

Action Plan

Mental Health and Addictions Services

Goal #1: Individuals, families and communities have the skills and resources necessary to actively achieve and maintain a healthy lifestyle.

- Objectives:**
- ◆ High risk children have access to early intervention services
 - ◆ Youth and families develop resiliency and positive coping mechanisms
 - ◆ Communities have access to appropriate and culturally relevant educational materials

Action Items	Activities to Support Actions
<p>Health Promotion Activities</p> <p><i>Public education campaigns on healthy lifestyle choices using a popular education model</i></p>	<ul style="list-style-type: none"> ◆ Develop an integrated northern campaign promoting healthy lifestyles ◆ Target alcohol, drugs, violence, gambling, suicide and mental health issues ◆ Develop evaluation tool <p>Tobacco Strategy</p> <p>ECD kits</p> <p>Health Promotion Activities</p> <ul style="list-style-type: none"> ◆ Develop evaluation tool ◆ Develop an integrated northern campaign promoting healthy lifestyles in addictions, mental health and family violence ◆ Implement healthy lifestyles campaign inclusive of e.g. children exposed to violence, residential schools ◆ Evaluate campaign <p>Self-Help Groups/Consumer Initiatives</p> <ul style="list-style-type: none"> ◆ Promote advocacy ◆ Support groups and associations <p>Youth Wellness Programs</p> <p>FASD Strategy</p> <ul style="list-style-type: none"> ◆ Develop FASD strategy (ongoing)
<p>Links with: NWT Social Agenda (Recommendation #10 ~ Prevention); Health Promotion Strategy (promoting healthy lifestyles and pro-active coping mechanisms, addressing substance abuse for pregnant women/families & eliminating FAS, reducing tobacco addiction); Mental Health Needs Assessment 2001("Education needed in mental health, healthy lifestyles, health promotion, addictions); GNWT Residential Schools Strategy (Residential schools awareness workshops); Early Childhood Development Action Plan (prevention, early intervention)</p>	
<p>Outcome: Individuals, families and communities will have the knowledge and skills to make healthy life choices in the areas of mental health, addictions and family violence.</p>	

Goal #2: Individuals and families have access to a continuum of community-based, core wellness services.

- Objectives:**
- ◆ Programs and services are available at the community level
 - ◆ Services are integrated for individual, child, youth, adult, seniors and family
 - ◆ Individuals and families have access to a continuum of care

Action Items	Activities to Support Actions
<p>*Community Based Counseling Services</p> <p><i>Design an integrated counseling service and clinical supervision in the areas of addictions, mental health and family violence</i></p>	<p>Design an integrated community counseling program with clinical supervision Implementation of Community Counseling Programs (CCP) for Addictions, Mental Health and Family Violence:</p> <ul style="list-style-type: none"> ◆ Shelter enhancements for O&M ◆ CWW Training (see Goal 5) ◆ Staff Mental Health/Addiction Counselors and Clinical Supervisor positions ◆ Continue CWW training ◆ CCP infrastructure ◆ Shelter increase for worker salaries <p>Mobile Treatment Programs Develop integrated mobile treatment program for families and youth</p> <ul style="list-style-type: none"> ◆ Continue to build and support Community Counseling Program ◆ Child & Family Wellness Centers ◆ Psycho-geriatric assessment and treatment ◆ Implement programs (residential and mobile treatment programs)
<p>Links with: NWT Social Agenda (Recommendation #4 ~ Build Capacity – Small Communities); H&SS Action Plan 2002-2005 (Improved Services to People: Action 5.2.4 “Establish collaborative service networks”, Action 5.2.3 “Implement coordinated discharge planning throughout the system” and Improved Support to Staff: Action 6.1.2 “Implement a competency-based model for recruiting, training, retaining and supporting staff”); Mental Health Needs Assessment 2001 (“Priority Staff Required: counsellors and specialized mental health professionals are needed to provide service” and “Priority Services Required: counselling services”); Early Childhood Development Action Plan</p>	
<p>Outcome: Improved access to appropriate services at the community levels.</p>	

Goal #3: Individuals, families and communities have access to a range of facility-based services.
Objectives:

- ◆ Assessment and treatment programs for children and youth struggling with mental illness, addictions and trauma will be available in the NWT
- ◆ Communities will have range and depth of specialized services available to them
- ◆ Specialized psychiatric and addictions supports are available in the NWT

Action Items	Activities to Support Actions
<p>*Healing Programs</p> <p><i>Specialized or residential healing for children and youth with mental illness, addictions or trauma issues</i></p>	<ul style="list-style-type: none"> ◆ Complete needs assessment for appropriate residential treatment model for children and youth at risk in connection with families <ul style="list-style-type: none"> ➤ Nipissing ➤ Review treatment needs for children and youth at risk ◆ Develop treatment model for children/youth treatment programs ◆ Complete capital plan submission for treatment program ◆ Implementation ◆ Evaluation
<p>Links with: Continuing Care Framework (Supported Living); NWT Social Agenda (Recommendation #5, Building Capacity ~ Research and Programs); Early Childhood Development Action Plan; Disabilities Framework</p>	
<p>Outcome: People will have improved access to a range of services and providers that best meet their needs at the community, regional and territorial levels.</p>	

