

# Mental Health and Addictions - Community Wellness Framework

OFFICE OF ADDICTIONS AND MENTAL HEALTH

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## Introduction

The purpose of the Mental Health and Addictions (MHA) Community Wellness Framework (CWF) is to provide opportunities for growth and sustained funding to community-based organizations (CBOs) to deliver mental health, wellness and addiction services and supports, and increase capacity to conduct mental health and addictions focused research to maintain and increase community wellness. The MHA Community Wellness Framework will also increase transparency and accountability to the Office of Addictions and Mental Health's funding processes.

## Alignment

The MHA Community Wellness Framework work is closely tied to [Action for Health](#), the province's roadmap to a health system where Nova Scotians can access world-class healthcare in a timely manner. Specifically, the MHA Community Wellness Framework is one part of supporting *Action for Health's* Solution 6 – “Address the factors affecting health and well-being” – by partnering with communities and empowering Nova Scotians to improve their collective health and wellness.

The MHA Community Wellness Framework will contribute to establishing Universal Mental Health and Addictions Care. Universal Mental Health and Addictions Care aims to improve access to quality mental health and addictions support by ensuring those seeking mental health and addiction services receive the right intensity of services at the right time and through the right provider. Community – based organizations, reflecting a broad diversity of service delivery partners in rural and urban areas within Nova Scotia, play a crucial role in mental health and addiction care, providing valuable programs and services to their communities while working with funding partners and program sponsors, including Office of Addictions and Mental Health. Thus, the MHA Community Wellness Framework will be a critical piece of successfully implementing Universal Mental Health and Addictions Care.

A core component of Universal Mental Health and Addiction Care is accountability and ongoing improvement. To achieve this the Office of Addictions and Mental Health has outlined outcomes and indicators to monitor through ongoing data collection (see [Appendix A](#)).

## Development

This document is grounded in intensive work by the Office of Addictions and Mental Health through engagement with health system partners and community (community-based organizations, people with lived/living experience, and families/caregivers), to better understand the delivery and impacts of its current community funding grant program and identify best and promising practices for the future of mental health and addictions services and supports. Generation of this framework included a review of other jurisdictions community

mental health and wellness approaches, and a best practice review of literature on funding grant design, delivery, and management.

Mental health and addiction focused community-based organizations reviewed the draft definition of community wellness, draft determinants of mental wellness, and proposed community-based organization funding streams. Respondents were supportive of the draft MHA Community Wellness Framework content and provided many helpful suggestions and questions that were used to revise the MHA Community Wellness Framework.

## Guiding Principles

The MHA Community Wellness Framework is grounded in the principles of Universal Mental Health and Addictions Care.

- **Affordable:** Universal mental health and addictions supports and services are designed in a way that all individuals can access, regardless of their social and financial circumstances.
- **Sustainable:** The universal mental health and addictions system has the resources to provide publicly funded services to meet the long-term needs of all individuals.
- **Accountability:** A universal mental health and addictions system continuously sets expectations, monitors performance, reports outcomes, and makes improvements to mental health and addictions services.
- **Equity, diversity, inclusion, reconciliation, and accessibility (EDIRA):** Universal mental health and addictions will adopt the Nova Scotia Health Equity Framework's core concepts and principles. **EDIRA** stands for Equity, Diversity, Inclusion, Reconciliation, and Accessibility. These represent the core concepts and principles that underlie an equity-based approach.
  - **Equity** – refers to an approach that ensures everyone has access to the same opportunities.
  - **Diversity** – is defined as the many ways we are unique and different from one another while distinguishing ourselves as individuals and identifying ourselves as belonging to a group or groups.
  - **Inclusion** – refers to the intentional, ongoing efforts and actions to ensure that people with different identities actively participate in all aspects of the work of an organization and/or society.
  - **Reconciliation** – is a process of healing relationships that requires public truth sharing, apology, and commemoration that acknowledges and redresses past harm.
  - **Accessibility** – is a physical, mental, intellectual, or sensory impairment that, in the interaction with a barrier, hinders an individual's full and effective participation in society.

