



Calgary Council for  
Addiction and Mental Health

**February, 2016**

STRATEGIC ACTION PLAN 2016-2019

## **VISION**

*A grass roots council working collaboratively with community partners who offer barrier free, non-judgmental services and support to those affected by addiction and / or mental health. Together, we integrate our communities' resources in a transformative and impactful way that is accountable to our clients and recognizes the commitment of our staff.*

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## **I. INTRODUCTION**

Mental health challenges/illness and substance use disorders can profoundly impact all aspects of an individual's life and that of their family, social network, and caregivers. Regardless of age, social, and economic status, mental illness and addiction affects a large population, and while the exact statistics vary it is thought that one in three Albertans are affected by addiction and / or mental health issues. The Mental Health Commission of Canada reports that mental health disorders alone affect one in five Canadians with an annual societal cost of \$50 billion<sup>1</sup>.

The case for change is clear and the Calgary Council for Addiction and Mental Health (CCAMH) will act as a single voice to help those in need of support. The approach for improving client outcomes has two areas of focus: Improving Treatment, and Prevention. While both of these approaches are necessary to affect system change, the CCAMH will focus primarily on Improving Treatment. Our goals are to improve client outcomes by providing services that are accessible, responsive, seamless, coordinated, and evidence-informed.

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<sup>1</sup> Health Intelligence Inc. "An Imperative for Change", David Peachey M.D. et al., March 2013

## OUR VISION FOR THE FUTURE

CCAMH will know it has achieved its vision when it sees:

*A grass roots council working collaboratively with community partners who offer barrier free, non-judgmental services and support to those affected by addiction and / or mental health. Together, we integrate our communities' resources in a transformative and impactful way that is accountable to our clients and recognizes the commitment of our staff.*

This vision will guide the implementation of the strategies as well as ongoing decision-making to improve the quality of life for Albertans.

### Definitions:

#### Collaboratively

*When we use the term collaboratively we mean that all of the council members speak with one voice. Addiction and mental health services are seamlessly integrated and all members work together aligning their efforts to affect positive outcomes for people affected by addiction and / or mental health.*

#### Barrier Free

*The system currently presents many barriers to clients accessing services. Barrier free is intended to achieve easy navigation of system with no "wrong door".*

#### Non Judgmental

*One of the greatest barriers to providing help to those with addiction and mental health issues is stigma. Diverse and vulnerable populations experience additional challenges and it is our vision to provide a welcoming environment to any Albertans that need help.*

#### Affected

*When providing support to those directly experiencing addiction or mental health issues it is important to also consider the family, social network, and caregivers that are also affected by the client's illness. This term is deliberately chosen to be more inclusive and also consider the impact of addiction and mental illness on those supporting the client.*

#### Community Partners

*Agencies, programs or services, (government or NGO) providing front line addiction and / or mental health services to Albertans. Agencies must be part of a registered non-profit, or a government agency / program to be eligible for membership*

#### Mental Health/ Mental Illness

*Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.*

*Mental illnesses are disorders of brain Function. They have many causes and result from complex interactions between a person's genes and their environment. Having a mental illness is not a choice or moral failing. Mental illness occur at similar rates around the world in every culture and all socio economic groups.*

## **OUR GUIDING PRINCIPLES**

The following principles provided the foundation for the development of this strategic plan and will form the basis for implementation of CCAMH initiatives.

### **Long Term Focus**

- At CCAMH it will be important to have a long term strategic focus. It is expected that initiatives will have short, medium or long term impacts but we must always be focused on the broader long term goals that we want to achieve.

### **Adaptive**

- We need to use forecast data to model and predict societal changes. Simply reacting to changes after they occur do not help us improve client outcomes through early intervention or prevention.

### **Continuous Improvement**

- We need to monitor our progress on goals and adjust accordingly. Measurement will give us valuable insight on the progress we are making towards our goals.

### **Alignment**

- It will be important to connect each organization's work to the broader goals of the Council.

