Mental Health Commission of Canada
Commission de la santé mentale du Canada

Government of Northwest Territories

STEPPED CARE SOLUTIONS

Partnering Together for Person-and-Family Centric Care

The Northwest Territories Stepped Care 2.0 Final Report

Ce document est disponible en français

Citation information

Suggested citation: Mental Health Commission of Canada, Stepped Care Solutions and Government of Northwest Territories. (2023). Partnering Together for Person-and Family-Centric Care: The Northwest Territories Stepped Care 2.0 Final Report. Mental Health Commission of Canada. Ottawa, ON.

© 2023 Mental Health Commission of Canada
ISBN: 978-1-77318-308-4
Legal deposit National Library of Canada

Health Canada Santé Canada

The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this material is made possible through a financial contribution from Health Canada.

Acknowledgements

This initiative was made possible through the partnership of the core project teams, who supported and amplified each other's strengths, and through the contributions of the dedicated and passionate program staff across the territory. We would also like to acknowledge the vital contributions of people with lived/living expertise, including the Mental Wellness & Addictions Recovery Advisory Group, as well as the community members and organizations who shared their wisdom and insight.

Project staff, Government of the Northwest Territories, Department of Health and Social Services

- Carly Straker, Manager, System Quality & Integration, Mental Wellness & Addictions Recovery
- Hayley Maddeaux-Young, Director, Mental Wellness & Addictions Recovery
- Tracey Mueller, Mental Health & Addictions Specialist, Quality & Integration, Mental Wellness & Addictions Recovery
- Devin Penney, Lived/Living Expertise, Mental Wellness & Addictions Recovery Advisory Group
- Megan Wood, Mental Health & Addictions Specialist, Quality Assurance, Mental Wellness & Addictions Recovery
- Kamagaju Karekezi, Senior Risk and Performance Analyst, Corporate Planning, Reporting and Evaluation
- Sara Chorostkowski, Assistant Deputy Minister, Programs, Health & Social Services

Project staff, Northwest Territories Health and Social Services Authority

- Sandy Little, Territorial Manager, Mental Health & Community Wellness
- Brittany Bruce, Territorial Lead, Mental Health & Community Wellness
- Andrea D'Addario, Organization Development and Leadership Consultant, Strategic Learning and Talent Development Unit

Project staff, Mental Health Commission of Canada

- Nicholas Watters, Director, Access to Quality Mental Health Services
- Danielle Impey, Manager, Access to Quality Mental Health Services
- Margo Rowan, Evaluation Specialist, Access to Quality Mental Health Services
- Marguerite Carroll, Program Manager, Access to Quality Mental Health Services
- Kari Richards, Program Coordinator, Access to Quality Mental Health Services

Project staff, Stepped Care Solutions

- Peter Cornish, Founder
- AnnMarie Churchill, President and Lead Executive Officer
- Alexia Jaouich, Vice President, Program Development & Implementation
- Quynh Pham, Director, Research & Evaluation

Table of Contents

Executive Summary 3

Introduction 5

How Stepped Care 2.0 came to the NWT 5

How SC2.0 was implemented 7

What Changed with SC2.0 12

Reach 12

Impact 13

Lessons learned 18

The Way Forward 20

Community engagement and partnerships 20

CCP program promotion, support, communication, and engagement . . . 21

Leadership 21

Program effectiveness tracking 22

Sustainable continuous improvement 22

Executive Summary

We all have different needs when it comes to mental wellness and addictions recovery. If people have access to a diverse range of service options, they are more likely to get the right care at the right time for their own needs and preferences. This a foundation of the Stepped Care 2.0© (SC2.0)[1,i] approach to service delivery.

In March 2020, the Government of the Northwest Territories (GNWT) partnered with the Mental Health Commission of Canada (MHCC) and Stepped Care Solutions (SCS) to implement SC2.0. The goal of this ongoing initiative is to increase access to mental wellness and addictions recovery services by

- reducing or eliminating waitlists for counselling
- expanding options for care
- reducing barriers to care.

Through a combination of training, community engagement, and service improvements, SC2.0 has helped transform the way counselling services are delivered to better meet the needs of Northwest Territories (NWT) residents. Surveys and focus groups have shown that SC2.0 has increased access to services and delivered positive outcomes for many people within the territory. Some of the key outcomes from 2020 to 2022 include:

- the introduction of same day, unscheduled drop-in counselling services across the territory (with a total of 13,000 drop-in sessions held between 2020 and 2022)
- the implementation of eMental Health (eMH) options that people can access on their own or with the support of a counsellor
- the launch of the Mental Wellness & Addictions Recovery Advisory Group

Most service users who were surveyed about their experiences said they were satisfied or very satisfied with their counselling experience (73%) and with their level of involvement in decisions about their care (78%). Among Indigenous service users, 81% were satisfied with the safety of the counselling environment. More than half of service providers (58%) agreed or strongly agreed that SC2.0 helped increase the variety and flexibility of mental wellness services available to NWT residents.