- **Collaboration:** Universal mental health and addictions care is designed collaboratively with mental health and addictions partners working together intentionally towards a common goal or outcome.
- **Person-centred:** A person’s health and wellbeing is at the core of universal mental health and addictions design, planning, and care.
- **Social Determinants of Health:** Universal mental health and addictions recognizes that a person’s mental health and wellbeing is shaped by non-medical factors referred to as the social determinants of health. These factors are the conditions in which people are born, grow, work, live, and age, and the set of forces and systems shaping the conditions of daily life, income, education, and employment.

## Definition of Community Wellness

This section provides a definition of community wellness in Nova Scotia. The definition is critically important as it underpins the MHA Community Wellness Framework, including highlighting the role of community-based organizations in providing mild - moderate mental health and addiction supports and services as part of Universal Mental Health and Addiction Care.

*“Community wellness is a state of well-being requiring continuous effort to ensure all Nova Scotian communities – with diverse and unique characteristics and abilities – have the resources, supports, and capacity needed for community members and future generations to maintain mental health and wellness to lead fulfilling and healthy lives.”*

While the definition is meant to be succinct and broad to provide a concise understanding of community mental wellness that can be widely applied. As such, additional clarification of key terms are defined below:

- *“Capacity”* refers to the knowledge, skills, and abilities of a community and its members to face challenges and overcome barriers in a positive and healthy manner.
- *“Community”* refers to a collection of individuals who reside in the same place or who share particular identities, characteristics, or interests.
- *“Continuous effort”* emphasizes that community mental wellness is ongoing and requires adaptation to meet emerging community needs.
- *“Diverse and unique characteristics”* refers to the demographic make-up of a community, related to factors such as location, age, gender, income, and socioeconomic status.
- *“Fulfilling and healthy lives”* implies that the social determinants of health are met (i.e., “the broad range of personal, social, economic and environmental factors that

determine individual and population health”).<sup>1</sup> These determinants form the basis of the domains of community wellness described in the following section.

- “Resources” and “supports” that support community mental wellness include those provided by community organizations, First Nations communities, government, Nova Scotia Health, and IWK Health. These resources and supports must be made aware and accessible to communities. It is also important for communities to help determine which resources and support are available.
- “Well-being” is defined, in line with the World Health Organization,<sup>2</sup> as the quality of life and ability of communities and their members to contribute to the world in accordance with a sense of meaning and purpose.

## Domains of Community Wellness

To understand community mental wellness in greater detail, the following domains of community wellness have been identified. The Office of Addictions and Mental Health will use these domains to address and support a variety of mild – moderate mental health, mental wellness, and addictions related work across the province.

The domains of community wellness define unique aspects of community mental wellness and will be used by the Office of Addictions and Mental Health to align and strategize work. The domains are based on the social determinants of health and mental health<sup>3, 4, 5, 6, 7</sup>. A key social determinant of health and mental health not explicitly included in the domains of community wellness is personal attributes – the physiological or social characteristics of a person that determine the state of their health (e.g., genetics, ability/disability, race, gender identity, gender expression, sexual orientation), which is captured in the guided [Universal Mental Health and Addiction Care Principles](#) noted above (pg. 3). This will help the Office of Addictions and Mental Health ensure these considerations are a component of all aspects of the MHA Community Wellness Framework.

While the domains are presented as distinct concepts, there are also highly interrelated, as indicated in the descriptions. For example, food and housing security is impacted by income and employment, while also playing a role in early childhood development and social belonging.