**This action item is a direct response to the Community Addiction Program Evaluation recommendation regarding mobile treatment programs.*

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Action Items	Activities to Support Actions
<p>Regional Support for Persons with Mental Illness</p> <p><i>Establish levels of support (residential, community living, and psychosocial rehabilitation) in areas of high need</i></p>	<p>Support Living Options Psychiatric group home, day program and supported living program:</p> <p>Hospital Based Acute Care Services for Persons with Mental Illness</p> <p>Withdrawal Management Program</p>
<p>Links with: Continuing Care Framework (Supported Living); Disabilities Framework; NWT Social Agenda (Recommendation #5, Building Capacity ~ Research and Programs)</p>	

Goal #4: People in the NWT will have access to crisis services.

Objectives: ♦ Crisis services are available to high-risk population groups

Action Items	Activities to Support Actions
<p>Family Violence Legislation</p> <p><i>Partner with GNWT Justice to create Family Violence Legislation</i></p> <p>Psychiatric Crisis Services</p>	<p>Telecare NWT</p> <ul style="list-style-type: none"> ♦ Toll free health information line <p>Protection Against Family Violence Act</p> <ul style="list-style-type: none"> ♦ Implement Family Violence Legislation (with Justice) ♦ Educate and train staff and public ♦ coordinate with healing programs for offenders and families <p>Psychiatric Crisis Services (outreach to people with mental illness)</p> <ul style="list-style-type: none"> ♦ Mobile Crisis Units ♦ Assertive Community Treatment teams/Intensive Case Managers (outreach to people with mental illness) <p>Psychiatric Crisis Services (facility based)</p> <ul style="list-style-type: none"> ♦ Develop Crisis Stabilization Units <p>Accessibility to NWT HelpLine</p> <ul style="list-style-type: none"> ♦ Increase in hours of operation
<p>Links with: NWT Social Agenda (Recommendation #8 “All governments and non-government agencies should establish minimum policies, legislation and/or standards for programs and services. These should protect the public, guide service providers, and ensure all people have access to adequate, respectful and appropriate care”). Also links with Prevention and Healing actions within this Action Plan.</p>	
<p>Outcome: Individuals and families will have access to crisis services that better meet their needs.</p>	

Goal #5: Care providers are trained and supported to provide services at the community level.

- Objectives:**
- ◆ Care Providers have confidence and appropriate skill level
 - ◆ Northern workforce is stable and trained
 - ◆ Care Providers have access to clinical support and resources

Action Items	Activities to Support Actions
<p>Skills/Qualifications</p> <p><i>Appropriate levels of education and qualifications to meet the demands and expertise of the job</i></p>	<p>Community Wellness Worker (CWW) Training Plan:</p> <ul style="list-style-type: none"> ◆ CWW Training Plans ◆ HSSA Training Supervisors trained ◆ Partnership with Keyano College and Nechi Institute ◆ Community Wellness Worker Certificate Program ◆ 2 streams of students identified <ul style="list-style-type: none"> ➤ Stream 1 – 5 CWW ➤ Stream 2 – 10 CWW ◆ Stream 1 completed 4 courses 2003/04 ◆ Stream 1 completes 6 courses 2004/05 ◆ Stream 1 graduation January 2005 ◆ Stream 2 begins 5 courses 2004/05 ◆ Stream 2 graduates December 2005
<p>Links with: H&SS Action Plan 2002-2005 (Improved support to staff: Action 6.1.2 “Implement a competency-based model for recruiting, training, retaining and supporting staff”, Action 6.1.4 “Establish coordinated professional development activities”); Mental Health Needs Assessment 2001 (“staff are unqualified, need training”); Early Childhood Development Action Plan (early intervention and screening); Community Addiction Program Evaluation 2002</p>	
<p>Outcome: People in the NWT will have access to qualified care providers.</p>	

Goal #5: Care providers are trained and supported to provide services at the community level.

- Objectives:**
- ◆ Care Providers have confidence and appropriate skill level
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Action Items	Activities to Support Actions
<p>Skills/Qualifications (cont...)</p>	<p>Salary Scale appropriate to qualifications (CWW, Mental Health/Addiction Counselor, Clinical Supervisor)</p> <ul style="list-style-type: none"> ◆ HSSA CEO joint request for classification review of Community Counselling Program positions <p>Expand TeleHealth use in NWT</p> <p>Recruitment and retention of Mental Health and Addiction Professionals</p> <p>Professional Development Plan</p> <p>Committee of Territorial Care Providers</p> <ul style="list-style-type: none"> ◆ Establish committee <p>License Registered Psychiatric Nurses in the NWT through the new Health Professions Act</p>
<p>Links with: H&SS Action Plan 2002-2005 (Improved support to staff: Action 6.1.2 “Implement a competency-based model for recruiting, training, retaining and supporting staff”, Action 6.1.4 “Establish coordinated professional development activities”); Mental Health Needs Assessment 2001 (“staff are unqualified, need training”); Early Childhood Development Action Plan (early intervention and screening); Community Addiction Program Evaluation 2002</p>	
<p>Outcome: People in the NWT will have access to qualified care providers.</p>	

