



BUSINESS PLAN

2024-25

Addictions and
Mental Health

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Office of Addictions and Mental Health

2024-25 Priority Actions in Support of Government's Business Plan

Health system transformation continues to be a priority of the Office of Addictions and Mental Health (OAMH) this fiscal year. Through [Action for Health \(novascotia.ca\)](https://novascotia.ca/actionforhealth) the government has articulated a multi-year roadmap to transform the health system. Action for Health provides a framework for the priorities, in partnership with the Department of Health and Wellness (DHW), OAMH, the Office of Healthcare Professionals Recruitment (OHPR), Department of Seniors and Long Term Care (SLTC), Nova Scotia Health Authority (NSHA) and the Izaak Walton Killam Health Centre (IWK). Action for Health outlines solutions for creating a world class health system where Nova Scotians can access the care they need, when and where they need it.

Fully achieving Action for Health will take time, however, it will provide Nova Scotians with easy, compassionate, and timely access to the right supports and services for their mental health and well-being, when and where people need them, through the continued work to create Universal Mental Health and Addictions Care (UMHAC).

OAMH works closely with NSHA and IWK Mental Health and Addictions programs (MHAP). Mental health and addictions (MHA) services exist within a broader addictions and mental health system of care, in which a continuum of MHA services are delivered using a “stepped care” model. OAMH also partners with numerous community-based organizations to fund and support the delivery of important MHA services within communities.

Some residents of Nova Scotia continue to experience barriers to accessible, culturally appropriate, and safe health services related to race, culture, gender, sexual orientation, religious association, disability, and language. System-level work is underway to create a safe, equitable health system for all Nova Scotians, including the release of the [Health Equity Framework](#). OAMH is committed to representing the diversity of our province and acknowledging the importance of equity, diversity, inclusion, reconciliation, and accessibility in shaping the wellness of Nova Scotians.

A transparent accountability system has been implemented to monitor progress on Action for Health and key performance indicators are available to the public.

Advancing strategic and strengthened intergovernmental relations with federal, provincial and territorial, and Mi'kmaw partners will be advanced through existing, extended and new funding agreements. Another key priority will be working towards the development of an Agreement in Principle with Taji'keimik and Indigenous Services Canada.

2024-25 Priority Actions

The 2024-25 fiscal year will be a critical year for progress in priority areas of Action for Health. The following actions represent the OAMH priorities for the year.

On October 13, 2023, Bill 334 was tabled in the House of Assembly that proposed amendments to the *Health Services Insurance Act* (HSIA) that enables the Minister of Addictions and Mental Health to

determine what are insured MHA services and to establish programs for Nova Scotians to access these services. The amendments received Royal Assent on November 9, 2023. The amended Act mirrors the authority granted to the Minister and Health and Wellness to establish insured service programs to support healthcare service delivery, including compensation of service providers practicing in the private sector. This amendment represents a key enabler of UMHAC.

Strengthen Workforce

- Implement Phase One of an MHA Health Human Resources (HHR) Plan. Pillars of the plan include solutions in the focus area of retain, recruit and redesign.
- In the second phase of Needs Based Planning, develop a survey that will help OAMH understand the MHA needs at a community level. Information collected through this survey will help fill gaps in current data analysis and identify where OAMH can further support community organizations in growing and strengthening their MHA teams.

Increase Access to Mental Health and Addictions Services (community and through the health authorities)

- The first program under the amended HSIA legislation is expected to be implemented in fiscal year 2024-25. This work is essential for the implementation of UMHAC.
- Increase professional development and practice support in the MHA programs.
- Open one more mental health day hospital in the Valley Regional Hospital.
- Continue to integrate MHA services into the publicly funded Virtual Health Policy for all Nova Scotians.
- Implement a new community wellness framework to guide long-term funding for community organizations working to improve community wellness.
- Invest in harm reduction initiatives including sobering centre, managed alcohol programs, and mobile outreach street health.
- Establish an integrated care team responsible for supporting individuals who are homeless and experiencing severe and persistent MHA concerns within Halifax.
- Open four additional recovery support centres over the next two years to continue to expand substance use and addiction services.
- Continue to expand pre-school autism services through the implementation of the new model of care. Services include access to appropriate interventions, a single point of access to supports, central waitlist for diagnosis, and province wide access to the Nova Scotia QuickStart program.

Build in Equity, Diversity and Inclusion into OAMH Programs and Services

- Improve patient experiences by offering culturally relevant MHA services.
- Continue implementation of an Africentric model of MHA services for youth that is designed by the African Nova Scotian community. Communities served will include Beechville, Cherry Brook, East Preston, Hammonds Plains, Lucasville, and North Preston.
- Work with Tajiikeimik to improve coordination and collaboration of indigenous MHA services to address gaps in service.

- Enhance data collection to better understand the health of our communities to guide policy and investment decisions and support prevention efforts.

New Models of Care and Expansion of Services

- Test new models of care to enhance interactions between police and persons experiencing MHA crisis in community through a community-led crisis response model and by providing dedicated MHA clinician support to first responders who identify an MHA crisis during calls for service.
- Continue implementation of the integrated youth services model to provide a safe place for youth to get support for mental health issues, addictions, and other needs.
- Implement and evaluate pilots through UMHAC to understand how the initiatives are operating and how they can be improved to best serve Nova Scotians.
- The Clinical Psychology Services (CPS) pilot is an example of a new service delivery model that is functioning as a small-scale test environment to explore the feasibility and efficacy of contracting private psychologists to deliver publicly funded assessment services.

Mass Casualty Commission Recommendation C-13

- Increase access to mental health and grief supports available now and ensure people in the affected communities are involved in the design and delivery of programs and services that meet their unique needs long-term, including access to trauma-informed care.
- Implement the Community Grief and Emotional Wellness Hub Model to address unmet needs for mental health, grief, and bereavement supports arising from the April 2020 mass casualty.

Financial Summary

Departmental Expenses Summary (\$ thousands)

<u>Programs and Services</u>	2023 -2024 Estimate	2023-2024 Forecast	2024-2025 Estimate
General Administration	186	331	454
Strategic Direction and Accountability	2,894	2,669	3,152
Early Intervention Services	28,696	28,145	31,562
Addiction Services	52,957	56,007	55,320
Mental Health Services	222,122	231,764	268,821
Capital Grants	---	---	310
Total - Departmental Expenses	306,855	318,916	359,619
 Ordinary Recoveries	 5,778	 4,831	 5,778
 <u>Funded Staff (# of FTEs)</u>			
Department Funded Staff	24.0	22.3	26.0

Note:

For Ordinary Revenues, see Estimates and Supplementary Detail Book, Chapter 2

For TCA Purchase Requirements, see Estimates and Supplementary Detail Book, Chapter 1