### **Communications**

- Communicating up, down, and across all parts of the service delivery system for addiction and mental health is critical for our success.

### **Awareness**

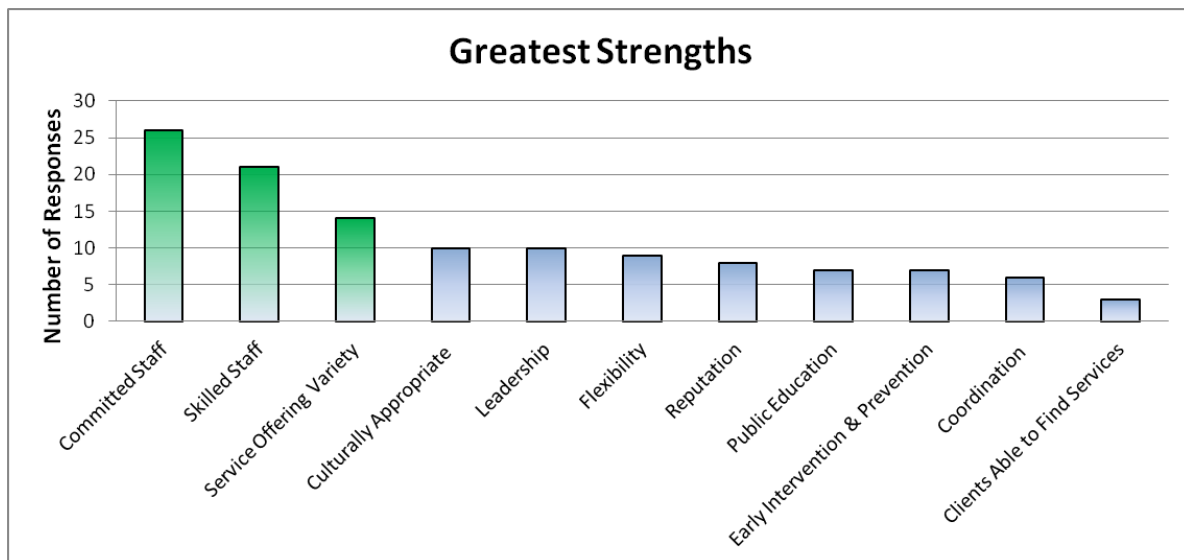
- Education of stakeholders is a key dynamic in improving outcomes in the delivery of addiction and / or mental health services.

## II. CCAMH CONTEXT

In Alberta, there has been a considerable amount of study of the challenges facing the Addiction and / or Mental Health system. The Creating Connections Strategy in 2011, the GAP-MAP 2014, and the Alberta Mental Health Review 2015 all highlight deficiencies in the system. CCAMH has chosen to focus on the Calgary Region and consider the landscape in this area to develop strategies to address local needs. It is expected that many of these strategies will not be specific to the Calgary Region and may also be useful for other jurisdictions with similar challenges. The following information was gathered from a confidential survey of CCAMH members to assess the current landscape of Addictions and Mental Health in the Calgary region. This survey was conducted in January 2016 with 26 agency representatives responding (over 50%).