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<sup>1</sup> Government of Canada: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

<sup>2</sup> World Health Organization: <https://www.who.int/publications/i/item/9789240038349>

<sup>3</sup> The Social Determinants of Mental Health: <https://www.who.int/publications/i/item/9789241506809>

<sup>4</sup> Canadian Medical Association: [https://tfss.ca/wp-content/uploads/2017/11/What-makes-us-sick\\_en.pdf](https://tfss.ca/wp-content/uploads/2017/11/What-makes-us-sick_en.pdf)

<sup>5</sup> Government of Canada: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

<sup>6</sup> Social Determinants of Health: The Canadian Facts: <https://thecanadianfacts.org/>

<sup>7</sup> World Health Organization: <https://www.who.int/health-topics/social-determinants-of-health>

Domain	Included Social Determinants of Health and Mental Health	Description
<b>Early childhood development</b>	<ul style="list-style-type: none"> <li>• Early life / early childhood development</li> </ul>	<p>Early childhood development is the period of rapid growth and change (e.g., physically, psychologically) that begins before birth and extends into early childhood.</p> <p>Positive early childhood development puts young children in a position to develop physically, mentally, emotionally, and socially to their optimal level by the time they enter school.</p> <p>Negative early childhood experiences can have immediate impacts on health, as well as predispose children to health risks later in life.</p> <p>Effective early childhood development requires sufficient resources in several types of communities, including households, schools, childcare, and neighbourhoods.</p>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Education</li> </ul>	<p>Education is the process of providing individuals with knowledge, skills, and values. Continued education (e.g., arts, sciences, humanities, trades, professions) is associated with improved income, employment opportunities, and working conditions – all contributors to community wellness. Conversely, decreased levels of education are associated with poorer health outcomes, including reduced life expectancy and higher rates of infant mortality.</p> <p>Education can be provided through formal education systems (e.g., schools, training programs) and by other means (e.g., community programming, independent learning, workshops, awareness campaigns, public health messaging). Other considerations for MHA education include access, affordability, curriculum, quality, and cultural appropriateness.</p>
<b>Environments</b>	<ul style="list-style-type: none"> <li>• Physical environments (built, exposure, access)</li> </ul>	<p>Environments are the physical spaces both within and surrounding communities. Community mental wellness is supported by environments that are clean, healthy, and accessible. Additionally, the health of community members can be negatively impacted by environmental factors such as poor infrastructure (e.g., road, sidewalks), inadequate services, crime, and exposure to contaminants in the water, air, and soil.</p> <p>Many factors affect environments, including access, affordability, availability, and quality.</p>
<b>Food and housing security</b>	<ul style="list-style-type: none"> <li>• Food security</li> <li>• Housing</li> </ul>	<p>Food and housing security refers to reliable access to food and housing that meet community member needs.</p> <p>Food security contributes to positive human development and health. Similarly, housing security is fundamental to the safety, privacy, and</p>

		<p>health of community members. Without food and housing security, the basic needs of community members cannot be met.</p> <p>Factors affecting food and housing security include access, affordability, availability, quality (e.g., <i>nutritional</i> food), and income.</p>
<b>Health services</b>	<ul style="list-style-type: none"> <li>• Access to, and integration of, health services (e.g., wait times, affordable, quality)</li> </ul>	<p>Health services are the professionals and organizations that provide healthcare to community members, through public services (e.g., Nova Scotia Health and IWK), community organizations, and private services. Public health services are required for emergencies and urgent cases, while community-based organizations and private services can prevent symptoms of individuals from becoming more severe and requiring more resource-intensive public services.</p> <p>Communities with access to affordable, high-quality, and nonjudgmental health services are more likely to experience community mental wellness. However, some communities experience disparities related to access, wait times, and quality. Additionally, many services and health practitioners are not fully covered by private or public health plans.</p> <p>Health services must be accessible (e.g., physically, financially), responsive to clients needs (e.g., include alternatives to traditional Western medicalized services), integrated, and sufficiently staffed and resourced (e.g., recruitment and retention).</p>
<b>Income and employment</b>	<ul style="list-style-type: none"> <li>• Income and income distribution</li> <li>• Employment and working conditions</li> <li>• Socioeconomic status</li> </ul>	<p>Employment and income levels shape the overall living conditions in communities. Sufficient income is needed to ensure that the basic needs of community members are met, food, clothing, housing, and social inclusion. Low income can lead to material and social deprivation, reducing the likelihood of basic needs being met.</p> <p>Similarly, adequate employment and working conditions are crucial for community members to attain important elements of wellness such as workplace safety, employment security, and employment benefits.</p> <p>It is also important to consider the income and employment inequities that face some communities due to systemic discrimination (e.g., race, gender, geography).</p>
<b>Health/mental health literacy</b>	<ul style="list-style-type: none"> <li>• Mental health literacy</li> </ul>	<p>Health literacy is the ability to obtain, understand, and use healthcare information in order to maintain and improve one’s health (including mental, emotional, and spiritual health) in a way that is appropriate to the individual and their context.</p> <p>Health and mental health literacy allow community members to understand their health and factors affecting it, including the ability to navigate the healthcare system.</p>

