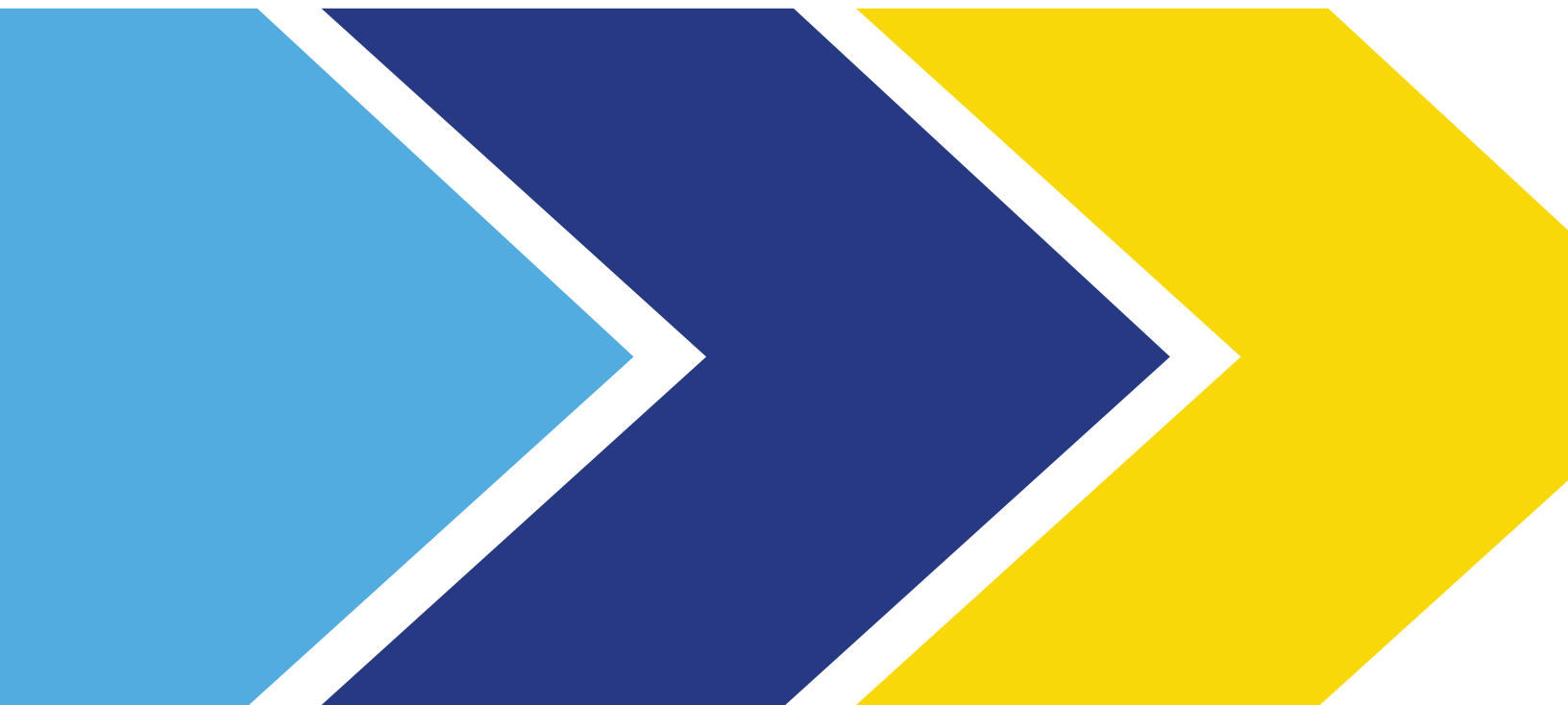


**BUSINESS
PLAN**
2022-23



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Office of Addictions and Mental Health Business Plan 2022-23

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Message from the Minister

Nova Scotians have shown tremendous resilience throughout this pandemic. We have come together as Nova Scotians do, to protect one another. And, although the health measures have sometimes meant we have not been able to gather with family, friends, and neighbours, we have continued to find ways to stay connected.

We also recognize that the pandemic has been especially difficult. It has generated feelings of fear and anxiety among many Nova Scotians. While for others, it has intensified pre-existing mental illnesses and substance use disorders.