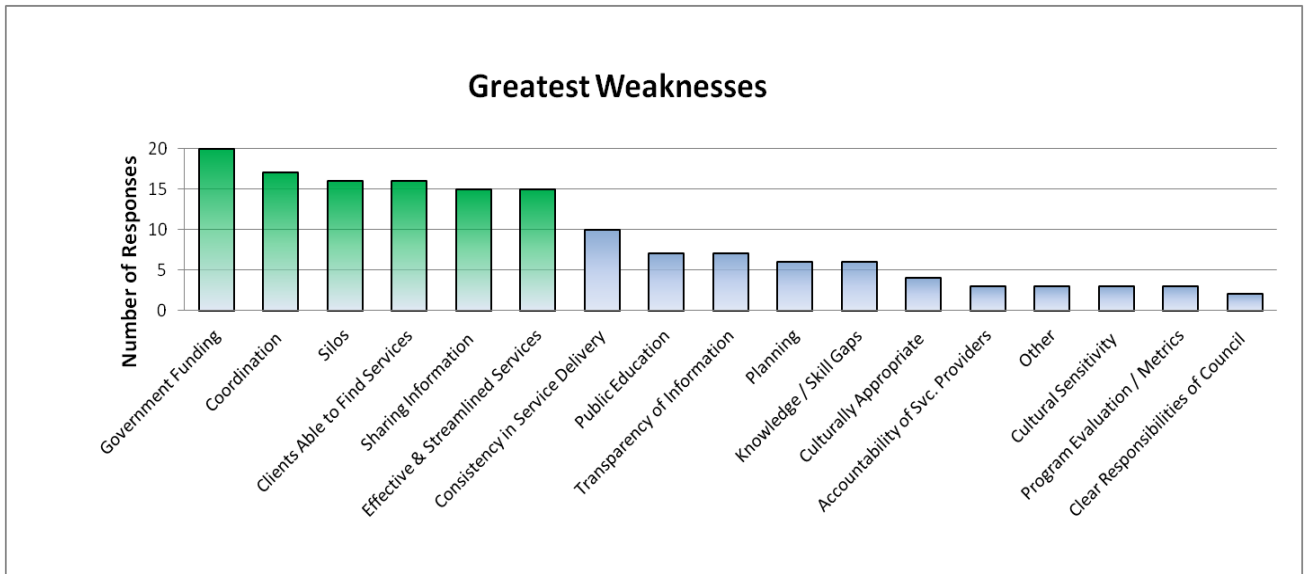
### 1. STRENGTHS

The Calgary Region is seen to have committed and skilled staff with a good variety of service offerings to support clients with addiction or mental health issues.