		Information to build health and mental health literacy can be shared in many ways, including written/printed text, video, audio, discussion, and hands-on training.
<b>Social and cultural inclusion</b>	<ul style="list-style-type: none"> <li>• Social inclusion and belonging</li> <li>• Social supports and coping skills</li> </ul>	<p>Community mental wellness requires the community to provide connections, social support, empathy and understanding, and belonging to its members. In a socially connected and inclusive community, members feel valued, their differences and rights are respected and accepted, and their basic social needs are met so that they can live in dignity and have their voices heard.</p> <p>In the context of the Community Wellness Framework, culture is defined as the traditions, beliefs, social customs, arts, and languages of a nation or other social group. Communities need opportunities for their cultures to be celebrated, honoured, understood, and discussed.</p>

## Funding Community-Based Organizations to Support Community Mental Wellness

The Office of Addictions and Mental Health will use a governance structure to oversee the MHA Community Wellness Framework. To support the wellness of Nova Scotian communities, the Office of Addictions and Mental Health will provide funding to community-based organizations that address the social determinants of mental health.

### Funding Streams

Funding will be considered under the following streams:

- **Project Stream:** Grants for time-limited projects and events that are usually one year or less in duration. Projects within this stream tend to focus on mild to moderate impacts of mental health and addiction or health promotion/awareness. Grants to be administered through the Mental Health Foundation of Nova Scotia.
- **MHA Community Wellness Grant:** Sustainable funding intended for multi-year commitments with CBOs that demonstrate long-term program growth. These grants are typically higher funding amounts with greater reporting requirements.
- **Research and Innovation Stream:** Grants for time-limited projects that are research and innovation focused with alignment with the Office of Addictions and Mental Health’s mandate, with outcomes leading to future fulfillment of one or more domains of community wellness.

## Funding Process

The Office of Addictions and Mental Health works closely with the Mental Health Foundation, who will lead the implementation of the MHA Community Wellness Framework **Project Stream**. The Office of Addictions and Mental Health will use data collected from this stream to help inform the MHA Community Wellness Framework indicators noted in Appendix A.

The Office of Addictions and Mental Health will lead the **MHA Community Wellness Grant**. A call for proposals, through **Mental Health and Addictions Community Wellness Grant Guidelines** will be released, inviting interested community-based organizations to apply for funding under this MHA Community Wellness Framework stream. During this time, community-based organizations will submit funding proposals to Office of Addictions and Mental Health. Once the call for proposals closes, a committee that will include partners from within and outside of government will evaluate the proposals. Following the results of the proposal evaluations, grant agreements and funding amounts will be allocated to successful applicants. This data will also support Office of Addictions and Mental Health in refining the MHA Community Wellness Framework funding process to prepare for the next call for proposals.

## Other Office of Addictions and Mental Health Supports for Community Wellness

Engagement with community-based organizations found that in addition to funding, they could be better enabled to contribute to community wellness through capacity building opportunities, on topics such as proposal development, submitting applications, developing indicators, evaluation techniques/tools, Mental Health First Aid, and capacity building and mental health training in general. Community-based organizations also expressed the need for opportunities for communication and collaboration with each other as well as with Office of Addictions and Mental Health.