- Goal #6:** Families and communities have the capacity to address wellness issues.
- Objectives:**
- ◆ Families and communities have the knowledge, skills and resources to support vulnerable members in a culturally relevant manner
 - ◆ Families and communities have access to resources to address Community Wellness
 - ◆ Every community has an integrated Wellness plan that also incorporates addictions, mental health and family violence (in concert with Social Agenda)
 - ◆ Communities are able to support residents
 - ◆ Respite care services will be available in each community

Action Items	Activities to Support Actions
<p>Suicide Prevention Initiatives</p> <p><i>Increased community capacity to respond to suicide crisis and aid in preventing suicide</i></p>	<p>Suicide Prevention Initiatives</p> <ul style="list-style-type: none"> ◆ Continue Phase 1 training ◆ Design tool kit for Northwest Territory Suicide Prevention Trainers (NTSPT) ◆ Develop youth suicide prevention model ◆ Provide care provider support ◆ Implement youth suicide prevention (2 communities) ◆ Evaluate <p>Respite Program – Yellowknife Association of Community Living</p> <p>Respite Care Services across the NWT available through homecare and other agencies</p>
<p>Links with: NWT Social Agenda (Recommendation #4-5 ~ Building Capacity – Small Communities AND Research and Programs); Mental Health Needs Assessment 2001 (“Priority Services Required: prevention programs”); H&SS Action Plan 2002-2005 (Action 5.1 “Improve support for the individual and family”); Early Childhood Development Action Plan (building family resources, youth wellness and prevention initiatives)</p>	
<p>Outcome: Communities have the expertise and capacity to support individuals and families in making healthy choices.</p>	

Goal # 7: Sufficient addictions, mental health and family violence resources are allocated in a planned, needs-based manner.

Objectives:

- ◆ Service delivery agents have sufficient resources to provide services
- ◆ Best Practices and Standards are established for addictions, mental health and family violence services
- ◆ Roles, responsibility and accountabilities between all key stakeholders are clarified
- ◆ Monitoring and evaluation components are in place for all programs
- ◆ Appropriate information gathering tools will be in place to support system analysis and program evaluation

Action Items	Activities to Support Actions
<p>Funding Levels</p> <p><i>Fund addictions, mental health and family violence programs to reflect the needs of NWT Communities.</i></p>	<ul style="list-style-type: none"> ◆ Recruitment and retention initiatives
<p>Accountability Framework</p> <p><i>Work with Department on the design and development of accountability framework</i></p>	<ul style="list-style-type: none"> ◆ Develop standards, benchmarks, and outcome measures for Community Counselling Program ◆ Accountability Framework <p>Report on Best Practices for Mental Health and Addiction Services</p> <p>Quality Assurance through Client Satisfaction Information</p>
<p>Links with: H&SS Action Plan 2002-2005 (Improved System-wide Management ~ Action 7.2.1 “Implement a system-wide planning and reporting model” and Action 7.2.2 “Design and implement a revised funding model”); NWT Social Agenda (Recommendation #6 “Develop Social Indicator Approach and Evaluate programs” and Recommendation #7 “Implement, Assess, Track, and Communicate Recommendations~)</p>	
<p>Outcome: Services for individuals and families in the NWT will be appropriately resourced and evidence will be collected to ensure that services are meeting the needs.</p>	

Goal # 8: Programs and services are integrated and coordinated at all levels.

- Objectives:**
- ◆ Case management services exist at community and regional levels
 - ◆ Primary Community Care is established
 - ◆ Policies promote the coordination and integration of services
 - ◆ Partnerships exist amongst stakeholders to provide integrated services

Action Items	Activities to Support Actions
<p>Primary Community Care</p> <p><i>Addictions, mental health and family violence programs and services are integrated with Primary Community Care</i></p>	<ul style="list-style-type: none"> ◆ Work with partners to co-locate addictions, mental health and family violence services ◆ Plan for transition of Programs (including homecare, mental health services etc.) into Primary Community Care Teams ◆ Collaborate with Primary Health Care Transition Fund Projects ◆ Develop protocols for information sharing <p>Provide Case Management Services across NWT</p> <ul style="list-style-type: none"> ◆ Develop plan and cost analysis of Assertive Community Treatment Teams/Intensive Case Managers
<p>Links with: NWT Social Agenda (Recommendation #2 “Remove the structural barriers to working together and create or improve the ways that governments, communities, departments, agencies and service providers work together”); Mental Health Needs Assessment 2001 (“hard to access services”, “lack of coordination”); H&SS Action Plan 2002-2005 (“Improve services to people” ~ Action #5.2.1 Primary Health Care model of service delivery, Action 5.2.4 Collaborative service networks)</p>	
<p>Outcome: Individuals and families will be able to access the right services and providers for their needs that is consistent across the system.</p>	