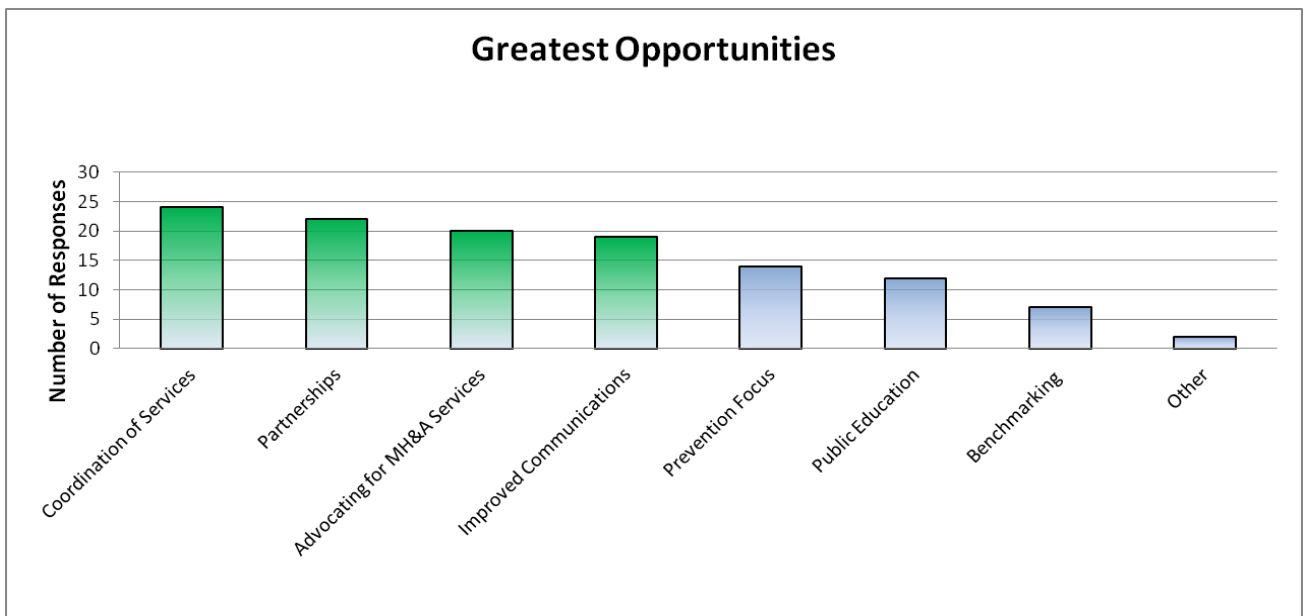
## 2. WEAKNESSES

Reduced funding continues to present internal challenges in the delivery of services. Given the current economic situation it is unlikely that significant improvements in government funding can be relied upon so strategies will be focused on alternate approaches to service delivery and resource allocation. In addition, internal coordination, silos, and lack of information sharing are also cited as key areas of weakness. The outcome of this fragmentation and lack of resources creates navigation issues for clients and they experience an ineffective process that is not streamlined.



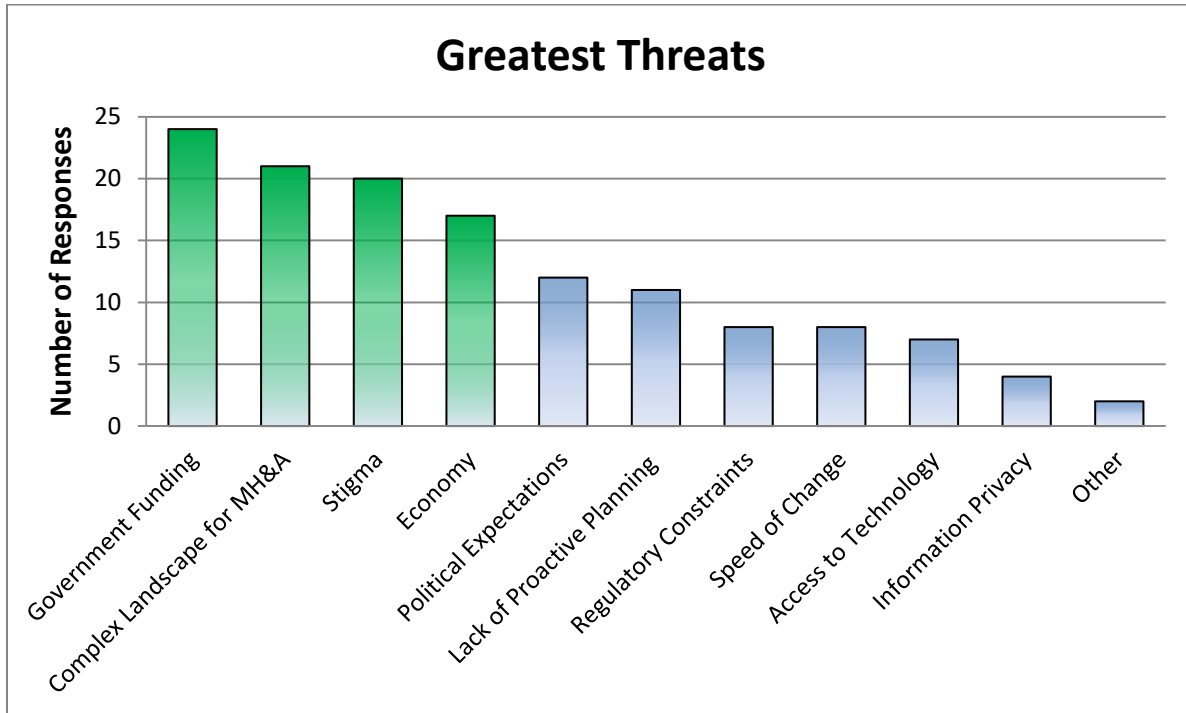
## 3. OPPORTUNITIES

Improved coordination of service delivery agencies was seen as a key opportunity to improve client outcomes. The building of partnerships, improved communications, and advocating for mental health and addiction services were also seen as important opportunities.



#### 4. THREATS

Threats, as expected, were led by the potential for no increases in funding. Also cited as key threats included the complexity of the landscape for addiction and / or mental health, stigma which acts as a barrier to access services, early intervention, and also the implications of a depressed economy in Alberta.



