider but providing a brief consultation and liaison role in the justice-related service would be counted under Consultation and Liaison Services.

CD Capability: Informed or capable depending on scope of services provided

Comprehensive MH/SU Services and Supports

COORDINATED/CENTRAL ACCESS AND NAVIGATION

Definition: *Central access* typically describes a one-stop shop or a “hub and spoke” model where clients go through a central intake and assessment process after which they are referred or transitioned to the level of care that fits their needs. The model offers a single, central point of contact to access services offered by multiple providers. C*oordinated access*, in contrast, focuses on ensuring commonality in key intake, screening and assessment processes across the participating service providers, as well as agreements on pathways and protocols for referral and transitions among the providers and beyond.

For purposes of this core services framework, we consider centralized/coordinated access models as a single category as they share many common features including the use of standardized processes and screening and assessment tools to match the person’s strengths and needs to the appropriate level of treatment and support. Further, this matching process is implemented within a stepped care framework as the aim is to support the person in engaging in the right level of services and supports based on their strengths and needs and to “step-up” or step- down” accordingly. It is considered best practice for these centralized/coordinated access models to include **both** mental health and substance use services. Further, it is expected that upon linking the person to the required services additional specialized assessments will be required for purposes of treatment planning, for example, complex concurrent disorders.).

The general aim of a centralized/coordinated access model is to minimize the barriers people confront in locating and accessing the help they need. Specific features of centralized/coordinated models may include multiple means of access including web-based technology and direct walk-in services; structured, validated screening and assessment tools and processes; clear and consistent processes for referrals or authority for direct admission into required services; and system navigation supports in making transitions which may include the use of peer-support workers. Ideally, these models also include infrastructure for the transfer of health information across service providers, including screening and assessment results and intermediate service outcomes, that facilitate transitions and minimize the need for the client and family members to repeat critical information for treatment and support planning and progress monitoring.

Staffing varies according to the nature and scope of services but increasingly these models include Masters-level or PhD-trained health professionals engaged in the core functions of screening, assessment and matching to treatment and support. A range of other Bachelors-level staff, outreach and peer support workers with varying education related to substance use health and mental health may be involved in the system navigation function.

CD Capability: Capable

Examples and variation across the provinces and territories

Alberta

Access Mental Health, Alberta Health Services Calgary Zone is a central intake and referral service to a wide array of service options for individuals with non-urgent mental health and substance use health concerns which can be accessed by anyone with or without a professional referral.

Ontario

Champlain CA Mental Health and Substance Use – Access MHA is a web-based service (https://www.accessmha.ca/) that provides a single point of entry to eastern Ontario's system of care for mental health and substance use health. It's designed to help individuals, their supporters, and health care providers connect with appropriate services in a timely manner and support them through the process.

Waterloo Wellington 24/7 is a front door to the substance use health, mental health, and crisis services provided by 11 agencies across Waterloo Wellington. The services are intake, assessment, and referrals for most local government-funded substance use health and mental health services.

MENTAL HEALTH/SUBSTANCE USE HEALTH COMMUNITY SERVICES

Definition: Commonly referred to as a "community mental health service" or "community substance use health service" these services provide screening, assessment and implementation of individualized treatment and support plans to people with mental health and/or substance use health challenges that do not require the level of treatment and supports provided through bed-based services, including hospital services. Some services in this category may be focused primarily on mental health, others on substance use health and, increasingly in many jurisdictions, blended services are offered.

Since many hospital-based mental health outpatient services provide services off-site in the community, often with strong collaborative arrangements with community mental health and substance use health services, these outpatient services are also included in this category. Some of these outpatient services are population or diagnosis-specific – e.g., PTSD, Borderline Personality Disorders, Mood Disorders; Early Intervention for Psychosis, Community Geriatric Services). Further, specialized outpatient forensic teams provide assessment, treatment and case management services are included in this category. The distinguishing feature of this core service category is that there is no live-in component, although arrangements may be made with other services for accommodation while the person participates in treatment and support

services. In addition, in some instances the outpatient service may be one component of a more comprehensive service that also includes inpatient beds. Services in this category often serve as a bridge to community services after discharge from bed-based services, for example, psychogeriatric, eating disorders, brain injury, and Early Psychosis.

While there are many variations within this core service category, this typically involves a scheduled course of one – two-hour sessions for mental health, substance use health and related problems - in group sessions or individual formats. Interventions typically include assessment (and referral if needed), psychoeducation, short-term or extended counselling or psychotherapy, family therapy, outreach, medical and/or psychiatric consultation, prevention and health promotion. For some mental disorders such as eating disorders or opioid use disorders and concurrent pain management or chronic infections, the required medical supports will go beyond consultation *per se.*

One challenging aspect for this core service category concerns case coordination and case management since related activities and supports widely so widely in nature and intensity. In this core community service category, we include routine case coordination activities as well as case management that is typically provided by individual staff members. More **intensive, team-based** case management such as provided through Substance Use Intensive Case Management Teams [ICMT] and inter-disciplinary Assertive Community Treatment (ACT) teams are identified as a separate core service.

CONSULTATION AND LIAISON

Definition: Consultation and liaison services are comprised of professionals designated specifically to work as a liaison between a specialized mental health, substance use health or concurrent disorder service and a community or hospital service which is frequently accessed by people with mental health or substance use health challenges, including concurrent disorders. This may include consultation to one or more hospital departments, including but not limited to the ED, long-term care homes, housing services and secondary and post-secondary educational institutions. The role is partly service provision (e.g., e.g., screening and brief interventions when appropriate to the needs of the individual; supporting discharge planning) and partly on-site capacity building. Ongoing case management is typically not part of this role.

Training and qualifications may include degrees in nursing or social work.

CD Capability: **Capable**

Examples and variability across the provinces and territories:

British Columbia

Burnaby General Hospital, MHSU Social Worker, ER liaison; Surrey Memorial Hospital, Psychiatric Nurse, ER liaison; Fraser Health Aboriginal mental health liaisons

Manitoba

Mental Health Resource Nurse - The Mental Health Resource Nurse (MHRN) provides leadership and expert mental health consultation in the provision of recovery focused client/family centered care and acts as a resource for navigation of the Mental Health (MH) system. The Mental Health Resource Nurse's service priority area is serving clients who are experiencing psychosocial crisis, mental illness or behavioral health concerns, and/ or co-occurring disorders in long term care. The MHRN provides bio- psychosocial education and support to staff in building mental health literacy and enhancing capacity of all health providers in the service to promote a recovery-oriented culture.

Ontario

- The Psychogeriatric Resource Consultant Program at the North Bay Regional Health Centre supports healthcare providers in long-term care homes (LTCHs), Home and Community Care, hospitals and MOH funded community support agencies that provide care for older adults with neurocognitive disorders (e.g. dementia, delirium), other complex physical and mental health needs and associated responsive behaviours/personal expressions, and collaborates in building capacity through indirect case consultation, network development and knowledge exchange based on foundational best practices, such as: P.I.E.C.E.S; U-FIRST; Gentle Persuasive Approaches in Dementia Care (GPA); Montessori-Based Dementia Programming; Positive Approaches to Care, etc. North Bay Regional Health Centre also has a psychiatric consultation liaison nurse dedicated to provide screening and brief consultation services to individuals within the hospital (in-patients and the emergency department). The CL nurse acts as a link between services and provides individuals with necessary referrals that will meet their mental health and addiction needs.

- Multi-disciplinary teams known as Forensic Early Intervention Service (FEIS) acts as a fully integrated program that liaises between the forensic and the correctional systems.

PEER AND FAMILY SUPPORT SERVICES TEAMS

Peer and family support is a supportive relationship between people who have a lived experience in common. Some peer and family support services are focused on substance use health, others on mental health and others in a blended service model. They have in common a shared experience with respect to mental health and/or substance use health related challenges.

Peer and family support is characterized by a set of values and processes of peer support—among them, recovery, empowerment, and hope. The most common form of peer and family support is self-help *support groups* where peers or family meet regularly to provide mutual support, without the involvement of professionals, and *one-to-one* peer and family support such as co-counseling, mentoring, or befriending. With increasing levels of recognition and government investment, there are also many types of peer and family support services that are more specialized, many of which are delivered through, or in collaboration with, mainstream providers. Examples include support in housing, education and employment; support in crisis (e.g., emergency department, and crisis services); traditional healing, especially with Indigenous people; system navigation (e.g., case management); and material support (e.g., food, clothing, storage, internet, transportation);

There are varying levels of training and certification for peer and family support workers, training that needs to be tailored to the different roles in peer support initiatives.

CD Capability: Informed (or Capable if embedded in a CD-Capable service)

Examples and variability across provinces and territories:

British Columbia
Peer Navigator Program (CMHA) in Vancouver; Peer Support Workers (Fraser Health SUSAT); Peer Support Workers – Indigenous (Fraser Health SUSAT); Peer Support Workers (Island Health Authority); Fraser Health MHSU Family Support Services

Alberta

Calgary (and elsewhere in Canada) - CMHA Recovery College – peer-led and supported peer support and wellness training in a learning model

Manitoba
Peer Connections (former Manitoba Schizophrenia Society) - Provides resources, counselling (individual and group), family support, and crisis intervention for those affected by schizophrenia and co-occurring disorders. A recently implemented program also provides peer and family support workers specific to crisis and ED services in Winnipeg and Dauphin.

New Brunswick
Activity Centres - Located throughout the province and run by, and for, persons living with mental illness, activity centres have a focus on prevention and promotion. Their self-help programs are varied and are based according to local needs and interests. These centres promote community integration by providing social, vocational, recreational and advocacy

activities. They help people become more independent of formal services by means of peer support, education, and mutual aid.

Ontario

In Northeastern Ontario, a unique regional partnership has been developed between four Peer Support Organizations and the Emergency Departments of the four Hub Hospitals, where a Peer Support worker is embedded into the emergency department to offer people in a mental health and/or addiction crisis support from a person with lived experience.

Other examples are more community or organization specific including the Nipissing Family Peer Support Services at CMHA, North Bay and District and the North Bay Regional Mental Health Centre. Similar examples can be found throughout the province.

HOME/MOBILE WITHDRAWAL MANAGEMENT

Definition: This involves voluntary withdrawal management with support provided in a client's home or other safe accommodation via on-site visits or web-based support. It may also involve visits to a central location (e.g., community addictions program, or a "safe home" in the community) during the day, while returning home at night. This service may involve a medical assessment by a physician or nurse practitioner, and regular monitoring by physician, nursing and/or other health care worker during the withdrawal process to provide medical management and support. Before the client is "discharged", case workers work collaboratively to support the client and/or those supporting the client to connect to post-withdrawal management services (e.g., treatment, housing, and other supports).

"Daytox" refers to a medically monitored group-based day program offering withdrawal management for individuals in early recovery, or whose substance related challenges do not require intensive community or hospital-based withdrawal management services. Programs may offer daily psychoeducational groups and complementary therapies such as acupuncture.

Before the client is "discharged", case workers work collaboratively to support the client, and/or those supporting the client, to connect to post-withdrawal management services (e.g., treatment, housing, and other supports).

Staffing includes nurses at varying levels of training and certification (RN or RPN) and other regulated and/or non-regulated health professionals. Access to a physician or NP is required for medication management.

CD Capability: Capable

Examples and variation across the provinces and territories

British Columbia

BC offers several home/mobile withdrawal management services. Examples include: Fraser Health Riverstone Home and Mobile Detox; Vancouver Coastal health Substance use Treatment and Response Team – START. Vancouver Coastal Health also operates a Daytox program

Ontario

Ontario has several examples of community withdrawal management services including that operated by Addiction Services of York Region and ADAPT: Halton Alcohol, Drug and Gambling Assessment, Prevention and Treatment Services. The process involves screening, assessing, planning and monitoring withdrawal symptoms for individuals who may experience mild-moderate withdrawal symptoms when substance use is discontinued. Clients, who are at risk of more severe withdrawal symptoms based on physical health and substance use health factors, may be referred to an alternate level of care in preparation for a safe withdrawal. Accessing to assessment, counselling, psychoeducation and referral is also offered.

Manitoba

The mobile withdrawal management and stabilization (MWMS) program run by Klinic Community Health provides voluntary acute withdrawal management and stabilization supports to individuals who are medically and psychiatrically stable. Clients are assessed by an addictions physician and receive medical and psychosocial supports from the MWMS team in their home or in another safe accommodation (such as a Short-Term Transitional Access to Recovery (STAR) bed for a flexible period, up to 30 days, or more if needed. Services also include referrals to longer-term residential treatment or to community-based day treatment as needed.

ADDICTION MEDICINE SPECIALTY SERVICES

Addiction medicine is a medical sub-specialty that deals with the diagnosis, prevention, evaluation, treatment, and recovery of persons with substance use disorders, and of people who otherwise show unhealthy use of substances including alcohol, nicotine, prescription medicine and other illicit and licit drugs. Addiction specialists may work independently or be part of another core service such as Rapid Access to Addictions Medicine (RAAM) (Rapid Access to Addictions Care (RAAC in BC) or an Opioid Agonist Treatment (OAT) program.

Rapid Access to Addictions Medicine/Care (RAAM/RAAC) – These services are often connected to a hospital emergency department (ED) or a Withdrawal Management Service so as to rapidly connect patients by referral to the RAAM/RAAC, which provides outpatient medical support for people with a substance use disorder.

RAAM/RAAC service also provide support for managing any necessary changes to a person's OAT, for anywhere from two weeks up to two months (over the course of a year), until such time as they are stable and/or successfully referred back to a longer-term service, for example, primary care. RAAM/RAAC services are optimal for individuals with severe opioid use disorders who have trouble maintaining contact with their family physician and moderate cases who are not receiving wraparound by a community-based counsellor or case manager.