Government recognized the impacts and the need to respond through expanded virtual platforms, an area we will continue to expand upon in the year ahead.

The establishment of an Office for Addictions and Mental Health and a dedicated Minister provides great opportunity to prioritize and collaborate across diverse services and sectors to improve mental health and addictions supports, overcome the associated stigma, and restore quality of life to those in need.

As the first Minister appointed to oversee addictions and mental healthcare in the province, I look forward to taking on the work needed to ensure better outcomes for Nova Scotians.

This year's business plan focuses on key priorities for the coming year to support and enhance overall community wellness, including:

- Strengthening existing services that have demonstrated effectiveness and investing in new models of care that address gaps in the current system.
- Engaging with communities to learn how we can enhance supports and better enable organizations to respond to the diverse needs of their community.
- Monitoring wait times and being accountable for delays.
- Developing a provincial health human resource strategy that will enable the healthcare system to better respond to the mental health and addiction needs of Nova Scotians.
- Developing an evidence-based curriculum for grades six to nine on building positive mental health and educating on the harms of substance use and gambling.

The work ahead will require strong leadership and a willingness to take bold action. I can assure you that your government is up for the task.

Honourable Brian Comer
Minister responsible for the Office of Addictions and Mental Health

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Section 1: Mandate and Overview of the Office

Mandate

The Office of Addictions and Mental Health creates policy to provide accessible, equitable and accountable mental health care and addictions support for the people of Nova Scotia. This takes place through partnerships with the provincial government, the Department of Health and Wellness (DHW), provincial health authorities and community support organizations.

Overview of the Office

The Office of Addictions and Mental Health (OAMH) works closely with the Nova Scotia Health Authority (NSHA), and the Izaak Walton Killam Health Centre (IWK) Mental Health and Addictions programs (MHAP). MHAP exists within a broader addictions and mental health system of care, in which a continuum of mental health and addiction services are delivered using a “stepped care” model.

Stepped care is an evidence-based model through which individuals are matched to one of five tiers of interventions, beginning with the least intensive and moving to the most intensive based on a person’s needs. The goal is to ensure that Nova Scotians receive the right service, at the right place, at the right time by the right care provider.

OAMH also partners with numerous community-based organizations to fund and support the delivery of important mental health and addiction services. In addition to traditional mental health and addiction support, our work also includes interventions and actions that will help address the social determinants of health, including collaboration with our partners within and across government departments.

OAMH is responsible for ensuring harm reduction and anti-stigma approaches are taken in delivering mental health/addiction care in Nova Scotia.

Section 2: Responding to and Living With COVID-19

As we continue to work with our healthcare partners and move to a “living with COVID” phase of the pandemic, OAMH will remain focused on the addictions and mental health supports that Nova Scotians will continue to require, including helping them address what is still a particularly challenging time. These actions will include the following:

- Working with health system partners to enhance addictions and mental health care supports and service delivery opportunities.
- Developing and expanding programs, including through telehealth and virtual care.

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- Continuing to support those dealing with COVID-19, including enhanced and consistent communication about how to reach NSHA or IWK Mental Health and Addictions or the Kids Help Phone Line. These key messages will continue to be provided on all provincial communication regarding COVID-19.

Section 3: 2022-23 Priority Actions to Transform Healthcare

In 2022-23 OAMH will provide leadership and coordinate activities, including actions/solutions to building the most progressive addictions and mental health support system in Canada. The following changes reflect the priorities of OAMH for the next year:

Improving and Reporting Wait Times

- We will continue to work with NSHA and IWK to track wait times. In program areas where wait time challenges exist, we will conduct analysis to understand root causes and use this information to guide recommendations for system improvements.

Prioritizing Recruitment and Retention

- In consultation with DHW and the Office of Healthcare Professionals Recruitment (OHPR), and engaging NSHA, IWK, and other key stakeholders, we will develop a provincial Health Human Resource (HHR) strategy that will enable system response to the addictions and mental health needs of the population. This work will include a focus on recruitment and retention of professionals who reflect the diversity of Nova Scotia.

Using Data to Drive Program Improvements

- We will update and strengthen the existing Results Based Management Framework. The Framework, which will align with the Health System Accountability Framework, articulates population and system outcomes, and key performance indicators, and guides the identification of information collected and reported by OAMH funded organizations.