#### 5. CURRENT STATE SYNTHESIS

When using a SWOT analysis to determine the current position of the addiction and / or mental health landscape in the Calgary Region, it is also important to synthesize the elements of Strengths, Weaknesses, Opportunities, and Threats to better understand the overall current state. Below are the key points raised, listed in order of frequency cited:

- **Collaboration Opportunity (13)**  
e.g. There is a great opportunity through the creation of the CCAMH to work together to improve overall communication, programs and services, and to increase public awareness of mental health and / or addiction.
- **Funding Issues (11)**  
e.g. Mental Health and Addiction is significantly underfunded compared to other illnesses.
- **Improving Outcomes (9)**  
e.g. If more funding is made available and collaboration is improved, clients will see improvements in service delivery and access. With the Addiction and Mental Health partners working in tandem, communities will see positive change.
- **Addiction vs. Mental Health (6)**  
e.g. The lack of cohesiveness between the Addiction and / or Mental Health sectors is becoming more obvious instead of improving.



- Silos (4)  
e.g. There are many great services and service providers within Calgary who operate independently of each other. They are seen as fragmented and working in silos.
- Staff Commitment (2)  
e.g. There are a lot of committed and skilled people supporting addiction and / or mental health.

### III. OUR GOALS

To close identified gaps we will establish the following goals:

#### **GAP 1: SYSTEM NAVIGATION**

Goal 1: Ensure that clients can find the services that they need.

#### **GAP 2: COLLABORATION**

Goal 2: Community partners work together to achieve positive outcomes for Albertans affected by mental health and / or addiction.

#### **GAP 3: FUNDING / FUND ALLOCATION**

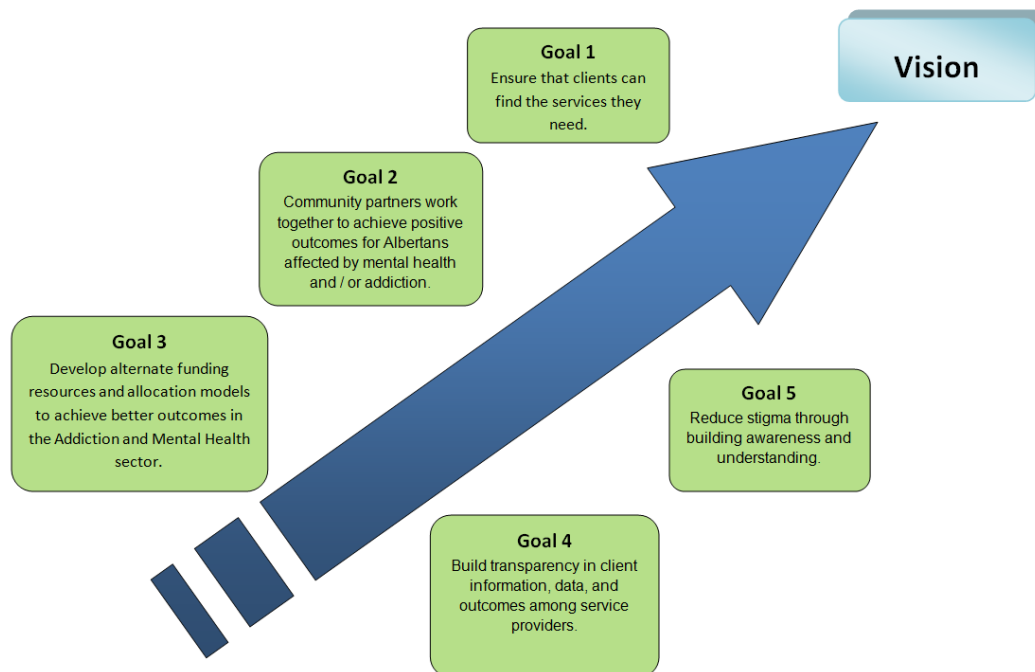
Goal 3: Develop alternate funding resources and allocation models to achieve better outcomes in the Addiction and Mental Health sector.