RAAM/RAAC staffing includes a multi-disciplinary team generally led by an addictions' trained physician, including nurses and may include health care workers, social workers and clinical counsellors.

OAT supports individuals with opioid use disorder by starting and maintaining clients on opioid agonist (replacement) therapy (Buprenorphine /Naloxone [Suboxone]/Methadone/Kadian) under the care of a designated licensed physician or other licensed prescriber such as a Nurse Practitioner. Injectable Opioid Agonist Treatment (iOAT) is also included here.

Managed Alcohol Programs is a harm reduction approach quite similar in principle to an OAT program, and clients are prescribed a daily dose of alcohol to assist in the management of the addiction to alcohol and to prevent severe withdrawal. Staffing includes a physician, and other team members such as outreach workers, and strong linkages to other required health and social services.

CD Capability: Capable or Enhanced (if specific to CD Specialized)

Examples and variability across provinces and territories:

RAAM/RAAC

Ontario

There are 65 Publicly funded Rapid Access Addiction Medicine (RAAM) clinics in Ontario providing safe, non-judgmental access to specialized addiction medicine in a timely manner. This is a low barrier model allowing for drop-in and self-referral. Following assessment, clients may be connected to other substance use health, mental health or other services as required on an individual basis.

Manitoba

Prairie Mountain Health and Addictions Foundation of Manitoba collaborate to provide a RAAM clinic based out of the 7th Street Health Access Centre. Rapid Access Addiction Medicine (RAAM) clinic is a low-barrier, walk-in clinic that clients can attend to get help for a substance use disorder without an appointment or formal referral. RAAM clinics provide time-limited medical addiction care (including pharmacotherapy, brief counselling, education, and referrals

to community services). Other RAAM clinics funded in Manitoba include: Selkirk RAAM Clinic; River Point Centre RAAM Clinic, Thompson RAAM Clinic, Portage la Prairie RAAM Clinic.

British Columbia

RAACs have been established in Providence Health Care, St. Paul's Hospital; Victoria BC; and Fraser Health Creekside WMS. In most cases RAACs are designed to connect individuals seeking treatment for substance use disorders with evidence-based treatment, including OAT, in order to stabilize the individual in the short term and subsequently transfer them to a community care provider for ongoing monitoring, support and rehabilitation.

Opioid Agonist Treatment (OAT)

Opioid agonist therapy (OAT) is an effective treatment for addiction to opioids such as heroin, oxycodone, hydromorphone (Dilaudid), fentanyl and Percocet. The therapy involves taking the opioid agonists methadone (Methadose) or buprenorphine (Suboxone). These medications work to prevent withdrawal and reduce cravings for opioid drugs. People who are addicted to opioid drugs can take OAT to help stabilize their lives and to reduce the harms related to their drug use. This service option is now found across Canada and include public and private services.

Managed Alcohol Program (MAP)

British Columbia

GMAP (Gwa'dzi Managed Alcohol Program in partnership with the local RCMP detachments) in Port Hardy. Prescribing physician, working with MHSU services, deliver regulated daily doses of alcohol to those in need, after potential clients are assessed to make sure they are a good fit for this pilot program. Outreach workers drop off the alcohol to the client's home, making daily visits and ensuring clients drink only what's provided to them. Alcohol doses may also be delivered to RCMP cells to help prevent detainees from suffering tremors or seizures while in custody.

Ontario

Working in partnership Shepherds of Good Hope and Ottawa Inner City Health stabilizes participants' alcoholism through a medically regulated administration of alcohol. MAP participants require support in managing their addiction and maintain their physical and mental health, but through this structured program, they stabilize, gain a sense of community, and live life with dignity.

CASE MANAGEMENT (NON-INTENSIVE) MH, SUH, CD

Case Management services (non-intensive) is not a separate Core service category, but rather is part of the larger broad category of MH/SUH Community Services.

Definition: This is the "traditional" brokering model with a single case manager who procures and coordinates services (included as a function under Community Counselling Services). While the Case Manager may be part of a larger team (and even consult from time to time with colleagues or a supervisor about a client) they have responsible for the client file.

The Case Manager focuses on assessing needs, referring to services, which may be provided by a variety of agencies and professionals, and Services are mainly office based, but can be conducted in an outreach model of care.

Case Management is typically provided by a single case manager (in collaboration with other service providers). Case Managers have larger caseloads than ACT/FACT or ICM and frequency of visits is typically once every 1-3 weeks.

While case managers may be registered with a professional body (e.g., Nursing, Social Work), this is not necessarily the case, and case managers typically refer out for medical and psychotherapy services.

Services may be provided in the home; a community setting or be office-based. Staff may be co-located in other services such as an Emergency Department or schools. Outreach may be provided to contact, engage and link those who are at risk of developing, or known to have mental health and/or substance use challenges to treatment and support systems. Dedicated homeless supports may also be provided.

Depending on organizational size and community context, these services are typically staffed with an inter-disciplinary team that includes individuals with post-secondary education in clinical counselling/therapy at a Master's degree level or higher, along with Bachelors-level staff in a relevant discipline. The team may also include outreach and peer support workers with varying education related to substance use health and mental health. Access to medical and psychiatric supports may be offered in-house (e.g., Nurse Practitioner or other nursing support) or through psychiatric consultation. If the service includes prevention and health promotion, then individuals will have non-specific training in this area including a focus on harm reduction and public health.

CD Capability: Capable (or Enhanced if CD-specific)

Examples and variability across the provinces and territories

Manitoba

Parkwood Community-based Services - Intake, 1:1 counselling, group programs (continuing care, reducing the risk, Substance Abuse Group, Non-Residential Treatment program), Impaired Driving Program (assessment and programming), Family Program (for those who have loved ones who struggle with substance use)

Prairie Mountain Health, Early Intervention for Psychosis - The Early Intervention Service (EIS) provides early identification and intensive case management to clients with early symptoms of psychosis. Recovery and rehabilitation counselling, as well as family support, are provided.

Psychosocial Rehab Community Mental Health - Psychosocial Rehabilitation (PSR) promotes personal recovery, quality of life, and successful community integration for persons who have a mental illness or a mental health concern. Services are available to adults experiencing severe and persistent mental health concerns. People may benefit from frequent involvement to support them in their recovery. Services may include basic support; service coordination; treatment and rehabilitation; crisis intervention; life enrichment and community participation; advocacy and self-help.

School Based Mental Health and Addictions Nurse - The School-Based Mental Health and Addiction Nurse, as a part of the interagency Enhanced School-Based Mental and Addictions team, will provide mental health and substance use health services and supports as well as assessment, education and consultation within school divisions within an interagency collaborative care model. The Psychiatric Nurse III will provide direct clinical service to students and their families; safety and stabilization planning and consultation for students; and work towards developing capacity for early identification of mental health and substance use health problems within the school division.

New Brunswick

The health regions operate several Community Addiction and Mental Health Services which provide a range of services for individuals, youth, and family members affected by substance misuse, problematic gambling, and mental health issues. Services include non-intensive Case management as well as individual counselling and support, family and natural support, psychoeducation, therapeutic groups, psychiatric services, substance replacement therapy, community and educational services related to prevention/education, health promotion and community mobilization community crisis response, critical incident stress management.

Ontario

Sudbury: The Mental Health and Addiction program at Health Sciences North provides a comprehensive program for individuals affected by substance misuse, problematic gambling,

and mental health issues. Services in this location include as non-intensive case management as well individual counselling and support, family and natural support, psychoeducation, therapeutic groups, psychiatric services, substance replacement therapy, senior's mental health, treatment for eating disorders, mobile crisis rapid response, Early Psychosis Intervention, Crisis Intervention and Coordinated Access.

In Ontario, non-intensive case management services are also dedicated to people with mental health or substance use health challenges involved in the criminal justice system, as this population has difficulty accessing other services, due to the stigma of a criminal history, i.e., Justice Case Managers and Release From Custody Workers. Ontario also has Release From Custody Worker (RFCW) programs in each community where a correctional facility or detention centre is located. RFCWs are located in close proximity to their assigned correctional institution and provide short-term case management services to detained persons prior to and after their discharge. RFCWs collaborate with and support discharge planners, social workers, and addiction counsellors at the institutions in order to identify eligible clients, plan and support their successful community reintegration.

British Columbia
In some health authorities, these non-intensive case management services are funded directly by Health Authorities, while others may be contracted NGOs, for example Canadian Mental Health Association. For the contracted services, they frequently provide multiple services for individuals including assessments, brief counselling, group, individual and family counselling, referrals, psychoeducational sessions, outreach, harm reduction, prevention, and health promotion. In the Fraser Health region, most communities have services delivered by the NGO's School Based Prevention programs, aimed at reducing the use of alcohol and other drugs by providing prevention and early intervention to students.

MENTAL HEALTH AND SUBSTANCE USE COURT

Definition:

Mental Health Court: Mental health courts link offenders who would ordinarily be prison-bound to long-term community-based treatment. They rely on mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns of communities. Like other problem-solving courts such as drug courts, domestic violence courts, and community courts, mental health courts seek to address the underlying problems that contribute to criminal behavior.

Mental health courts share characteristics with crisis intervention teams, jail diversion programs, specialized probation and parole caseloads, and a host of other collaborative

initiatives intended to address the significant overrepresentation of people with mental illness in the criminal justice system.

Drug Court: Drug courts are judicially supervised court dockets that provide a sentencing alternative of treatment combined with supervision for people living with one or more severe substance use disorders. Drug courts are problem-solving courts that take a public health approach using a specialized model in which the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities work together to help offenders experiencing substance use disorders move towards long-term recovery.

CD Capability: Informed

Examples and variability across provinces and territories

Manitoba

The Winnipeg Drug Treatment Court (WDTC) program is available to offenders charged under the Controlled Drugs and Substance Act (CDSA) with drug-related offences such as possession, possession for purposes of trafficking, and trafficking, and/or non-violent Criminal Code offences. To be eligible, the offender must be dependent on drugs and their criminal behaviour must have been caused or motivated by their addiction. The WDTC model involves progression through program phases including orientation, stabilization, intensive treatment, maintenance, and graduation. A client-centred approach ensures that following admission each client's phase placement and progression will be based on individual factors; clients may move through the program in different ways but will have the same final outcome. The court uses a harm reduction approach that recognizes that clients may relapse at various times in their struggle against addiction, but at the same time promotes individual accountability through weekly court visits and drug screening.

Ontario

North Bay: The Mental Health Court Outreach Program offered through the Nipissing Mental Health Housing and Support Services Court provides supports for people in conflict with the law, as a result of mental illness and addictions. For minor offences, mental health diversion agreements provide voluntary alternatives to the court system. Program includes short-term case management, coordination and referral to required services, education for clients and their families, court system navigation, screening for diversion purposes.

British Columbia

Drug Treatment Court Vancouver (DTCV) accepts accused persons, who are screened by federal or provincial Crown prosecutors, as being a fit for the program. The accused must plead guilty to charges, will remain under strict bail conditions including reporting to court on a regular

basis, submitting to random urine tests and taking part in a minimum 14-month intensive day treatment program through the DTCV Resource Centre. The team consists of probation officers, addiction counsellors, physicians, health care works and an employment assistance worker.

SUPERVISED/SAFE CONSUMPTION SITES

Definition: Supervised consumption sites and services provide a safe, clean space for people to bring their own drugs to use, in the presence of trained staff. This prevents accidental overdoses for those accessing the services and reduces the spread of infectious diseases, such as HIV. The sites also provide access to important health and social services, including substance use health treatment for those who are ready. Sites are set up in areas where there are high rates of public drug use to provide important health, social and treatment services, such as access to clean drug use equipment and a place to safely dispose of items such as needles and drug checking to detect if drugs contain other more harmful substances. They also provide emergency medical care in case of overdose, cardiac arrest or allergic reaction as well as basic health services, such as wound care testing for infectious diseases like HIV, hepatitis C and sexually transmitted infections (STIs). Access is provided to health care providers and various other support services which may include education on the harms of drug use, safer consumption practices and safer sex as well as access to medications to treat opioid use disorder under the oversight of a healthcare provider. Referrals may be made to withdrawal management and substance use treatment as well as social services such as housing or employment supports.

Staffing usually consists of nurses (RNs, RPNs), peer support workers, health care workers, access to a physician or Nurse Practitioner.

CD Capability: Capable

Examples and variability across provinces and territories

British Columbia
The majority of BC health authorities operate supervised consumption sites, such as Insite in Vancouver's Downtown Eastside, SafePoint in Surrey and several locations on Vancouver Island. In addition to providing the full scope of services noted above many of these sites also include overdose prevention services.