The MHA Community Wellness Framework includes a focus on the following opportunities for capacity building, communication, and collaboration:

- The Mental Health Knowledge Collaborative is a provincial hub hosted by Nova Scotia Health that will offer Tier 2 community-based mental health service providers opportunities to enhance knowledge, skills, and collaboration in the broader mental health system of care through the provision of education and training offerings, as well as opportunities for members to connect and share ideas, insights, and best practices.
- Office of Addictions and Mental Health to continue ongoing consultation and collaboration with community-based organizations through various projects and initiatives (e.g., Lived Experience Advisory Group for Universal Mental Health and Addictions Care Governance). This will help to align Office of Addictions and Mental Health's work with the needs of communities while bringing together members of various community-based organizations together to discuss and learn from one another.

- The Department of Health and Wellness's (DHW) Equity and Engagement branch is leading the development of a public consultation platform, similar to Engage4Health (<https://www.engage4health.ca>), that will allow Office of Addictions and Mental Health and other health-related offices and departments to engage Nova Scotians. This platform will allow engagement and discussion among participants through features such as surveys and idea boards.
- Office of Addictions and Mental Health is developing a website and email address for community-based organizations to communicate with Office of Addictions and Mental Health about funding opportunities and areas of focus.

### Governance

The Office of Addictions and Mental Health recognizes that the MHA Community Wellness Framework will require continual oversight. Within all this work, the Office of Addictions and Mental Health will continue to listen, understand, and undertake action to continually improve on this MHA Community Wellness Framework.

## Appendix A: Community Wellness Framework Outcomes and Indicators

The following tables outline the intended outcomes of the Mental Health and Addiction Community Wellness Framework, along with indicators to measure the outcomes and data sources and methods for collecting indicator data.

Outcomes are drawn from the Community Wellness Framework logic model (see [Appendix B](#)).

**OAMH** = Office of Addictions and Mental Health **CBO(s)** = community – based organizations **CWF** = Community Wellness Framework

**MHA**=Mental Health and Addiction **NBP**: needs-based planning

Shorter-term outcomes and indicators:

Outcomes	Indicators	Data Source/Method
↑ capacity (e.g., knowledge, skills, resources) of mental health and addiction supports and services within CBOs to enhance the domains of community wellness in Nova Scotian communities	# and type of Domains of Community Wellness addressed by OAMH funded organizations/projects	CBO application form data
New or improved access for Nova Scotian community members to resources and programming that support community wellness	# of CBO applications approved # and type of CBO applications approved that address EDIRA needs # and types of MHA services/supports funded by OAMH [tied to NBP] Regions served by OAMH-funded programs. # and modality (in person, virtual) of services provided by OAMH-funded programs	CBO application form data

	<p># and type of MHA clinicians/professionals employed by OAMH-funded programs [tied to Needs Based Planning]</p> <p># of clients served</p>	
	<p># of individuals on waitlists for CBO services/supports funded by OAMH, if available</p> <p>Average time spent on waitlists of CBO services/supports funded by OAMH, if available</p> <p>Aspirational: # and type of referrals made by OAMH-funded organization to other organizations [tied to Needs Based Planning]</p>	CBO annual reporting data
↑ clarity of OAMH’s CBO funding process (e.g., resource allocation, grant applications and processing, and reporting requirements)	Funded organization self-reports of clarity of OAMH’s CBO funding process	CBO survey
↑ efficiency of OAMH’s CBO funding process (e.g., resource allocation, grant applications and processing, and reporting requirements)	Funded organization self-reports of efficiency of OAMH’s CBO funding process	CBO survey
	Average time from CBO application submission to receipt of funding decision	CBO application form data Correspondence
↑ capacity building and collaboration opportunities for CBOs	Funded organization self-reports of satisfaction with number and quality of capacity building and collaboration opportunities	CBO survey
	# and type of capacity building and collaboration opportunities provided to CBOs	TBD
↑ stabilization of funding for CBOs	# of CBOs in multi-year funding agreements	CBO annual reporting data
	Funded CBOs self-report satisfaction with funding structure, staff retention, and increased capacity	