#### **GAP 4: INFORMATION SHARING / DATA**

Goal 4: Build transparency in client information, data, and outcomes among service providers .

#### **GAP 5: LACK OF AWARENESS / UNDERSTANDING**

Goal 5: Reduce stigma through building awareness and understanding.



## IV. FROM VISION TO ACTION

As we move from vision to action, we will use this plan to enhance work already underway while incorporating new approaches to improve client outcomes.

Goal

1

**Ensure that clients can find the services that they need.**

Strategic  
Action

***1.1 Single Entry Point for Information***

***1.2 Build Partnerships***

***1.3 Establish a Person Centric Access Model***

Goal one is intended to achieve ease of access in a complex array of addiction and / or mental health services. Implementation will allow for early intervention and more effective delivery of services.

### INITIATIVES / OBJECTIVES

#### **1.1 Optimize and Link Existing Access Services**

- 1.1.1 Establish a community services guide that links 211 and 811 (Health link) services, Distress line etc.
- 1.1.2 Each agency has a designated "Systems Navigator".
- 1.1.3 Develop online mobile accessibility to addiction and or mental health services..
- 1.1.4 Increase staff knowledge of community services
- 1.1.5 Develop point of contact list.
- 1.1.6 Review utility of shared databases (i.e. MESH Model HIMIS).

#### **1.2 Build Partnerships**

- 1.2.1 Develop a collaborative approach to funding / grants.
- 1.2.2 Establish a process to develop and identify Peer Navigators.
- 1.2.3 Use online media channels to improve communications and support partnerships.

#### **1.3 Person Centric Model**

- 1.3.1 Identify and train Navigators in each agency.
- 1.3.2 Develop staff capacity to understand and navigate concurrent needs.
- 1.3.3 Determine needs from clients (survey).

GOAL

2

**Community partners work together to achieve positive outcomes for Albertans affected by mental health and / or addiction.**

Strategic  
Action

*2.1 Cross Sector Integration in Addiction / or and Mental Health*

*2.2 Create a Training Consortium*

*2.3 Develop a Stakeholder Engagement Plan*

Service providers need additional capacity to address the demand for addiction and mental health services. Working together is seen as a way to not only improve quality of services, but also increase capacity. Goal two connects all other goals as it promotes a sustainable, accountable, and vibrant addiction and mental health sector.

## **INITIATIVES / OBJECTIVES**

### **2.1 Integration of Addiction and / or Mental Health**

- 2.1.1 Identify the continuum of illnesses and map services to the continuum to better understand dependencies and connections.
- 2.1.2 Plan regular sessions to build relationships and identify opportunities for synergies.
- 2.1.3 Communicate and celebrate successes in each sector.
- 2.1.4 Develop outcome measurement that encompasses both sectors focusing on continuous quality improvement.
- 2.1.5 Tier group conversations to incubate project ideas and identify ways to share resources.

### **2.2 Create a training consortium**

- 2.2.1 Provide education and training opportunities for council members.
- 2.2.2 Establish a common and consistent language.
- 2.2.3 Develop user friendly books / resources, digital visual maps.

### **2.3 Develop a stakeholder engagement plan**

- 2.3.1 Inclusion of others to understand greater system inputs.
- 2.3.2 Expand membership of Council.
- 2.3.3 Council members collaborate to address emerging issues.
- 2.3.4 Council builds alliances with media.
- 2.3.5 Incorporate client voice.

Goal

3

**Develop alternate funding resources and allocation models to achieve better outcomes in the Addiction and Mental Health sector.**

Strategic  
Action

**3.1 Align CCAMH Strategy to Government (federal and provincial) / Public Goals**

**3.2 Develop alternate funding sources.**

**3.3 Outcome evaluation**

Additional capacity in addiction and mental health can be achieved by augmenting traditional funding streams with alternate sources.