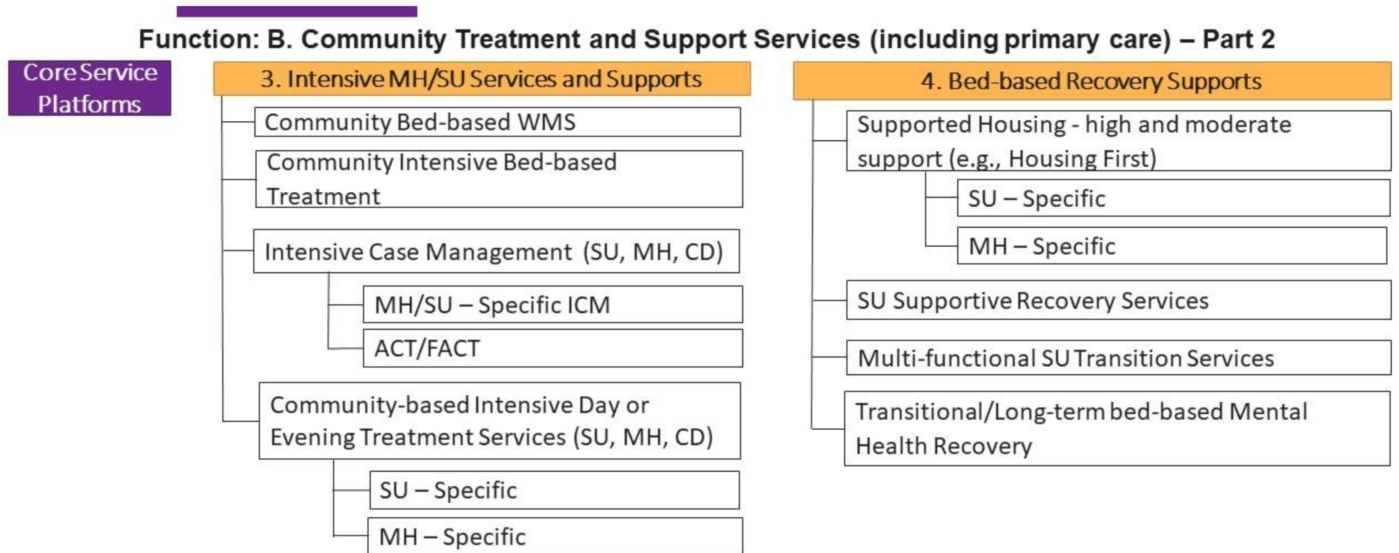
Alberta
Sites called supervised consumption services are operating in Calgary, Edmonton, Red Deer and until recently in Lethbridge.

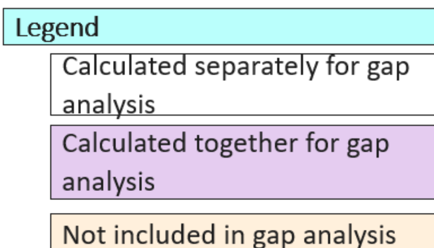
Ontario

In Ontario supervised consumption sites are referred to as Consumption and Treatment Services (CTS). As of Feb. 2020, there were there are 17 approved CTS sites in Ontario, including Toronto, Guelph, Kitchener, London, St. Catharines and Hamilton.

Intensive MH/SU Services and Supports

Figure 7: Overview of community treatment and support services – Part 2





COMMUNITY BED-BASED WITHDRAWAL MANAGEMENT

Description: This involves voluntary withdrawal management from alcohol and/or other drugs in a non-hospital, bed-based setting. Although "community-based", these services are often sponsored or otherwise administratively linked to a hospital to ensure quick access on an as-needed basis for medical emergencies. These community-based services may also provide medical management including a medical assessment and regular supports during the withdrawal process by physician, nurse practitioner, other nursing and/or other health care worker. The intensity of the medical management and monitoring varies by setting, and withdrawal may be supported with or without medication management. Length of stay is typically 8 days.

Before the client is "discharged", case workers work collaboratively to support the client, and/or those supporting the client, to connect to post-withdrawal management services (e.g., treatment, housing, and other supports).

Staffing includes regular access to a physician, or Nurse Practitioner, RNs and/or RPNs, LPNs, health care workers, social workers or addictions counsellors/case managers.

CD Capability: Capable

Examples and variation across the provinces and territories

British Columbia
Creekside Withdrawal Management Services (adults/youth); Vancouver Coastal Health Detox Centre; Onsite Detox (Vancouver); Community Medical Detox Vancouver Island Health.

Manitoba

Community Health and Housing Association - Josh Jacks Mennie Centre - Six flexible-length withdrawal treatment beds suitable for treating those struggling with a methamphetamine or opioid addiction.

Main Street Detoxication and Stabilization Program - Main Street Project in Winnipeg operates two sub-acute, non-medical detoxification centres, one for male and one for female identified individuals. Each site provides supervised withdrawal from the toxic effects of an individual's last substance use episode and create individualized detox care plans to support / guide individual recovery - whether it is reducing the harm they may experience from their drug of choice or continuing treatment if abstinence is their goal,

Alberta

Calgary offers bed-based medically supervised withdrawal management services at Alpha House and Renfrew.

COMMUNITY INTENSIVE SUBSTANCE USE HEALTH BED-BASED TREATMENT

Definition: These facilities provide time-limited intensive treatment for substance use health related problems. Clients reside on-site and participate in a structured, scheduled program of interventions and activities with access to 24-hour support. While considerable variability exists within and across jurisdictions in program structure and activities, a harm reduction approach is recommended which, among other things, means meeting people where they are at their recovery journey; accepting people into treatment who are being treated with opioid agonist treatment and acceptance of relapse as part of the recovery journey. Quality of life and well-being are among the criteria for successful outcomes, which may or may not also include complete abstinence, depending on the individual's treatment goals.

Services include comprehensive assessment, psychoeducation, structured individual, group and family counselling/therapy and relapse prevention provided by clinical counsellors. Other services may include participation in mutual aid supports such as AA, SMART recovery, and/or other peer-based supports; life/employment skills training and education; culture-based activities such as sweat lodge and tobacco and other ceremonies, and recreation activities. While clients may need some medical supports, such as medication management, and which can be provided in-house, the emphasis is on psychosocial and often spiritual and/or cultural supports. Opioid Agonist Treatment may be offered in-house or arrangements made for access to medication through a local pharmacy or other qualified health service providers. Programs generally range from 30 to 90 days, although this may vary based on client strengths and needs.

Staffing includes individuals with post-secondary education in clinical counselling/therapy at a Master's degree level, wellness workers, addictions counsellors – generally at a Bachelors level in a relevant discipline- and program support workers with varying education related to the health care/substance use health/mental health fields and, generally, lived experience. Some programs may include medical supports such as a Nurse Practitioner or other nursing professional and access to a physician and/or psychiatrist.

CD Capability: Enabled

Examples and variability across the provinces and territories:

British Columbia
Pacifica Treatment Centre; Heartwood Centre for Women; Kinghaven Treatment Centre;

Peardonville House; Phoenix Centre Opioid Treatment beds; Round Lake Alcohol and Drug Treatment Society; Nenqayni Wellness Centre

Manitoba

Prairie Mountain Health, AFM: Several in house facilities that offer co-ed bed-based addiction treatment. Provides daily groups (3 times per day) and 1:1 counselling.

Behavioural Health Foundation: Provides long-term residential programming for adults experiencing addiction and co-occurring mental disorders. Using the therapeutic community model, members are offered graduated opportunities that will equip them with the necessary vocational, intellectual and communicative skills for successful integration into society, allowing them to be free of addictive behaviours. Program length is open-ended and based primarily on treatment progress. The recommended length of stay for either the adult or family program is a minimum 4 to 6 months although individual needs and treatment goals are usually the determining factors for the length of a person's stay.

Ontario

North Bay: The Residential Program offered through CMHA North Bay and District offers residential services for individuals who desire recovery from their substance abuse and addictions. Services include assessment, individual counselling, Morning Meditations, Group Therapy, self-help groups and Crisis Intervention & Walk-ins

Thamesford: Westover Treatment Centre offers a wide range of programs including but not limited to a 19-day Substance Use Disorder Program, a Co-Dependency program, a Stage-Two Recovery and Relapse Prevention Program, a Weekend Family Program and others.

INTENSIVE CASE MANAGEMENT (SU, MH, CD)

Case management is generally described as a coordinated and integrated approach to service delivery, intended to provide ongoing supportive care and to help people access the resources they need for living and functioning in the community.

Mental Health (MH)-specific, Substance Use Health (SUH)-specific, or Concurrent Disorders (CD)-specific Intensive Case Management (ICM) is a formalized case management/outreach service delivery model for either urban or rural practice that provides comprehensive services to individuals with severe mental health and/or and/or severe substance use health issues with or without mild to moderate mental health issues. The presence of concurrent disorders will be the norm rather than the exception.

While this case management model is similar to the ACT case management model, ICM clinicians have larger caseloads than ACT Clinicians (typically 20-1 client to staff ratio), frequency of visits is less than ACT clients, ICM typically sees clients 1-3 times per week, and the range of services withing ICM are more frequently provided through a collaborative approach with other community providers rather than through one team. As such, services are wrap-around in nature with clients engaged via multi-disciplinary teams who provide direct services and/or linkages/navigation to other services and systems within the community.

While access to medical and psychiatric supports varies, staffing generally includes case managers, peer support workers, nurses, an addiction clinical counsellor or therapist, an addiction medicine specialist or nurse practitioner, housing specialist and access to a psychiatrist. Like other Case Management Services, ICM teams strive for a strengths-based approach, focusing on clients' strengths, self-direction, and the use of informal help networks (as opposed to agency resources). It further stresses the primacy of the client-case manager relationship and applies an active form of outreach.

Some ICM teams will be more rehabilitative in nature than others (e.g., they might include psychotherapy for clients and their families or teaching of specific skills).

Overall, the different models of case management can be divided into three broad categories based on the levels of service provision, client participation, and case worker management:

- Non-Intensive Case Management
- Intensive Case Management
- ACT/FACT

CD Capability: Enhanced

Examples and variation across the provinces and territories

British Columbia

All BC Health Authorities have examples of substance use health-specific ICM throughout their jurisdiction.

- Intensive Case Management Teams, offered by Northern Health, e.g., teams in Prince George, Terrace and Fort St. John
- Intensive Case Management Teams, offered by Fraser Health in Chilliwack, Langley, Maple Ridge and Surrey
- Youth Tier 5 (YT5) – Mobile Intensive Case Management Team, offered by Island Health
- The Women's Intensive Case Management Team and Heatley Intensive Case Management Team, offered by Vancouver Coastal Health

Ontario

Health Sciences North in Sudbury ON, operates an ICM Team for individuals who live with serious mental illness (schizophrenia, schizo-affective disorder, and bi-polar with psychotic features). Individuals are assigned both a case manager and a psychiatrist and have the support of the larger team if needed. Individuals are seen 2-3 times per week.

MENTAL HEALTH ASSERTIVE COMMUNITY TREATMENT (ACT)/FACT

Definition: This core service is specific to Assertive Community Treatment (ACT) teams which provide person-centered, recovery-oriented, outreach mental health services. This is distinguished from other models of intensive case management which offer more of a brokering model with a single case manager who procures and coordinates services (included as a function under Community Counselling Services).

ACT teams provide flexible, community-based support for adults with serious and persistent mental illness that makes it difficult to manage their daily living. These individuals often have difficulty connecting with, or responding well to, traditional community-based mental health and rehabilitation services that is generally offered in an office setting. FACT, which stands for Flexible Assertive Community Treatment, is a variant developed in the Netherlands to serve a broader group of patients, with more flexibly across care settings and designed to be more appropriate for rural areas.

Highly integrated interdisciplinary teams provide assertive wraparound coordination, services, and outreach, with low client-to-provider ratio (e.g., 10-1). The team is typically comprised of 10-12 care providers, including general practitioners (GP's) with specialist training or addiction medicine specialists, as well as psychiatrists, mental health and substance use health counsellors, Nurse Practitioners, and social workers, and is led by Psychiatrist.

The ACT model has been highly developed in both structure and process, including the development and implementation of specific service model fidelity scales and benchmarks on the number of ACT teams per population.

Importantly there are populations with highly complex mental health challenges that typically do not have access to this core service, for example, people with complex eating disorders (i.e., multiple co-occurring mental health issues, concurrent substance use health and other medical issues in addition to their eating disorders.

CD Capability: Enhanced

Examples and variation across the provinces and territories

Manitoba

The Program of Assertive Community Treatment (PACT) offered by the Winnipeg regional Health Authority is one example of Manitoba's ACT services. It is an outreach oriented, comprehensive community treatment, rehabilitation, and support service designed to meet the needs of people with severe and persistent mental illness. The service is provided to participants in their homes, at work, and in community settings and delivered by a multi-disciplinary team of mental health professionals including a psychiatrist, nurses, social workers, occupational therapists, mental health specialists, addiction specialists and vocational rehabilitation specialists, provides PACT services with a low staff to client ratio, using a team approach and shared caseloads

New Brunswick

There are several Flexible, Assertive Community Treatment (FACT) teams across the province of New Brunswick. The FACT program aims to assist people experiencing severe and persistent mental illnesses and multiple limitations in their overall functioning. The program allows clients to move back and forth between higher and lower intensity services, to reduce hospital stays and maintain persons with severe mental illness in community.

Ontario

In addition to the Intensive Case Management Program offered through the North Bay Regional Health Centre noted above under ICM, he Centre also has an Assertive Community Treatment team.

COMMUNITY-BASED INTENSIVE DAY OR EVENING TREATMENT SERVICES

SUBSTANCE USE HEALTH - SPECIFIC

Definition: Day/Evening treatment for substance use health challenges, sometimes referred to as "partial hospitalization" or "day hospital", is an intensive type of non-bed-based services for individuals whose substance use health-related needs are more complex than can be managed through standard outpatient services, but yet do not require an inpatient stay. A structured, scheduled program of treatment and support activities is provided for a certain number of days or evenings per week and a certain number of hours per day/evening (e.g., 3-4 hours per day) while the client resides at home or in another setting such as a multi-functional bed-based service. There is considerable variability in the total number of hours of service per week. The distinguishing feature, however, is that there is no live-in component, although arrangements may be made with other services for accommodation while the person participates in the day/evening treatment services and supports.

As with mental health and substance use health community services, and depending on organizational size and community context, many hospital-based mental health services deliver Day/Evening treatment off- site from the hospital, perhaps in collaboration with community mental health and/or substance use health service, and, therefore, these services are also included in this category.

Services and supports include a range of individual or group options, including counselling, psycho-educational, relapse prevention, stress management, skills development programs.