Medium-term outcomes and indicators:

Outcomes	Indicators	Data Source/Method
↑ services and supports provided by CBOs address community wellness needs of Nova Scotian communities	# and types of MHA services/supports funded by OAMH [tied to Needs Based Planning]	CBO annual reporting data
	Funded organization self-reports of addressing community wellness needs of communities	CBO survey
↑ uptake of CBO services and supports that support community wellness	# and type of people reached by OAMH-funded programs (service volumes and demographics) [tied to Needs Based Planning]	CBO annual reporting data

Longer-term impacts and indicators:

Impacts	Indicators	Data Source/Method
Improvement in the domains of community wellness among Nova Scotian communities	Funded organization self-reports of improvement in the domains of community wellness among Nova Scotian communities (e.g., # of clients receiving skills training, health services, or housing supports)	CBO annual reporting data
	Public health data on Education (CW Domain): <ul style="list-style-type: none"> <li>• <a href="#">Perceptions of educational opportunities</a></li> <li>• <a href="#">Ongoing formal education and courses for interest</a></li> </ul>	Engage NS QoL Survey
	Public health data on Health (CW Domain): <ul style="list-style-type: none"> <li>• <a href="#">30-Day Readmission for MHA</a></li> <li>• <a href="#">Perceptions of Health Care Services</a></li> </ul>	CIHI Engage NS QoL Survey
	Public health data on Environments (CW Domain): <ul style="list-style-type: none"> <li>• <a href="#">Crime Severity Index</a></li> <li>• <a href="#">Perceptions on Environment</a></li> </ul>	StatsCan Engage NS QoL Survey

	<p>Public health data on Social and Cultural Inclusion (CW Domain):</p> <ul style="list-style-type: none"> <li>• <a href="#">Social Connections and Support</a></li> <li>• <a href="#">Sense of Community</a></li> <li>• <a href="#">Feelings of Isolation</a></li> </ul>	<p>Engage NS QoL Survey</p>
	<p>Other relevant public health data</p>	<p>(E.g., NSH Community Insights survey, <a href="#">Mount Saint Vincent University, Early Childhood Collaborative Research Centre</a>)</p>
<p>OAMH’s CBO funding process is operating optimally to provide CBOs with timely information and resources, and minimize the administrative work of OAMH staff</p>	<p>Funded organization self-reports of satisfaction with OAMH’s funding process</p>	<p>CBO survey</p>
<p>CBOs have the capacity and networks needed to support mental health and addiction services in their communities</p>	<p># and type of collaboration partners on OAMH-funded projects</p> <p>Funded organizations self-report increased capacity to meet community needs.</p>	<p>CBO application form data</p>

## Appendix B: Community Wellness Framework Logic Model

This project aims to ensure that Nova Scotian communities have the mental health and addictions related resources, supports, and capabilities required for community members to lead