**INITIATIVES / OBJECTIVES**

**3.1 Align sector strategy to government / public goals**

- 3.1.1 Demonstrate alignment to "Creating Connections" (2011), GAP-MAP (2014), and Alberta Mental Health Review (2015).
- 3.1.2 Identify resource requirements to achieve government / public goals.

**3.2 Develop alternate sources of resource**

- 3.2.1 Identify additional sources of funding through external partnerships and collaborations (Lottery fund, private sector, charities, community fundraising, and federal government).
- 3.2.2 Raise awareness of addiction and mental health issues.
- 3.2.3 Benchmark other jurisdictions to identify alternative funding options.

**3.3 Outcome evaluation**

- 3.3.1 Develop business case for support through the use of a measurement scorecard.
- 3.3.2 Develop an "annual report" to profile successes showing value added services to the community.
- 3.3.3 Establish guidelines for measurement sharing across funders, government and NGOs.

Goal

# 4

## **Build transparency in client information, data, and outcomes among service providers.**

Strategic  
Action

*4.1 Build transparency in client information among service providers*

*4.2 Establish a measurement scorecard to assess programs and services.*

Goal four focuses on improving communications between service providers. The foundation for effective collaboration is the development of transparency that not only improves client outcomes but also creates accountability.

### **INITIATIVES / OBJECTIVES**

#### **4.1 Build transparency in client information sharing among service providers.**

- 4.1.1 Develop a working group to establish guidelines for information sharing.
- 4.1.2 Inventory current practices / policies and share within our network / Council.
- 4.1.3 Develop a "Tool Kit" for staff, clients and service providers.
- 4.1.4 Track clients between service providers to provide long term outcome measurements.

#### **4.2 Establish a measurement scorecard to assess programs and services.**

- 4.2.1 Establish metrics that encompasses both addiction and mental health.
- 4.2.2 Encourage funder relationships that develop and maintain shared outcome measurement for program evaluation and reporting.
- 4.2.3 Seek out community / academic partnership opportunities to establish measurement guidelines and research opportunities.

Goal

# 5

## **Reduce stigma through building awareness and understanding.**

Strategic  
Action

***5.1 Build public awareness to address stigma and promote prevention, harm reduction, treatment and early intervention.***

***5.2 Educate internally to build awareness on agency roles and services.***

Goal five focuses on building internal and external awareness. Public awareness and education is critical to reducing stigma and leading to earlier intervention of addiction and / or mental health issues. In addition to raising public awareness, goal five also addresses the complexity of the system in supporting service providers to be more informed on the broad array of services available.

Linkage: Goal 1,2

### **INITIATIVES / OBJECTIVES:**

#### **5.1 Build public awareness to address stigma and promote prevention, harm reduction, treatment and early intervention.**

- 5.1.1 Host Town Hall meetings (MLAs, councillors) to educate and raise awareness on addiction and / or mental health issues.
- 5.1.2 Identify community champions.
- 5.1.3 Empower parents / caregivers (use MADD model).
- 5.1.4 Establish preventative programs that focus on reducing stigma through the use of social media and online resources.
- 5.1.5 Build partnerships with media to raise awareness through media.

#### **5.2 Educate internally to build awareness on agency roles and services.**

- 5.2.1 Develop an inter-agency distribution list.
- 5.2.2 Provincial CCAMH "trade shows" to showcase agency services.
- 5.2.3 Develop inter-agency CCAMH social media portal.

## V. CCAMH CODE OF CONDUCT

A number of factors are critical for successful implementation of this plan's goals, strategies, and objectives. The following four key success factors provide the necessary underpinnings to fully manage the issues and realize the opportunities for improvements to "Make a Difference" in the addiction and mental health sector.

### 1. ACCOUNTABILITY

There is a shared and understood accountability among service providers to provide care in a client centered approach. Service providers are accountable for aiding clients in the treatment process in ways that provide the greatest benefit to the client.