As noted, these services may be delivered by a hospital or community-based organization and, therefore, offer varying levels of, or access to, medical and psychiatric supports.

Staffing is comprised of an inter-disciplinary team (e.g., psychology, psychiatry, psychiatric and other nursing professionals, addiction counsellors, social workers, peer and family support, and others). Coordination with other hospital or community services would provide additional resources and expertise as required (e.g., pharmacy and others).

CD Capability: Capable (or enhanced if CD-specialized)

Examples and variability across the provinces and territories:

New Brunswick

The Intensive Day Treatment Program (IDT) located in Moncton - Intensive Day Treatment (IDT) is a four-to-six-week community-based service offered to individuals living in the Greater Moncton region (Albert, Westmorland and Kent counties) and in First Nation communities (Elsipogtog, Fort Folly, Bouctouche and Indian Island). This specialized service offers individualized recovery plans to adults 19 years or older who are experiencing substance use and/or gambling with or without associated mental health issues. Services are primarily offered in a group format.

Ontario

North Bay Regional Health Centre offers a four to sixteen weekday/evening treatment program for individuals with concurrent disorders. Services are primarily offered in group format however have an individualized treatment component that contains individual counselling sessions where appropriate. The program offers strong linkages to community and hospital withdrawal management services, RAAM, and community case management.

Royal Ottawa Hospital Concurrent Disorders program offers a range of inpatient and outpatient services for people living with substance use health and mental health concerns.

- The Concurrent Disorders Unit Day Program is an intensive day treatment service for patients with moderate to severe, complex, and active substance (drug or alcohol) use and mental health disorders. The service offers stabilization, assessment, diagnostic clarification, and treatment for concurrent disorders (mental health and substance use and operates Monday to Friday from 9 a.m. to 3 p.m.
- Virtual Concurrent Disorders Unit (VCDU) was launched in August 2020 to increase access to intensive day treatment for people with severe and complex mental health and substance use disorders living in Eastern Ontario. It was adapted from the existing day program. The VCDU model provides the ability for individuals (including youth 16-25) to virtually access specialty clinicians and care at The Royal, while they are physically located in rural locations (closer to where patients live)

Nova Scotia

The Addictions Day Treatment Program is a two-week group program offered by the Nova Scotia Health Authority in both Central and Eastern Zones for individuals that require a more intensive and daily treatment option than offered through community counselling services. Individuals may benefit from this type of program if they recently left an inpatient treatment program (i.e., detox) or need more help making changes to their substance use and/or gambling after trying other community-based treatment methods. A variety of topics and skills are explored such as: relapse prevention, refusal skills, how the brain is impacted by addiction, self-care strategies and healthy leisure options, mindfulness and coping with anxiety.

Yukon

The Pine Treatment Day Program is a gender-specific, 5- week harm-reduction program for clients who are looking for therapeutic support during the day (9:30am to 2:30pm), but have the option and willingness to return to their respective home environments outside of programming hours.

Whitehorse Correctional Centre Day Program designed to support clients who currently reside in the Whitehorse Correctional Centre. Participants must be 18 years old and currently incarcerated in Whitehorse Correctional Centre. This program is designed to address substance use challenges, however individuals who are seeking emotional regulation skills can attend.

MENTAL HEALTH- SPECIFIC

Definition: Day/Evening treatment for mental health challenges, sometimes referred to as “partial hospitalization” or “day hospital”. is an intensive type of non-bed-based services for individuals whose mental health-related needs that are more complex than can be managed through standard outpatient services but yet do not require an inpatient stay. A structured,

scheduled program of treatment and support activities is provided for a certain number of days or evenings per week and a certain number of hours per day/evening (e.g., 3-4 hours per day) while the client resides at home or in another setting such as a multi-function bed-based service. There is considerable variability in total number of hours per week. The distinguishing feature, however, is that there is no live-in component, although arrangements may be made with other services for accommodation while the person participates in the day/evening treatment services and supports.

As with mental health and substance use health community, and depending on organizational size and community context, many hospital-based mental health services deliver Day/Evening treatment off- site from the hospital, perhaps in collaboration with community mental health and, therefore, these services are also included in this category. Often these mental health focused day/evening treatment services are population or diagnosis-specific – e.g., Geriatric population, PTSD, Mood Disorders, Borderline Personality Disorder, and Eating Disorders.

Services and supports include a range of individual or group options, including counselling, psychosocial rehabilitation, psycho-education, stress management, skills development programs. As noted, these services may be delivered by a hospital or community-based organization and, therefore, offer varying levels of, or access to, medical and psychiatric supports.

Staffing is comprised of an inter-disciplinary team (e.g., psychology, psychiatry, psychiatric and other nursing professionals, social workers, peer and family support workers, and others such as dietitians in the case of eating disorders). Coordination with other hospital or community services would provide additional resources and expertise as required (e.g., pharmacy and others).

CD Capability: Capable (or Enhanced if CD-Specific).

Examples and variability across the provinces and territories

Newfoundland

St. Clare's in St. John's offers an intensive Day Treatment program and is being expanded across the province. Virtual options for delivering this program are also being explored.

Manitoba

Prime Time enables community mental health clients to remain living successfully in their community through regular attendance in a specialized group setting located in Brandon at Fairview Home. Maximum 20 clients a day for a 5-day program.

British Columbia

The DEWY or Day, Evening, Weekend for Youth program is offered in the Fraser Health Authority and consists of a core program in addition to a drop-in component. The programs main focus is to enhance an individual's motivation toward healthier decision-making. This program is generally for youth who have previously accessed services through an outpatient setting and are assessed as requiring a more intensive approach.

Bed-based Recovery Supports

SUPPORTED HOUSING - HIGH AND MODERATE SUPPORT

Housing and housing-related supports are essential components of an individual's journey to recovery. This core service category within the overall treatment and support system is also characterized by a plethora of models and approaches. In many respects at one end of the spectrum is the "Housing First" model which encompasses both a set of key principles (e.g., housing is a basic human right; the separation of housing and services; personal choice and self-determination, recovery orientation and harm reduction) as well as key features such as scattered-site housing and independent apartments and provision of significant supports for mental health and substance use (e.g., an ACT or ICM team). Importantly, housing is provided first and then supports are provided including physical and mental health, education, employment, substance abuse and community connections.

Despite widespread agreement across Canada on the importance of a "housing first" philosophy and key features, there is a wide variation in the implementation and fidelity to aspects, such that the term "supportive or supported housing" is more generally used. In some jurisdictions, Ontario, for example, there is a provincial substance use health-specific supported housing program and in others (indeed the majority of jurisdictions) the housing supports are targeted at needs related to both mental health and substance use health. For our purposes here we will reflect this separation recognizing that the key principle within either sub-category is a high degree of capability for supporting people with co-occurring disorders.

Importantly this core service category does NOT include rent supplements and other similar financial or social services and supports and policies. These are considered to be within the role and responsibility of community collaborating partners such as housing and social services.

SUBSTANCE USE HEALTH - SPECIFIC

In this core service, the specific focus is on semi-independent and independent housing options for persons with significant challenges related to substance use health, and it is expected that the majority will also be experiencing significant mental health challenges.

Supportive [often referred to as second stage housing in BC] and *supported* housing are similar in many respects (e.g., provision of housing and supports such as medication management when needed, focusing on community integration). Coupled with case management, persons living in either supportive or supported housing can also be linked to a wide variety of social services as job training, life skills training, and community support services (e.g., childcare, educational and recreational programs, support groups).

The similarities, notwithstanding, in some jurisdictions supportive and supported housing are distinguished by the provision of supports provided by service providers working in the dwelling

(supportive housing) compared to supports provided by service providers located externally (supported housing). Both approaches are typically operated by non-profit agencies and staff and are comprised of individuals trained in substance use health, social work, psychiatric rehabilitation and peer support. In supportive housing the housing and support are closely linked, with staff members providing various levels of support within the residence. This type of housing can include group home settings with self-contained apartments and low levels of -support such as meals and cleaning and supportive advice and conversation. In supported housing, housing and support are separate functions and there are no staff members on-site. Support services are provided from outside the home, usually using a case management approach. Supported housing usually consists of independent apartments, housing co-operatives or other government-funded social housing for people with low incomes. Important features included social support, good housing quality, privacy, a small number of residents and resident involvement to some degree in management of the residence.

As models of community housing, supportive and supported housing can also be set in the context of mixed income, scattered site housing; not only through the traditional route of low-income building complexes.

"Low barrier" housing is another approach to supported housing for individuals with challenges related to substance use health who are continually at risk of being homeless, or who are homeless and require a safe place to live. As with other forms of supported housing, the supports offered aim to connect the individual with health, social and other community services. The term 'low barrier' refers to low or no requirements or conditions for the person to be abstinent or involved in treatment for access to this housing. However, it is important to note that in some jurisdictions an important distinction is drawn between "sober housing" (which does require abstinence) from other low-barrier housing which does not. There may be a blend of people with mental health and/or substance use health issues residing in a low barrier housing setting.

CD Capability: Informed, Capable or Enhanced depending on supports included

Examples and variation across provinces and territories

British Columbia
RainCity Housing and Support Society; BC Housing Addiction Recovery Program; Sunset Towers; Portland Hotel Society

Ontario
The Addiction Supportive Housing (ASH) Program offered through the Nipissing Mental Health Housing and Support Services provides support services to those individuals living in supportive

housing units, under the supportive housing for people with problematic substance use. Objectives include: to reduce frequency of readmissions to addiction programs, particularly withdrawal management services; to increase housing stability for people with problematic substance use and concurrent disorders; to reduce pressure on the emergency care systems; and, to reduce contact with the criminal justice system.

MENTAL HEALTH-SPECIFIC

As above, there is an important distinction between supportive and supported housing, that also applies to the mental health sector. Similarly, as above, supported housing is a combination of housing and support services intended to help people live more stable, lives, in this case providing self-contained, subsidized apartments in a building where all units are occupied by persons with significant mental health challenges, recognizing that many will also be experiencing substance use health related challenges. Onsite or off-site support (e.g., outreach, money management, medication management) are coordinated through a case manager or case management team.

As noted above, there are similarities as well as key differences between supportive and supported housing. In the mental health field, the more common approach is supported housing whereby the target population is often focused on individuals with severe mental health issues or concurrent disorders, and for which the mental health aspect is the most severe.

Coupled with case management, persons living in supported housing can also be linked to a wide variety of social services as job training, life skills training, and community support services (e.g., childcare, educational and recreational programs, support groups). Supported housing is intended to be a pragmatic solution that helps people have better lives. As community housing, supported housing can be developed as mixed income, scattered site housing, and not only through the traditional route of low-income building complexes.

CD Capability: Informed, Capable or Enhanced depending on supports included (e.g., the specific "Housing First" model is CD-enhanced by design)

Examples and variability across the provinces and territories

British Columbia
A variety of supported housing models are offered by the health authorities in BC, in addition to other ministries or organizations such as CMHA and BC Housing.

Ontario
There are a wide range of supportive housing options offered across the province. One long-

standing example is LOFT Community Services in Toronto which promote recovery and independence for people with complex challenges, including serious mental health difficulties, dementia, substance use issues, physical health challenges and homelessness or the risk of becoming homeless.

Also in Ontario, and in addition to the options noted above, the provincial Forensic Supportive Housing Program provides access to coordinated supportive services (including rent supplements) for people with mental illness or disorders who have been found 'not criminally responsible' or 'unfit to stand trial' and have been given a disposition under the authority of the Ontario Review Board (ORB) which enables them to live in the community. Services are based on an assessment of the individuals' needs and include psychosocial and community environmental supports (e.g., primary care, income supports etc.) and others as required to support reintegration into the community. Community-based mental health service providers use private sector apartments by negotiating with landlords to set aside units for eligible clients. The program is appropriate for those that pose a minimum-security risk and do not require intensive, 24-7 supervision and support. The staff to client ratio is slightly higher than that for other Mental Health or Addictions supported housing programs.

SUBSTANCE USE HEALTH SUPPORTIVE RECOVERY SERVICES

Definition: These services provide temporary accommodation in a safe, supportive, recovery-oriented environment and may be a step down from intensive bed-based substance use treatment. These services may also be accessed when there is a high risk of relapse. Individuals may access outpatient and other community treatment services and supports while in this service. Programs generally range from 3 to 6 months, but can be shorter or longer depending on individual needs.

Severity of the client population is non-acute, recognizing this represents one point in time within what is often a complex recovery journey. Client needs typically include continued support for reintegration into the community; ongoing psycho-education; and some level of case management to support a successful transition back to community. Activities typically include: coaching for daily living focusing on eventual community reintegration and participating in mutual aid supports (e.g., AA, SMART Recovery). Highly structured interventions or programs are not offered in house, the exception perhaps being basic counseling, basic education and case management depending on staff complement and external arrangements.

Staffing typically includes persons with lived experiences who have completed a one- or two-year certificate or diploma. Some facilities may contract external clinical counsellors and/or physicians or nurse practitioners.

A harm reduction approach is recommended which, among other things, means meeting people where they are at their recovery journey; accepting people into treatment who are being treated with opioid agonist treatment and acceptance of relapse as part of the recovery journey. Quality of life and well-being are among the criteria for successful outcomes, which may or may not also include complete abstinence, depending on the individual's treatment goals.

CD Capability: Informed

Examples and variation across the provinces and territories

British Columbia

Stabilization and Transitional Living Residences (STLRs) in both Fraser Health and Vancouver Coastal Health Authorities; Supportive Recovery residences in Vancouver Island, Northern and Interior Health Authorities. Specific examples include: Last Door Recovery Centre, Turning Point, Charlford House, Phoenix Society, Mollies Place, Comox Valley Transition Society, Seabird Island (Men's and Women's).