Inputs (What the CWF needs)	Activities (What the CWF does)	Outputs (What the CWF produces)	Short-Term Outcomes (The short-term changes created by the CWF)	Medium-Term Outcomes (The medium-term changes created by the CWF)	Impact (The long-term impact of the CWF)
<p>Funding</p> <p>OAMH staff</p> <p>Partnerships (e.g., NSH, IWK, CBOs)</p>	<p><b>Design:</b></p> <ul style="list-style-type: none"> <li>• Draft the CWF</li> <li>• Engage community for input on draft</li> <li>• Finalize the CWF</li> </ul> <p><b>Promotion and awareness:</b></p> <ul style="list-style-type: none"> <li>• News release to introduce CWF</li> <li>• CWF uploaded to NS Gov website for public access</li> </ul> <p><b>Funding:</b></p> <ul style="list-style-type: none"> <li>• Receive applications</li> <li>• Evaluate applications</li> <li>• Approve/decline applications</li> <li>• Sign agreements (approved)</li> <li>• Disburse funds (approved)</li> <li>• Refer to other programs (declined)</li> <li>• Agreement management</li> <li>• Process invoices (FTB)</li> </ul> <p><b>Capacity building and collaboration:</b></p> <ul style="list-style-type: none"> <li>• Provide CBOs with capacity building and collaboration opportunities</li> <li>• Direct CBOs to capacity building and collaboration opportunities from other entities</li> </ul>	<p><b>Design:</b></p> <ul style="list-style-type: none"> <li>• # of individuals/organization engaged</li> <li>• CWF completed</li> </ul> <p><b>Promotion and awareness:</b></p> <ul style="list-style-type: none"> <li>• New release published</li> <li>• CWF available on NS Gov website</li> </ul> <p><b>Funding:</b></p> <ul style="list-style-type: none"> <li>• # and type of applications:                             <ul style="list-style-type: none"> <li>○ received</li> <li>○ evaluated</li> <li>○ approved</li> <li>○ declined</li> </ul> </li> <li>• # agreements signed</li> <li>• \$ disbursed funds</li> <li>• #, type of referrals made</li> <li>• # invoices processed</li> </ul> <p><b>Capacity building and collaboration:</b></p> <ul style="list-style-type: none"> <li>• # and type of capacity building and collaboration opportunities provided to CBOs</li> </ul>	<p>↑ capacity (e.g., knowledge, skills, resources) of CBOs to support the domains of community wellness in Nova Scotian communities:</p> <ul style="list-style-type: none"> <li>• Early childhood development</li> <li>• Education</li> <li>• Environments</li> <li>• Food and housing security</li> <li>• Health services</li> <li>• Income and employment</li> <li>• Health/mental health literacy</li> <li>• Social and cultural inclusion</li> </ul> <p>Improved access for Nova Scotian community members to resources and programming that support community wellness</p> <p>↑ clarity of OAMH’s CBO funding process (e.g., resource allocation, grant applications and processing, and reporting requirements)</p> <p>↑ efficiency of OAMH’s CBO funding process</p> <p>↑ capacity building and collaboration opportunities for CBOs</p>	<p>↑ services and supports provided by CBOs address community wellness needs of Nova Scotian communities:</p> <ul style="list-style-type: none"> <li>• Early childhood development</li> <li>• Education</li> <li>• Environments</li> <li>• Food and housing security</li> <li>• Health services</li> <li>• Income and employment</li> <li>• Health/mental health literacy</li> <li>• Social and cultural inclusion</li> </ul> <p>↑ uptake of CBO services and supports that support community wellness</p>	<p>Improvement in the domains of community wellness among Nova Scotian communities:</p> <ul style="list-style-type: none"> <li>• Early childhood development</li> <li>• Education</li> <li>• Environments</li> <li>• Food and housing security</li> <li>• Health services</li> <li>• Income and employment</li> <li>• Health/mental health literacy</li> <li>• Social and cultural inclusion</li> </ul> <p>OAMH’s CBO funding process is operating optimally to provide CBOs with timely information and resources, and minimize the administrative work of OAMH staff</p> <p>CBOs have the capacity and networks needed to support their communities</p>

**Legend:**

- **Inputs:** Resources needed for the CWF to function.
- **Activities:** The actions or initiatives that are part of the CWF.
- **Outputs:**
- **Outcomes:** Changes in the Nova Scotian communities reached through the CWF, including individuals, organizations, and systems.
- **Impact:** The vision of a preferred future that the CWF can help achieve.

**Understanding the Logic Model:**

- Read the model as a series of “if-then” statements, from left to right (e.g., If you have these Inputs, then you can do these Activities.  
If you do these Activities, then you’ll Reach these people.  
If you Reach these people, then you’ll achieve the anticipated outcomes (e.g., changes in capacity...etc.).
- The model is essentially a one-page visual description of the harm reduction curriculum. It describes what is done as part of the curriculum, how it’s done, and the intended outcomes and goals for the people who complete the curriculum.