### 2. SHARED GOALS

Goals are shared and understood among all service providers thus helping to streamline processes and create consistencies while delivering services. Shared goals promote alignment between service providers and aids in solidifying our vision.

### 3. PRACTICAL

We provide services in a practical way that provides the greatest benefit for our clients. Our strategies and initiatives follow a *SMART* framework in that they are *specific, measurable, agreed upon, relevant, and are properly time framed.*

### 4. EVIDENCE BASED PRACTICE

Our practices are researched, evidence based, utilizing promising or best practices and success stories from others in the addiction and / or mental health sector. We seek to be proactive and informed when supporting Albertans.

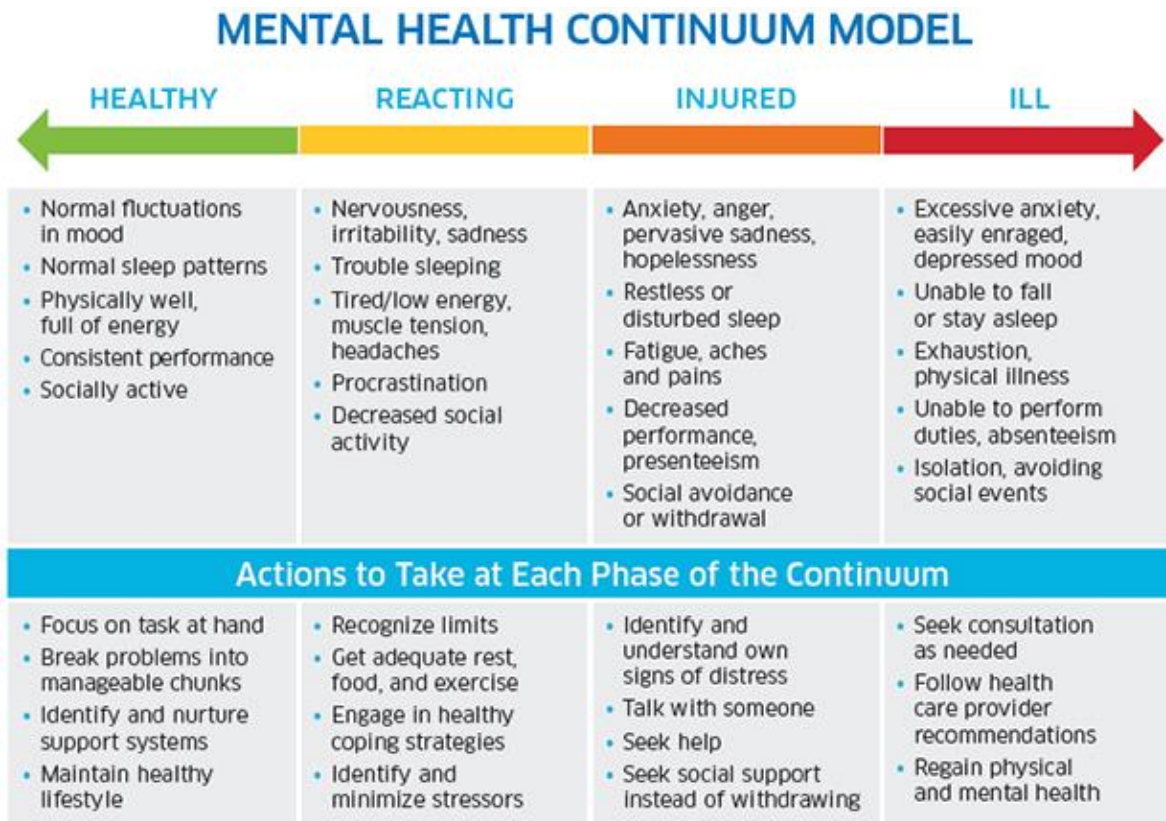


Figure [1]

Mental Health Commission of Canada - *The Working Mind: Workplace Mental Health and Wellness Summary* - See more at: <http://www.mentalhealthcommission.ca/English/initiatives-and-projects/working-mind#sthash.IZgAJ3ur.dpuf>