Manitoba

Community Health and Housing Association (CHHA) Westman Region, in Brandon, Manitoba - Supportive Recovery Housing units for those with substance use disorders who have recently completed primary substance use and addiction treatment. Program provides safe, drug and alcohol-free group living environments to support recovery plans and help residents improve life skills.

Siloam Mission, Riverwood Church Community Inc. and Tamarack Recovery Inc., - Siloam Mission has 20 units; Riverwood Church Community Inc. has 40 units at Riverwood House in Elmwood; and Tamarack Recovery Inc. has 10 units. In total, these 70 supportive recovery housing units provide an abstinence focused supportive environment to continue recovery.

Ontario

There are several longstanding examples of Supportive Recovery Services in Ontario. As one example, the Ken Brown Recovery Home is a long-term bed-based program based on 12-Step philosophy and cognitive-behavioural programs for relapse prevention, anger awareness, and group therapy. The program is abstinence-based with mandatory participation in self-help groups. The length of stay varies up to three months and clients have the option of entering the long-term supportive housing program

MULTI-FUNCTIONAL SUBSTANCE USE HEALTH TRANSITION SERVICES

Definition: These bed-based services offer a variable length of stay typically 30 days or less, as a guideline, for physical, social and psychological stabilization for people with moderate to severe substance use disorders[12]. Client needs typically include stabilization and rest, and safety from physical, social and psychological harms. For clients moving on to intensive treatment, their needs include additional preparation for this experience.

A key distinguishing characteristic is that there is minimal in-house programming given the focus on rest and stabilization. This focus allows the individual to plan for entering a residential or non-residential treatment service (e.g., while on a wait list after withdrawal management).

Stabilization/transition beds may also be used to help the person make the transition from a residential service to a community non-residential service, for example when housing in the community has stabilized. This may also be a distinct phase of treatment in some residential treatment services. In some cases, these beds can be part of a mobile detox or withdrawal management program. (e.g., STAR beds in BC).

Staffing typically includes persons with lived experiences who have completed a one-or two-year certificate or diploma. Staffing would be similar to a Supportive Recovery facility.

A harm reduction approach is recommended which, among other things, means meeting people where they are at their recovery journey; accepting people into the program who are being treated with opioid agonist treatment and acceptance of relapse as part of the recovery journey.

CD Capability: Informed

Examples and variability across the provinces and territories:

British Columbia

Fraser Health Short Term Access to Recovery - STAR beds; Vancouver Coastal Health - Step Up/Down Services; Vancouver Island Health Authority - Stabilization (withdrawal management PAWS)

Ontario

[12] There may be examples of this type of service focused on people with mental disorders, for example provision of bed-based support for those attending a day treatment program for a specialized mental health service (e.g., the supportive residential program for eating disorders clients who attend the London Health Sciences Centre (LHSC) program. They would not be counted in this core service category focused on transitional supports across substance use services. This core service has not been well-articulated for mental health services more broadly.

North Bay Regional Health Centre has two beds designated as Transitional Beds for individuals who require additional support to be successful in their recovery journey either from hospital to home or community treatment and/or from community or hospital withdrawal service to residential treatment.

Manitoba

To complement the community mobile withdrawal management service offered through Klinic in Winnipeg (see page 49), Short-Term Transitional Access to Recovery (STAR) beds are used for clients who require low to moderately severe primary detoxification to deal with the physical, non-life-threatening symptoms of withdrawal or secondary withdrawal and can also be utilized as required for stabilization to address issues related to emotional and psychological withdrawal from substances. STAR beds are used for clients who do not have a permanent home, or do not have a safe home in which to receive home and mobile withdrawal managements services such that the beds can be used to provide a safe environment for individuals to complete withdrawal and pre-treatment stabilization for up to thirty (30) days to reduce risk of relapse prior to attending intensive addictions treatment.

TRANSITIONAL/LONG-TERM BED-BASED MENTAL HEALTH RECOVERY SERVICES

Definition: This core service category includes sub-categories, such as Licensed Community Residences which provide 24 hours a day, 7 days per week supervision (and with professional staff available to assist residents as needed, including managing the storing and dispensing of patients' medications. Staff encourage clients to be as independent as possible but are available to provide meals, laundering, medication management and 24-hour support.

Another option is Supported Living Homes which offer staff support during certain daytime hours and where residents are responsible for taking their own medication.

In another variation the home is privately owned, and the owners provide care and supervision to a small number of individuals who wish to live in a family setting.

CD Capability: Informed

Examples and variation across the provinces and territories

Ontario

Homes for Special Care (HSC) is part of the Ministry of Health and Long-Term Care province-wide residential care program for adults with serious mental illness. The HSC Program offers more than just residential group homes and, depending on location/site, includes a variety of services to assist people to explore and fulfill life expectations beyond psychiatric stabilization

and health maintenance. This may include day programs. Staff work with home staff to provide residents with a better quality of life and provide in-home assistance, for example, supporting activities of daily living (ADL's) and medication management and facilitate follow through and receipt of therapeutic services (e.g., counseling, vocational training, advocacy, referrals to obtain resources).

Percy Place - Complex Care offered through the Nipissing Mental Health Housing and Support Services is designed to accommodate adults who have a serious and persistent mental illness in addition to other medical and/or behavioural complexities. Occupants will benefit from a structured, safe, and supportive environment and receive 24-hour care from both Registered Practical Nurses and Personal Support Workers. Case Management and Peer Support services are also connected to this home. A client directed approach to care allows clients to maintain housing stability and tenure while participating as partners in their care to the level they are capable of.

Transitional Rehabilitation Housing Program (TRHP) and Developmental Disability/Dual Diagnosis Transitional Rehabilitation Housing Program (DD-TRHP) are community-based rehabilitation programs for forensic clients (i.e., those that have been deemed not criminally responsible or 'unfit to stand trial') that are transitioning from hospital into the community. TRHPs and DD-TRHPs provide highly intensive and specialized supports in a temporary residential placement for patients who require additional support to acquire or re-acquire daily living skills due to extended periods of institutionalization. DD-TRHP provides specialized developmental sector placements to support the transition of patients with a dual diagnosis (mental illness plus developmental disabilities).

Both programs will serve the eligible individuals when their Ontario Review Board (ORB) disposition provides for community placement, and when it is clinically appropriate to do so.

TRANSITIONAL/LONG-TERM BED-BASED MENTAL HEALTH RECOVERY - RESPITE

Definition: This Core Service is the same as described above, except that this service is specifically for individuals living with a Developmental Disability or a Personality Disorder.

Examples

Ontario

Sudbury Developmental Services (SDS)

- In Home Respite-The parent/caregiver has the option of receiving care for their loved one from a relief worker inside their own home for a designated period of time.

- Out of Home Respite (1) – A respite family takes the individual to their home for a designated period of time.
- Out of Home Respite (2) – The parent/caregiver takes their loved one to a permanent location operated and staffed by SDS for a designated period of time.

New Brunswick

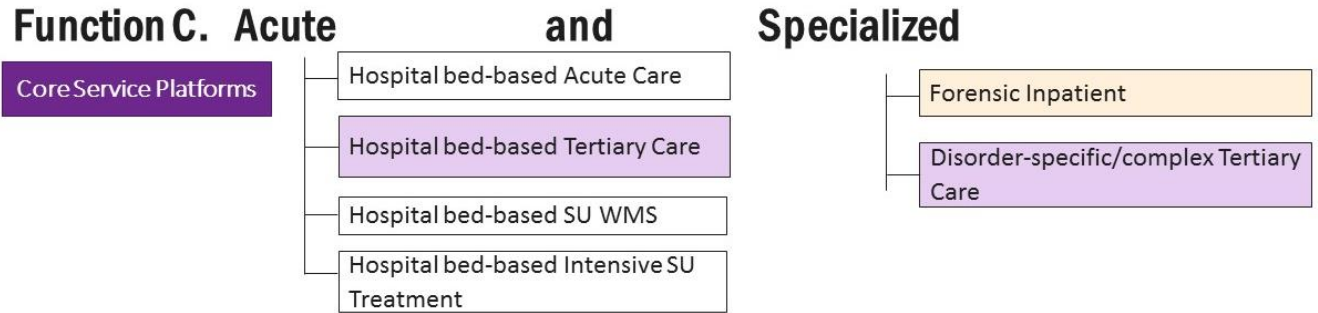
The New Brunswick Association of Community Living/Social Inclusion (NBALC) is not a branch of government but rather a non-profit, charitable organization. NBACL was founded by families in 1957 and supports families across the lifespan. The provide a variety of services, supports, education, resources and facilitate supported living. Inclusion NB is leading in the creation of opportunities for people with an intellectual or developmental disability to live full and valued lives in all aspects of society.

NBACL Social Inclusion facilitators have a number of important roles in helping people plan for and live in a home of their own through a supported living arrangement. These include helping people:

- Identify where and with whom they want to live and the supports that will be required to establish and maintain a supported living arrangement;
- Recruit and screen for private support providers (this may include live in roommates, neighbours, hourly paid support workers, etc.);
- Identify and secure other supports, including technologies and accommodations that allow people to live with more independence, or to have the ability to request support when it is required; and
- Identify opportunities for adequate and affordable housing, including facilitating access to government housing programs if necessary.

Acute and Specialized Services

Figure 8: Overview of acute and specialized services



Legend
- Calculated separately for gap analysis
- Calculated together for gap analysis
- Not included in gap analysis

HOSPITAL BED-BASED ACUTE CARE

Definition: Terms commonly used for this core service include Acute Inpatient Psychiatry Unit (AIPU), General Psychiatry Unit (GPU) or Mental Health Unit (MHU) or, more commonly the broad umbrella term of "acute care inpatient psychiatry". This involves a number of designated beds for stabilization, assessment, treatment and support for people experiencing an acute mental health condition and who may need safety monitoring, stabilization, assessment, treatment and support, including but not limited to medication management. Length of stay can be variable but often the anticipated duration is 1-2 weeks and which may complement additional services provided through longer stay inpatient units. Very short stay services through a "Crisis Stabilization Unit" are included under the broad category of Crisis and Emergency Services, although there is no doubt some overlap in function.

These beds are often organized as a specific hospital unit, sometimes in a general or speciality hospital and staffed with an inter-disciplinary team (e.g., psychiatry, psychiatric and other nursing professionals, social work, and others). Coordination with other hospital services provides additional resources and expertise as required (e.g., pharmacy, occupational health, peer and family support, and others).

The focus is on support in managing an acute situation with the goal being to transition the individual to the next appropriate level of treatment and support based on individual strengths and needs, for example, longer term inpatient or outpatient, community-based services. As such the focus of these services is two-fold – treatment and support as an inpatient but also discharge planning to other appropriate supports[13].

Importantly, a person who requires this level of acute care is often unable to exercise their rights or have the mental competency at that point in time to take part in treatment decisions. As a result, extra care is required of the care provider to (proactively) ensure rights are protected, which may involve the role of substitute decision makers, as authorized by the province or territory, and other bodies and appeal processes. People detained involuntarily under legislative authority (e.g., Mental Health Act) may transition to mandatory/supervised treatment and care in the community under a Community Treatment Order.

CD Capability: **Capable or Enhanced**

Examples and variation across the provinces and territories:

[13] See below under Forensic Services for a description of Acute Care/Stabilization Specialty Psychiatric Hospital Beds beds in Ontario funded for short-term crisis management and treatment of correctional inmates. Upon discharge the individual is returned to correctional custody such as the detention centre.

Alberta

All Calgary hospitals have these units – some are more oriented to crisis stabilization (PLC) and some to psychosocial rehab (RVH) but there is a lot of overlap among them. There are also new adolescent units that will be supplemented with more outpatient and day hospital programs in the new Adolescent Mental Health Centre (under construction).

Saskatchewan

Saskatchewan has an adult mental health short-stay unit, located at the Royal University Hospital in Saskatoon. This is a 7-bed unit that offers 24/7 nursing, and dedicated psychiatry services on site 5 days/week, and on-call psychiatry evenings and weekends.

Newfoundland/Labrador

There is a provincial adult mental health facility in St. John's, NL. In addition, there are units available in St. Clare's and Health Sciences Centre in St. John's and also within hospitals in Corner Brook and Grand Falls-Windsor.

New Brunswick

There are several psychiatric units located in hospitals across the province that provide inpatient services to individuals suffering from an acute episode of mental illness. The service generally includes assessment, stabilization, diagnosis, treatment and consultation. Follow-up care is provided by community-based Addictions and Mental Health services.

Ontario

North Bay Regional Health Centre - Acute Inpatient Psychiatry Unit (AIPU) is a thirty-bed adult inpatient service. The Unit provides interdisciplinary assessment, consultation, treatment, education, assistance with recovery, support and discharge planning to individuals with severe mental illness who require acute short-term stabilization and who are residents in the Districts of Nipissing, Temiskaming and the northern portions of Muskoka/Parry Sound.

British Columbia

All large and medium-sized hospitals have these unit referred to inpatient psychiatry units or IPU's. As with most similar services in other provinces, the team is interdisciplinary, generally led by a psychiatrist, and provides stabilization, assessment, consultation, treatment, education and discharge planning.

HOSPITAL BED-BASED TERTIARY CARE

Definition: Commonly referred to as "a psychiatric or mental health facility", this involves a number of designated beds for longer-term stays than for the acute care mental health services. That being said, admissions can be quite variable in terms of duration. The focus is on assessment, treatment and support for people experiencing severe and refractory mental illness who have not responded to treatment and/or have difficulty maintaining successful community tenure despite exhausting all available supports and interventions. Guided by a recovery philosophy, the goal is to assist the individual in living a meaningful life and to assist with developing or refining the skills and supports needed to choose, obtain, and/or keep their valued role(s) in the community. Where possible, the aim is to transition the individual to outpatient, community-based services for ongoing treatment and psychosocial support.