Reviewing and Enhancing Standards and Models of Care

- Guided by evidence and community voice, we will strengthen existing services that have demonstrated effectiveness and invest in new models of care that address gaps in our current system. This includes the implementation and/or expansion of services such as same day mental wellness supports, peer support warm line, recovery support centres, and the integrated youth services model.

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Focusing on Community and Individual Engagement

- We will continue to invest in community organizations through grants, enabling them to deliver important supports and services that build community resilience, foster mental wellness, and reduce the harms from addictions.
- We will engage with communities to learn how we can enhance supports and better enable organizations to respond to the diverse needs of their community.

Collaborating With Other Government Departments

- We will continue to collaborate with other government departments and identify new opportunities for partnerships to address mental health and addictions.

Building Capacity through Education

- Working collaboratively with the Department of Education and Early Childhood Development and Public Health, we will develop an evidence-based curriculum for grades six to nine. The curriculum will provide knowledge on substances, gambling, and mental health, and will foster skill building to enable decision making. Students, parents, educators, and others will be engaged during its development.

Building Universal Addictions and Mental Health Coverage

- We will determine population need for mental health and addiction services along a continuum of severity, current system capacity, and the gaps that need to be addressed to enable universal access. We will use this knowledge to inform the development of innovative and effective models of care, piloting options that show promise, and developing a provincial HHR strategy (as noted above) for delivery.

Expanding Use of Private Practitioners

- Guided by the results of a legislative and policy review, and the learnings from the pilots (as noted above), we will begin drafting a framework to guide future expanded coverage and access for mental health and addiction services.

Expanding Addictions and Mental Health Services - Telehealth/Virtual Care

- As the entire health system continues to expand virtual care, we will initiate a process to understand current gaps in delivering addictions and mental health services to Nova Scotians which can be addressed through the expansion of telehealth/virtual care options. This will include opportunities for NSHA and IWK, as well as for community organizations funded by OAMH.

Introducing a three-digit Addictions and Mental Health Crisis Line

- In collaboration with federal-provincial government partners, we will continue to explore the possibility of implementing a new three-digit number for the mental health and addictions crisis line to replace the existing ten-digit line.

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Improving Health Equity

- As we undertake our work to deliver on the mandate priorities, we are committed to engaging and planning with diverse populations to build understanding of needs, and to inform solutions that address health inequities.

Addressing Access and Flow

- OAMH will work collaboratively with NSHA, IWK and other system partners to understand the current state of patient flow, and design improvement opportunities grounded in high quality care and continuous improvements.

Section 4: Accountability and Performance

OAMH is working in collaboration with DHW and other health system partners to activate a Multi-Year Health System Accountability Framework. This framework will guide planning and action, as the basis for the measurement of success against intended results. It will have both a long-term and short-term focus, reflecting not only current government priorities, but also broader health system and population outcomes.

Moving forward, the planning and reporting for the health system will be based upon improving the overall Population Health Outcomes, and making progress against the following six Health System Outcomes:

The Health System will work to be:

1. Available and Timely
2. People-Centred and Inclusive
3. Safe and Effective
4. Affordable, Sustainable, and with Value
5. Equitable
6. Efficient and Integrated

We will also publicly report on a series of Key Performance Indicators (KPIs) that will track the immediate effects of changes to the health system. These KPIs will be aligned against the Population and Health System Outcomes above, guiding results-based transformation.

OAMH will continue to work with the Health Authorities on their annual Accountability Framework Agreements and produce our own annual Accountability Report.

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Section 5: 2022-23 Budget

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Departmental Expenses Summary (\$ thousands)

Programs and Services	2021-22 Estimate	2021-22 Forecast	2022-23 Estimate
General Administration	---	116	191
Strategic Direction and Accountability	2,218	1,679	2,436
Service Delivery and Supports	245,765	244,683	266,004
Total - Office of Addictions and Mental Health	247,983	246,478	268,631
Ordinary Recoveries	5,108	5,108	5,108
Funded Staff (# of FTEs)	17.0	13.1	21.0
Less: Staff Funded by External Agencies	---	---	---
Total - Funded Staff	17.0	13.1	21.0

Note:

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

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