These services are often organized as a designated, speciality mental health facility and staffed with an inter-disciplinary team (e.g., psychiatry, psychiatric and other nursing professionals, social work, occupational health, recreational therapy, peer and family support, and others).

Some of these services may have highly specialized units, for example, for people with Acquired Brain Injury, and may be considered in the core service category **Disorder-Specific/Complex Tertiary Care** or **Inpatient Forensics.** With respect to Forensics, as with acute inpatient mental health services, a person who requires this level of care is unable to exercise their rights or have the mental competency at that point in time to take part in treatment decisions. As a result, extra care is required of the care provider to (proactively) ensure rights are protected, which may involve the role of substitute decision makers, as authorized by the province or territory, and other bodies and appeal processes. People detained involuntarily under legislative authority (e.g., Mental Health Act) may transition to mandatory/supervised treatment and care in the community under a Community Treatment Order.

Note: This category is Mental Health specific, and does not include a focus on treatment and support related specifically to substance use health (although some patients may have concurrent disorders).

Programs included in this category are shown in Table 4 below.

Table 4: Examples of programs included in hospital bed-based tertiary care

Service Intervention	Diagnoses	Severity Level/Health State
Acute Tertiary	Bipolar	Manic/Hypomanic phase
Tertiary Inpatient	Schizophrenia Neurocognitive Disorder	Treatment Resistant Major with Supervision

	Eating Disorders Eating Disorders	Moderate Severe
Specialized Psychiatric Beds	Intellectual Disability	High
Inpatient Rehabilitation	Bipolar Bipolar Neurocognitive Disorder	Manic/Hypomanic phase Depressive phase Mild
Specialized Inpatient for Personality Disorders	Personality Disorders	
Inpatient Rehabilitation	Bipolar Bipolar Neurocognitive Disorder	Manic/Hypomanic phase Depressive phase Mild
Medical Clinical Training Unit (CTU)	Eating Disorders	

CD Capability: Capable or enhanced

Examples and variation across provinces and territories:

Ontario

North Bay: The Regional Specialized Mental Health Program (RSMHP), part of the North Bay Regional Health Centre, provides tertiary mental health services to individuals, families and community-based services using an evidenced-based best practices model of care.

Alberta

There are longer term rehab-type facilities at Claresholm, Ponoka and Edmonton. Ponoka has the units for long term inpatient, and special services for inpatient concurrent disorders and inpatient brain injury – Alberta Hospital Edmonton has long term inpatient and forensics including locked units

Saskatchewan

Saskatchewan Hospital North Battleford

New Brunswick

The Pierre Caissie Centre is a 4-bed tertiary residential facility staffed with a multidisciplinary team (psychologist, social workers, learning specialist and youth care workers) committed to working with youth, ages 12 to 18, who present with ongoing emotional/ behavioral disorders. The Centre offers clinically guided trauma informed treatment and reintegration plans, which reflect the needs of the youth, their families and the community support teams. The Pierre

Caissie Centre's mandate is to act as a trauma focused therapeutic program for youth who cannot function safely and successfully in their home/social environment despite ongoing community supports' involvement.

DISORDER-SPECIFIC/COMPLEX TERTIARY CARE

In addition to Inpatient Forensic services there are other highly specialized mental health inpatient services, for example, for people with Eating Disorders, Dual Diagnosis, Psychogeriatrics, Personality Disorders, and Acquired Brain Injury and/or very complex conditions requiring tertiary care. In some jurisdictions, these services for the most complex conditions may be referred to as Quaternary-level Services, a designation which refers to an advanced level of treatment which is highly specialized and not widely accessed.

These services involve a number of designated beds for longer-term stays than for the acute care mental health services and admission which can be quite variable in duration. The focus is on assessment, treatment and support for people experiencing very severe and complex mental health challenges. Depending on the nature and complexity of the conditions being treated, significant medical services may be provided, for example, for the medical stabilization and treatment of people suffering from eating disorders.

As with other inpatient mental health services, the goal is to assist the individual in living a meaningful life and to assist with developing or refining the skills and supports needed to choose, obtain, and/or keep their valued role(s) in the community. Where possible, the aim is to transition the individual to outpatient, community-based services for ongoing treatment and psychosocial support.

These services are often but not always organized as part of a hospital, including designated speciality mental health facilities. Staffing consists of an inter-disciplinary team (e.g., psychiatry, psychiatric and other nursing professionals, social work, occupational health, recreational therapy, peer and family support, and others).

CD Capability: Capable or Enhanced

Examples variation across provinces and territories:

Alberta

In Alberta specialized units for Eating Disorders, Brain Injury and Psychogeriatrics would fall into this category.

Newfoundland-Labrador

There is a dedicated four-bed inpatient eating disorder unit at the Health Sciences Centre in St.

John’s, NL. An interdisciplinary team includes psychiatric nurses, a psychologist, dietitian, occupational therapist and social worker.

Ontario

The Dual Diagnosis - Birch & Maple Lodge at North Bay Regional Health Centre is a specialized dual diagnosis unit aimed at preventing long-term institutionalization and to maintain community placement by providing short-term (up to 18 months) psychiatric inpatient services, for individuals with mental disorders and developmental disability, whose diagnostic/therapeutic needs and/or medical requirements in the context of pharmacological interventions are such that community-based care is contraindicated.

HOSPITAL BED-BASED SUBSTANCE USE HEALTH WITHDRAWAL MANAGEMENT SERVICES

Definition: In these core services clients reside on-site in a health care setting for stabilization, withdrawal management and medical and psychosocial supports in preparation of additional substance use health treatment and support. Clients participate in a structured, scheduled program of interventions and activities with access to 24-hour support and an alcohol and drug-free residential treatment milieu. While many community bed-based WMS services also offer medical supports, the hospital-based services in this category provide access to a significantly higher level of individualized medical and mental health treatment and support. Medication management is a normative element of interventions offered and this may include tapering from opioids with a goal being to transition to in-house or externally offered Opioid Agonist Treatment, or other treatment and support depending on client choice for that option.

These withdrawal management beds are often organized as a specific hospital unit and staffed with an inter-disciplinary team (e.g., psychiatry, psychiatric and other nursing professionals, social work, and others). There may be some overlap with **Hospital Bed-based Intensive Substance Use Treatment** (see below) to the extent that withdrawal management is an initial phase of a multi-phased treatment and support program operated by the same facility. Coordination with other hospital services provide additional resources and expertise as required (e.g., pharmacy, occupational health, peer and family support, and others). Before the client is discharged, case workers ensure that the client and/or those supporting the client are connected to other substance use treatment services.

Length of stay is typically less than 7 days but this can be quite variable. The focus is on support in managing an acute situation with the goal being to safely transition the individual to the next appropriate level of treatment and support based on individual strengths and needs, for example, bed-based or non-bed-based substance use health treatment.

CD Capability: Enhanced

Examples and variation across provinces and territories:

British Columbia
There is a high level of medical support in **all** BC community bed-based WMS services and there are no hospital-based WMS services *per se*.

Saskatchewan
In some cases, brief (less than 24-48 hours) and social detox (up to 7-10 days) services are located within or in close proximity to hospital; with many community-based detox services including medical supports such as nursing staff, visiting physician hours, and/or Emergency Medical Technicians on staff.

Ontario
The Hospital Withdrawal Management Services (HWMS) at North Bay Regional Health Centre offers a voluntary program for withdrawal management located in the hospital setting for individuals with moderate to severe symptoms of withdrawal. Linked to the Addiction Medicine Consult Team and Community Withdrawal Management Services, individuals have access to case workers who can assist with connecting them to the level of service that will best meet their needs upon discharge.

Newfoundland-Labrador
The provincial medical 19-bed withdrawal management service is located in St. John's – Recovery Centre.

HOSPITAL BED-BASED INTENSIVE SUBSTANCE USE HEALTH TREATMENT

Definition: Commonly referred to as "Inpatient substance use treatment" or perhaps a "concurrent disorders unit" this involves a number of designated beds for stabilization, assessment, treatment and psychosocial supports for people with severe substance use disorders. As noted above, this may be preceded by a period of medically-supported withdrawal management. While many community bed-based withdrawal management services also offer medical supports, including medication management, these bed-based services typically provide access to a much higher level of individualized medical or psychiatric care. Thus, the distinguishing characteristic of individuals requiring these services is a severe substance use disorder and a high level of mental health and other co-morbidities.

A variable length of stay is recommended but is typically over 21 days based on clinical presentation. This core service also includes specialized beds for people with opioid use disorder (typically a 4-5 month stays) who have a high level of mental health and other co-morbidities. The focus is on intensive treatment and support with the goal being to safely transition the individual to the next appropriate level of services based on individual strengths

and needs, for example, “step-down” to bed-based supportive recovery services or non-bed-based substance use services in the community for continuing treatment and support.

These beds are often organized as a specific hospital unit or other specially designated facility[14] and staffed with an inter-disciplinary team (e.g., psychiatry, psychiatric and other nursing professionals, social work, and others.

CD Capability: Enhanced

Examples and variation across provinces and territories:

British Columbia
Red Fish Healing Centre for Mental Health and Addictions[1]

Saskatchewan
Hospital-based inpatient substance use treatment services are not offered. These services are provided through the Saskatchewan Health Authority at a dedicated inpatient treatment centre or delivered by funded Community Based Organizations with capacity for this level of service.

Newfoundland-Labrador
Inpatient substance use treatment is not attached to a specific hospital unit. There are two adult facilities in Newfoundland-Labrador – Humberwood in Corner Brook and the Grace Centre in Harbour Grace. There is also a youth facility – Hope Valley – in Grand Falls-Windsor.

Alberta
ARCH at Royal Alexandria Hospital, ARCH at Peter Lougheed Centre

Ontario
Concurrent Disorders Program at the Royal Ottawa Hospital

FORENSIC INPATIENT

Definition: Commonly referred to as “inpatient forensics” this service category involves a number of designated beds in a speciality hospital and in a secure unit, ranging from low, medium and high security. The Criminal Code of Canada requires that the provinces provide a range of forensic services for persons before the courts including fitness assessments, ‘not

[14] Formerly, Burnaby Centre in BC (subsequently renamed Red Fish Healing Centre for Mental Health and Addictions) is a somewhat unique facility that, while technically not a hospital, treats people with the most severe and complex concurrent disorders. In BC this is often referred to as a “quaternary care” facility, meaning one level above tertiary care.

criminally responsible' assessments and treatment, as well as secure detention, treatment and rehabilitation for persons who fall under the authority of the Review Board.

Forensic units serve clients living with mental illness who have been in conflict with the law and who are at risk of committing violent acts, and who are unable to be accommodated in the general mental health system. Individuals' treatment in these unit have been found Not Criminally Responsible (NCR) by the courts and are thus under the jurisdiction of a special Review Board. Individuals appropriate for this service no longer require a high security environment but need ongoing treatment in secure services because of their behaviour and the level of risk this represents to them and others.

The goal of the service is the provision of effective clinical treatment and risk management to clients with a wide range of mental disorders. Ultimately, the goal is to increase engagement of the individual in their own treatment, maintain or increase optimal functioning, supporting the successful reintegration into the community. In addition, the aim is to prevent future hospitalizations and involvement with the criminal justice system, balancing community safety with quality of life and autonomy for the individual.

The unit is staffed with an inter-disciplinary team (e.g., psychiatry, psychiatric and other nursing professionals, social work, and others). Coordination with other hospital services provide additional resources and expertise as required (e.g., pharmacy, occupational health, peer and family support, and others). Overall, staffing and other resource requirements vary by level of security designation - low, medium or high.

A person who requires specialized forensic services is unable to exercise their rights or have the mental competency at that point in time to take part in treatment decisions. As a result, extra care is required of the care provider to (proactively) ensure rights are protected, which may involve the role of substitute decision makers, as authorized by the province or territory, and other bodies and appeal processes. People detained involuntarily under legislative authority (e.g., Mental Health Act) may transition to mandatory/supervised treatment and care in the community under a Community Treatment Order.

While there are other types of highly specialized inpatient mental health services, for example, for people with Eating Disorders, Dual Diagnosis and also Seniors, inpatient forensic services are identified as a separate core service due their unique role in the mental health and substance use treatment and support system, for example the provision of involuntary services. These other specialized inpatient services are included under the category of **Disorder-specific/complex Tertiary care** (see above).

CD Capability: **Capable or Enhanced**

Examples and variation across provinces and territories:

Alberta

Forensic services have evolved from beds in general hospitals to a major stand-alone forensic psychiatry centre for all of southern Alberta that opened recently. The services for northern Alberta are mostly at the Alberta Hospital Edmonton.

Newfoundland-Labrador

There is a medium security hospital unit, North 4B, at the Waterford Hospital in St. John's. This unit provides court ordered assessments, treatment for individuals under the Prisons Act, and detention and treatment of individuals who are found to be not criminally responsible (NCR) due to a mental disorder. Follow-up is provided after hospital discharge or after serving sentences.

Ontario

There are 10 hospitals and one Secure Treatment Program in the province that provide forensic mental health services, including specialized inpatient assessment, rehabilitation and treatment services in secure settings. In North Bay, for example, the Mental Health and the Law Program at North Bay Regional Health Centre serves the Northeast Region of Ontario and is designated to provide court-related forensic psychiatric assessment, treatment and community outreach support to adults with serious mental illness who are in conflict with the law. Services are well connected to transitional services including, but not limited to, case management, transitional housing and outreach programs.

Also in Ontario, an *Acute Care/Stabilization (AC/S)* Beds program creates local partnerships between forensic hospitals and correctional centres to stabilize and treat acutely mentally ill inmates who are too complex for general hospitals. For example, funding is provided to the Ontario Shores Centre for Mental Health Sciences (Ontario Shores) in the Central East Region to provide Acute Care/Stabilization (AC/S) Specialty Psychiatric Hospital Beds within their forensic unit dedicated for females with acute mental health issues who are incarcerated or on remand in provincial detention centres and jails. The AC/S beds are part of the broader mental health system in Ontario, providing an alternate pathway with improved access to treatment in a safe and secure mental health inpatient setting, for justice patients and diverts the most acutely ill inmates from emergency departments and mental health inpatient units of local general hospitals.

British Columbia

The Forensic Psychiatric Hospital, otherwise known as Colony Farms, is a 190-bed secure facility that treats people who been found to be Not Criminally Responsible (NCR) for a crime or unfit to stand trial due to a mental disorder and is operated by the Provincial Health Services Authority (PHSA).

Saskatchewan

Saskatchewan Hospital North Battleford serves as Saskatchewan's Provincial Psychiatric facility where, in addition to the 284-psyciatric beds, the facility also includes a 96-bed secure wing to provide mental health services for male and female offenders with serious mental health issues.

Manitoba

The Centre for Adult Psychiatry is a locked 25-bed acute unit operating under the legislation of the Mental Health Act of Manitoba. It is the inpatient referral center for Prairie Mountain Health. Admission criteria include adults, ages 18-64 years, experiencing psychiatric illness or a severe psychosocial crisis that is unable to be managed in a less intrusive manner.

OTHER

DIGITAL SERVICES AND SUPPORTS

Description: There is a wide variety of service platforms and tools that fall under the broad umbrella of "digital health", including those of potential value in treatment and support for people experiencing mental health and substance use health challenges. Evidence from research in digital mental health and substance use health is promising and more research is needed in particular with mobile and Internet-based apps.

While there is no widely accepted categorization of these service platforms and various tools three broad groupings of different technologies are helpful for the purposes of treatment system description and planning: (a) telemedicine/telepsychiatry; (b) mobile telecommunications, in particular text-messaging (SMS), and (c) Internet-based applications, including apps and websites. Notably, these three service delivery platforms may deliver a variety of interventions, together or in combination, and in combination with in-person services and supports.

"Telemedicine/Telepsychiatry" is a specific service that includes delivery of psychiatric and pharmacotherapy supports and consultations via live, interactive videoconferencing. Telepsychiatry can be offered in either 'clinically supervised settings', where service participants are seen within a clinic or hospital, or 'clinically unsupervised settings', where psychiatrists treat clients directly in their homes. Importantly, and especially in the context of the system changes that have been required as a result of the COVID-19 pandemic, these consultations, whether web-based or simply by telephone, are being undertaken by a wide range of professionals well beyond psychiatry itself.

The two remaining service platforms, mobile and web-based may offer:

- Unassisted access to health information, including information on available services (e.g., a website (or portal to other websites); a web app with local program information and perhaps the functionality for direct contact or bookings).
- Self-completed screening or diagnostic tests, or structured interventions, such as CBT, with automated feedback, delivered through a specific website or delivered by an app. These resources may be specific to certain mental health or substance use challenges (e.g., mood and anxiety, substance use) or be more broadly focused on lifestyle since lifestyle factors such as physical exercise, sleep, and healthy diet play an important role in self-management of mental health and substance use health challenges.

Therapist-assisted counseling such that questions may be posted and a professional will respond confidentially (i.e., e-counselling; distance telecommunications such as OTN).

Chat lines, open forums or social networking (e.g., Facebook, Twitter) for mutual aid support or sharing of information with or without therapist mediation.

Text messaging or emailing to deliver health-related messages, encourage adherence to interventions being delivered by traditional means, provide follow-up support, or obtain evaluation feedback.

Mixed methods, for example, using text messaging in conjunction with a manual, diaries, brief telephone support and/or weekly counseling appointments.

CD-Capability – Informed, Capable or Enhanced depending on level of specificity for certain mental or substance use health challenges and, in the case of tele-psychiatry, CD-specific consultation

PRIVATE SERVICES AND SUPPORTS

Definition: The organization of Canada's health care system is largely determined by the Canadian Constitution, in which roles and responsibilities are divided between the federal, and provincial and territorial governments. The provinces and territories administer and deliver most of Canada's health care services, with all provincial and territorial health insurance plans expected to meet national principles set out under the Canada Health Act. The provincial and territorial governments have most of the responsibility for delivering health and other social services; based on expectations and national principles set out under the Canada Health Act. The federal government is also responsible for some delivery of services for certain groups of people, including First Nations people living on reserves; Inuit; serving members of the Canadian Armed Forces; eligible veterans; inmates in federal penitentiaries; and some groups of refugee claimants.

If it is determined that a service is medically necessary, the full cost of the service must be covered by the public health insurance plan to be in compliance with the Act. If a service is not considered to be medically required, the province or territory need not cover it through its health insurance plan. The provinces and territories provide coverage to certain people (e.g., seniors, children and low-income residents) for health services that are not generally covered under the publicly funded health care system (e.g., prescription drugs outside hospitals, and the services of other health professionals such as physiotherapists. The level of coverage varies across the country.

In addition to the publicly funded system, a variety of private options co-exist, including options to cover the cost of mental health and substance use health treatment and support. The cost of non-publicly funded services may be covered out-of-pocket or by private health insurance paid by the individual/family, an employer, or some combination thereof. Examples of privately

funded services include assessment and treatment provided by individual practitioners (e.g., qualified Psychotherapist, registered Psychologist) or bed-based or non-bed-based treatment through a privately owned and operated substance use health or mental health facility. There is also a wide range of “wellness-oriented” practitioners and facilities that offer user-pay services such as yoga, mindfulness meditation, nutrition counselling and smoking cessation, to name a few examples, and which may support people in their journey towards mental wellness. but which typically do not promote themselves as offering services specifically for people with mental health and substance use health challenges.

Aside from personal-pay options or private insurance, counselling for mental health and substance use health -related challenges are offered through Employee Assistance Programs (EAP). An EAP is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. Counseling typically occurs over three to **six sessions**. If a problem is more severe or requires longer-term treatment, most EAPs maintain a referral network that employees can access.

GLOSSARY OF TERMS

The definition of terms included herein have been developed by team members, including Project Consultants. They are only preliminary in support of application and interpretation of the national Needs-Based Planning Model and have not been vetted more broadly.

Access:

The College of Family Physicians of Canada defines access as the “extent to which an individual who needs care and services is able to receive them; more than having insurance coverage or the ability to pay for services; determined by the availability and acceptability of services, cultural appropriateness, location, hours of operation, transportation needs, costs and other factors” (The College of Family Physicians of Canada, 2007).

Anti-colonialism, anti-indigenous, specific racism, systemic discrimination

Working to actively eliminate systemic racism from services, policies and institutions that exist on colonial and racist foundations. This includes Anti-colonialism and Anti-Indigenous-specific Racism**,** and is the ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous peoples in Canada that perpetuates power imbalances, systemic discrimination, reduced access and inequitable outcomes stemming from colonial policies and practices.

Care transitions:

More generally, have been defined as “the movement patients make between health care practitioners and settings as their condition and care needs change during the course of a chronic or acute illness.” In mental health services the predominant use of this term has been in relation to the movement from child services to adult services for transition-aged youth (also called emerging adults). In this context it is described as: “Transition is distinct from transfer, since it is more than a discrete administrative event. Good transition should be a co-ordinated, purposeful, planned and patient-centred process that ensures continuity of care, optimizes health, minimizes adverse events, and ensures that the young person attains his/her maximum potential. It starts with preparing a service user to leave a child-centred health care setting and ends when that person is received in, and properly engaged with, the adult provider” (Singh & Tuomainen, 2015).

Communities of Practice (COP):

A CoP is a group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis. The method of interaction does not define the CoP. The members of a CoP can share and build

their knowledge by communicating online, in person, through webinars or teleconferences, or through any other means that works for the participants (Health Quality Ontario, 2017).

Continuum of Services:

The continuum of services for Mental Health and Substance Use Health services is an integrated system of services, spanning all the levels of intensity of care. The levels for each client will vary depending on their unique recovery needs, and individuals ought to be able to move seamlessly back and forth along the continuum.

Not every jurisdiction in Canada will have every type of service or program on the continuum, for example, in Ontario there is a strong model of Coordinated Access (Access MHA), while in other provinces such as British Columbia, this service has not been built into the service continuum.

Empowerment:

Empowerment, in a mental health context, refers to the level of choice, influence and control that users of mental health services can exercise over events in their lives, and the key to empowerment is the removal of formal or informal barriers and the transformation of power relations between individuals, communities, services and governments (Baumann, 2010).

Evidence-informed:

Evidence-informed practice (or policy refers) to scientific evidence and its use; i.e., it implies that many different levels of evidence and types of evidence are needed and used to support decisions. Many people believe that "evidence-informed practice extends beyond the early definitions of evidenced-based practice." (Woodbury 2014)

Fidelity (implementation fidelity):

Fidelity (in the context of implementation of an intervention) is the degree to which an intervention or programme is delivered as intended (Carroll, 2007). Fidelity of intervention means faithful and correct implementation of the key components of a defined intervention (An, 2020).

Gap analysis:

A gap analysis is a process used by an organization or system to compare current performance vs desired performance, and the analysis is used to determine whether expectations are being met and resources are being used effectively. For the purposes of ***Needs Based Planning,*** the gap analysis is the comparison between the amount of existing Mental Health and Substance

Use Health Services **vs** the required amount of such services needed to meet the demands of people living with mental health and/or substance use disorders or less severe mental health and substance use health concerns.

Gender-Based Analysis:

Gender-based analysis (GBA) is an analytical tool. It uses sex and gender as an organizing principle or a way of conceptualizing information— as a way of looking at the world. It helps to bring forth and clarify the differences between women and men, the nature of their social relationships, and their different social realities, life expectations and economic circumstances. It identifies how these conditions affect women's and men's health status and their access to, and interaction with, the health care system. (*Health Canada, 2000).*

Guidelines and Standards:

These two terms are often used interchangeably, and we want to distinguish between a ***Clinical Guidance document*** and ***Standards.***

Clinical Guidelines or Clinical Practice Guidelines (CPG's) outline criteria that **must be in place** or **should be in place:**

- Clinical practice guidelines are recommendations on how to diagnose and treat a medical condition, such as Opioid Use Disorder, Alcohol Use Disorder or Stimulant Use Disorder. Clinical guidelines are meant to help ensure that patients receive appropriate treatment and care.
- These guidelines summarize the current clinical knowledge, weigh the benefits and harms of diagnostic procedures and treatments, and give specific recommendations based on this information. They also include information about the evidence supporting those recommendations. Clinical practice guidelines must be updated regularly.
- CPGs can range from simple checklists to elaborate decision trees or diagnosis pathways, depending on the type of care, clinical condition, or patient/client population the guidelines are meant to support.
- Examples are: the Canadian Research Initiative in Substance Misuse (CRISM) National Opioid Use Disorder Guideline or the Registered Nurses' Association of Ontario Best Practice Guidelines

Standards:

- Includes Program and Service standards (operational standards); Quality standards; and Accreditation Standards.
    1. ***Program and Service Standards*** (operational standards) define for whom a program is intended; the required services; the type of staff/numbers needed to competently provide the services; and the intended benefits/outcomes for the

clients receiving the services. Examples are ACTT Program Standards or the Ontario Provincial Standards for Adult Residential Addiction Services.
Target Audience: Organization operating the Service or Program

2. ***Quality Standards:*** Outlines for clinicians and patients what high quality care looks like for a specific condition. They are based on the best available evidence and decided upon by expert advisory committees comprised of patients or caregivers and health care professionals with experience in dealing with the relevant condition. The focus is on where there are large variations in how care is delivered, or where there are gaps between the care provided in and the care patients should receive. Examples include the following HQO Standards: Schizophrenia: Care in the Community for Adults or Problematic Alcohol Use or Alcohol Use Disorder: Care for People 15 years of age and older.
Target Audience: Clinical Staff, Patients/Clients and Families
3. ***Accreditation Standards:***
Developed by Health Standards Organization (HSO) and assessed by Accreditation Canada (voluntary). HSO standards focus on providing the highest achievable quality for patients and their families covering a broad spectrum of health services. The global standards are designed in partnership with clinicians and policy makers to ensure they provide for effective health services and overall value.
(Health Standards Organization, 2021).

Health Promotion, disease prevention, and early intervention:

- **Health promotion** (in the context of mental health and substance use health) is any action taken to maximize mental health and wellbeing among populations and individuals.
- **Disease Prevention** is defined as 'interventions that occur before the initial onset of a disorder' to prevent the development of disorder. Prevention relies on reducing the risk factors for mental disorder, as well as enhancing the protective factors that promote mental health. *Selective* prevention interventions target at-risk populations: an example is school-based programs specifically targeting young people at risk of depression. *Universal* prevention interventions are aimed at improving the overall mental health of a population: an example would be programs aimed at building connectedness and a sense of belonging in school students.
- **Early intervention** refers to interventions targeting people displaying the early signs and symptoms of a mental health problem or disorder, and people developing or experiencing a first episode of mental disorder. Early intervention aims to prevent progression into a diagnosable disorder, and for those experiencing a first episode of mental disorder, it aims to reduce the impact of the disorder.

Integration (integrated service delivery), coordination of care, and continuity of care/treatment:

- **Integrated health systems** are ''the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.'' (WHO 2017) Integration is predominantly about structures and is defined from the perspective of the system
- **Coordination of care** involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. (Agency for Healthcare Research and Quality, 2014) Coordination is predominantly about processes and is defined from the perspective of the provider.
- **Continuity of care** – (in mental health and substance use health) – a process involving the orderly, uninterrupted movement of patients among the diverse elements of the service delivery system (Bachrach 1981). Continuity of care is predominantly about processes and in modern conceptualizations is defined from the perspective of the care recipient as (a) how a patient experiences care over time and (b) how care is received by a patient across the episodes of care. Continuity of care must be coherent and linked as a result of good information flow, interpersonal and readiness skills of the youth, and coordination of care. (Reid, R., Haggerty, J., & McKendry, R. (2002)

Knowledge translation (synonyms are knowledge transfer and exchange, and knowledge mobilization):

- **Knowledge translation** is a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system. This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user. (Canadian Institutes of Health Research, 2016).
- **Knowledge transfer and exchange (KTE)** is an interactive interchange of knowledge between research users and researcher producers (Kiefer et al. 2005 in Mitton 2007).
- **Knowledge mobilization** (in the field of child and youth mental health) is the meaningful use of evidence and expertise to align research, policy and practice in order to improve outcomes for children, youth and families. (Knowledge Institute on Child and Youth Mental Health and Addiction, 2019)

Land based healing

Elder feedback – Manitoba

"…Land-based healing encompasses more than "going to the land" but also includes being in nature, or engaging in ceremony or giving a private prayer that may use tobacco or other sacred herbs and medicines (even in the city)"(personal communication).

Mother Earth, our land, deserves our utmost respect … our people who are in pain must come back home to Mother Earth sit on her and healing will begin.

“The most successful programming in our culture with our peoples will happen through relationship, ceremony and our Indigenous Earth Based Spirituality - Mother Earth is everything to us” (personal communication).

Elder feedback- BC

“Hard work and living off the land – healing can include getting back to our history, hunting, fishing, growing and sharing with each other. Reclamation of our ceremonies and not accommodating our beliefs or explaining our ways. It is everything that helps us remember who we are and be authentic. Getting back to nature to heal ourselves, like swimming in our sacred spots, top of the mountain journey, listening to the creator” (personal communication).

Multi-sectoral collaboration or multi-sectoral action:

Multi-sectoral action involves promoting and protecting mental well-being and preventing and treating mental and substance use disorders requires working in partnership across multiple public and private sectors including health care, education, employment, judiciary, housing, social welfare and other relevant sectors. (Adapted from WHO, 2019)

Peer support:
Peer support is emotional and practical support between two people who share a common experience, such as a mental health challenge or illness. A Peer Supporter has lived through that similar experience and is trained to support others. (Peer Support Canada, n.d)

Performance measurement (frameworks/systems) and accountability:

- **Performance measurement** is the use of measures or indicators (qualitative or quantitative) to track **change** attributable to interventions with the aim of effecting positive improvements in meeting the needs of the population. (Mental Health Commission of Canada, 2018).
- **A performance measurement** ‘framework’ is a structure for conceptualizing and categorizing indicators or measures, which will ordinarily have several domains/dimensions; to specify relationships among measures or indicators, to ensure balance across important priority areas, and for planning the measurement process.
- **A performance measurement** ‘system’ includes the capacities and infrastructure for repeated measurement and reporting, continued consultation and engagement, and collaborative action **on results”.**
- **Accountability,** in the context of health services, refers to a process through which a governing body (e.g., government, regional health authority, healthcare board or professional association) is in a position to mandate providers or organizations to meet

> certain goals or objectives… and the providers or organizations must account for their achievements in relation to such goals or objectives. (Denis, 2014)

(Permanent) Supportive vs. supported housing:

Permanent supportive or supported housing are terms used interchangeably by the Homeless Hub of Canada, which defines them as housing that combines rental or housing assistance with individualized, flexible, and voluntary support services for people with high needs related to physical or mental health, developmental disabilities or substance use. There is, however, discussion in the field about the distinctions between these terms (e.g., Tabol, 2010).

Person and Family Level Experience (and Person-Centred Care)

In broader healthcare, **'patient experience'** has been defined as:

"Patient experience encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities. As an integral component of health care quality, patient experience includes several aspects of health care delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with health care providers. Understanding patient experience is a key step in moving toward patient-centered care. By looking at various aspects of patient experience, one can assess the extent to which patients are receiving care that is respectful of and responsive to individual patient preferences, needs and values. Evaluating patient experience along with other components such as effectiveness and safety of care is essential to providing a complete picture of health care quality."

There is a trend to stop using the term 'patient' - and rather focus on the person in the context of their life and family – this has been particularly important in mental health. Some have gone even further to emphasize 'people-centered care' which goes beyond 'person centred care" (Agency for Healthcare Research and Quality, 2021, Health Standards Organization, 2020)

Population health/population health model or framework or approach:

Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services. As an approach, population health focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations. (Public Health Agency of Canada, 2012)

Quality improvement (QI):

When we say QI, we are referring to the science of QI developed over the past few decades by Dr. W. Edwards Deming and Dr. Joseph Juran, and promoted by Dr. Donald Berwick of the Institute for Healthcare Improvement (IHI). QI is based on an understanding of the system in which we function, the complexity of dealing with people, the variation of outcomes created by the system and the use of knowledge to influence those outcomes.

QI initiatives are applied by local staff and leaders who are proficient at problem solving and managing group dynamics, and involve the people being served in the design of how care is delivered.

A QI initiative has the following features:

- Local interdisciplinary teams empowered and trained to set goals for improvement
- Teams identifying causes of problems, barriers to quality or flaws in system design that lead to poor quality
- Teams trying out different ideas for improving how care is delivered in multiple brief, small experiments of change
- Teams conducting frequent, targeted measurement of quality in a way that gives them instant feedback on whether the changes they testing are heading in the right direction (Health Quality Ontario, 2012)

Reach

In the context of health interventions and implementation science, reach can be defined in two different ways: 1. Proportion of a given population in-need of an intervention that has received an intervention (i.e., coverage), or 2. proportion of a given population in-need of an intervention that has received an evidence-based intervention likely to result in a positive outcome (i.e., effective coverage). **(**Sweet, 2014, Vigo et al., 2020)

Recovery-oriented:

"The concept of recovery in mental health refers to living a satisfying, hopeful, and contributing life, even when a person may be experiencing ongoing symptoms of a mental health problem or illness. Recovery journeys build on individual, family, cultural, and community strengths and can be supported by many types of services, supports, and treatments. Recovery principles including hope, dignity, self-determination, and responsibility can be adapted to the realities of different life stages, and to the full range of mental health problems and illnesses. Recovery is not only possible; it should be expected. In recovery–oriented practice, service providers engage in shared decision-making with people with lived experience of mental health problems

and illnesses, offering a range of services and supports to fully meet a person's goals and needs." (Mental Health Commission of Canada, 2017).

Reducing harms, reduction of harms, harm reduction approach:

Harm Reduction is an evidence-based, person-centered approach that seeks to reduce the health and social harms associated with addiction and substance use. Harm reduction refers to policies, programmes and practices that focus on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using substances as a precondition of support.

Screening versus Assessment:

The purpose of screening is to determine whether a person needs assessment. The purpose of assessment is to gather the detailed information needed for a treatment plan that meets the individual needs of the person. Many standardized instruments and interview protocols are available to help counselors perform appropriate screening and assessment.

Screening involves asking questions carefully designed to determine whether a more thorough evaluation for a particular problem or disorder is warranted. Many screening instruments require little or no special training to administer. Screening differs from assessment in the following ways:

- *Screening* is a process for evaluating the possible presence of a particular problem. The outcome is normally a simple yes or no.
- *Assessment* is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis. (Substance Abuse and Mental Health Services Administration, 2009; Rush, 2020)

Services:

Human **"services"** aim to meet human needs through an applied knowledge base, focusing on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations. The process involves the study of social technologies (practice methods, models, and theories), service technologies (programs, organizations, and systems), and scientific innovations designed to ameliorate problems and enhance the quality of life of individuals, families and communities to improve the delivery of service with better coordination, accessibility and accountability.[1] The mission of human services is to promote a practice that involves simultaneously working at all levels of society (whole-person approach) in the process of promoting the autonomy of individuals or groups,

making informal or formal human services systems more efficient and effective, and advocating for positive social change within society. (Wikimedia Foundation, 2023)

NBP project team: In order to optimize outcomes and in the context of Needs-Based Planning "services" are intended to be coordinated and organized by severity and complexity of the needs to be addressed (i.e., the tiered framework) also taking into account individual, family and community strengths".

Stigma and Discrimination:

Stigma is the negative stereotype and discrimination is the behaviour that results from this negative stereotype. Discrimination is unfair treatment due to a person's identity, which includes race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability, including mental disorder.

Structures, Processes and Outcomes in healthcare:

- **Structure** of care is a feature of a health care organization related to the capacity to provide care. It is the arrangement of people, institutions, and resources that deliver healthcare services to meet the needs of a target population.
- **Process** of care is an activity performed for or on behalf of a patient (AHRQ). A measure which focuses on a process which leads to a certain outcome, meaning that a scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a desired outcome.
- **Outcome** – Not simply a measure of health, well-being or any other state; rather, it is a change in status confidently attributable to antecedent care (Urbanoski & Inglis, 2019).

Substance use health:

Substance Use Health is a concept developed by CAPSA to address systemic stigma and use a strength-based health lens to substance use that does not presume illness. It recognizes that 78% of people 15+ years of age living in Canada use substances, and our health in relationship with those substances requires multiple supports across our lifetime.

For many, physical health and mental health have come to be understood as a continuum or spectrum, with multiple supports for lifelong wellness, without presumed illness. Yet substance use is often used as a synonym for addiction/substance use disorder (SUD). This stereotype often frames substance use in and of itself as an acute disorder, which it is not. Similar to physical and mental health, Substance Use Health also occurs across a continuum. (Ottawa Public Health; CAPSA, 2021)

Subthreshold, subclinical conditions or subsyndromal conditions:

Subthreshold, subclinical conditions or subsyndromal conditions are all terms that refer to sets of mental health or substance use health symptoms that have not yet, no longer, or are not frequent enough to meet criteria for formal diagnosis. Research has shown that individuals with these conditions can have significant functional and quality of life impairment despite not meeting criteria and/or being viewed as not needing formal treatment, and that they are important to effective prevention and early intervention approaches. Many scholars argue that mental disorders are dimensional (on a spectrum) rather than categorical phenomena. Substance use disorders have been defined along a severity continuum in DSM-V.

Systems thinking:

Systems thinking is an approach to problem solving that considers “problems” as a part of a wider, dynamic system. Through an increased understanding of a system’s fundamental characteristics, systems thinking allows us to see with greater precision how systems work. Systems thinking works to decode the complexity of a health system, then applies this understanding to design and evaluate interventions that maximize health and health equity. (WHO, 2009)

Tiered model vs. Stepped care:

Tiered Framework (The What):

A tiered framework refers to a continuum of care model that articulates the population’s need for different levels and types of services based on identified criteria. Five levels of need (expressed as “tiers”) are derived from national and provincial population survey data on alcohol and drug use and related problem areas, mental diagnoses and symptoms and a range of other health and social conditions. The proportion of people in each tier can be estimated for each planning region of a given jurisdiction (Rush, 2010; Rush, 2019).

Stepped Care (The How):

Stepped Care is a system of delivering and monitoring mental health and substance use health treatment so that the most effective, yet least resource intensive treatment, is delivered first, only “stepping up” to intensive / specialist services as required and depending on the level of patient distress or need.

The model is founded on the following beliefs:

- People should not have to wait for psychological service
- Different people require different levels of care
- Finding the right level of care often depends on monitoring outcomes

- Moving from lower to higher levels of care based on client outcomes often increases effectiveness and lowers costs overall (Centre for Innovation in Campus Mental Health., 2018)

Transitioning/transitional youth (literature uses the term "transition-aged youth"):

Care transitions more generally have been defined as "the movement patients make between health care practitioners and settings as their condition and care needs change during the course of a chronic or acute illness." In mental health and substance use health services the predominant use of this term has been in relation to the movement from child services to adult services for transition-aged youth (also called emerging adults). In this context it is described as: Transition is distinct from transfer, since it is more than a discrete administrative event. Good transition should be a co-ordinated, purposeful, planned and person-centred process that ensures continuity of care, optimizes health, minimizes adverse events, and ensures that the young person attains his/her maximum potential. It starts with preparing a service recipient to leave a child or youth-centred health care setting and ends when that person is received in, and properly engaged with, the adult provider.

Trauma-informed care:

Trauma-informed care recognizes and responds to the impact of adverse experiences on a client or patient. It has 5 principles (also steps in care): Trauma awareness and acknowledgment; Safety and trustworthiness; Choice, control, and collaboration; Strengths-based and skills-building care; Cultural, historical, and gender issue sensitivity.

Virtual services/care:

- **Virtual care** has been defined as any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies with the aim of facilitating or maximizing the quality and effectiveness of patient care. A closely related term is:
- **Digital health**, which can be described as the integration of the electronic collection and compilation of health data, decision support tools and analytics with the use of audio, video and other technologies to deliver preventive, diagnostic and treatment services that promote patient and population health.

Whole of Society:

'**Whole of society' -** acknowledges the contribution of and important role played by all relevant stakeholders, including individuals, families and communities, intergovernmental organizations and religious institutions, civil society, academia, the media, voluntary associations and, where

and as appropriate, the private sector and industry, in support of national efforts for non-communicable disease prevention and control, and recognize the need to further support the strengthening of coordination among these stakeholders in order to improve the effectiveness of these efforts" Closely related terms are 'whole of government' and 'health in all policies'

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