The **Mental Wellness & Addictions Recovery Advisory Group** is made up of NWT residents from across the territory who provide advice and wisdom to the GNWT, rooted in lived and living expertise with mental wellness and addictions recovery.

79% reduction
in wait times
for mental wellness and addictions recovery counselling

1 Stepped Care 2.0©, coined by Peter Cornish, is under copyright. Throughout this document it will appear as Stepped Care 2.0 or SC2.0.

The implementation of SC2.0 in the NWT led to recommendations in the following areas. These will guide ongoing SC2.0 work in the NWT and can be applied by other jurisdictions that choose to implement SC2.0.

Community engagement and partnerships: Continue to reach out, listen to what is needed, and build relationships with communities, Indigenous partners, advisors with lived and living expertise, health system stakeholders, and other organizations. These relationships should focus on continuous quality improvement, including anti-racism, cultural safety, and enhanced Indigenous programming.

Program promotion, support, communication, and engagement: Communicate consistently about the benefits of the SC2.0 model and its successes. Use a multi-pronged approach to reach as many service providers and service users as possible. Request feedback to support service enhancement.

Leadership: Maintain strong, supportive leadership while offering support for solution-finding and program success. Develop clinical leaders and champions among service providers.

Program effectiveness tracking: Implement an integrated electronic method to streamline data collection and support measurement-based tracking of outcomes, program effectiveness, engagement, training activities, and next steps.

Sustainable continuous improvement: Incorporate opportunities for continuous feedback to support ongoing improvement of services and access to care. Look for ways to enhance workforce capacity, including engaging Elders, and leveraging online services and peer support.

Introduction

Mental wellness and addictions recovery looks different for each individual person. Stepped Care 2.0© (SC2.0) is a model for delivering mental wellness and addictions recovery services that recognizes these differences. It promotes a flexible approach by offering a range of options to service users, including formal supports (e.g., counselling) and informal supports (e.g., peer support). Offering a "buffet" of services and supports helps match individuals and families with the right level of care at the right time, as defined by them. People can work with a counsellor or on their own to set goals and determine what supports would be most helpful. Regular check-ins ensure that services and supports are continuously adapted to meet users' unique and changing needs.

To learn more about SC2.0, visit the Mental Health Commission of Canada (MHCC) SC2.0 webpage[ii] or the Stepped Care Solutions (SCS) website.[iii]

This report describes why the SC2.0 model was implemented, the approach to this system transformation, the outcomes to date, and the way forward for Northwest Territories (NWT).

HOW STEPPED CARE 2.0 CAME TO THE NWT

The NWT is a unique and vast land covering 1.17 million square kilometres with 33 communities spread out over distinct regions — some accessible only by ice road or airplane. Nearly half of its 45,000+ people are Indigenous, and the territory has 11 official languages. The NWT has a relatively young population, averaging just 36 years. Colonization and its ongoing impacts contribute to higher rates of social issues and challenges.

In 2019, the Government of Northwest Territories (GNWT) committed to increasing the number and variety of culturally respectful, community-based mental wellness and addictions recovery programs. It specifically aimed to reduce wait times for counselling, offer more options for care, and reduce barriers to access. These priorities were echoed in research as well as through engagement with people across the North, including those with lived and living expertise, residents, government employees, and non-government and Indigenous organizations.

Based on what the GNWT was hearing and seeing, it identified SC2.0 as a way to deliver recovery-oriented and culturally safe approaches to care that align with the values of the people who live and work in the North. These values include self-direction, empowerment, a strengths-based approach, peer support, respect, responsibility, and hope.

In 2020, the GNWT partnered with the MHCC and SCS to implement SC2.0 through a territory-wide phased approach. The previously established Community Counselling Program (CCP) was chosen as the best program to start incorporating SC2.0 principles. Since 2004, the CCP has provided free and confidential mental wellness and addictions recovery support to all residents of the NWT. Counsellors are available across all regions, with telephone counselling and fly-in services provided to all communities without a local counsellor.

The main objectives of this partnership were to improve *access* to quality mental wellness and addictions recovery services and supports for all people living in the NWT that include *flexible* care options to help residents at the *point of need* and *readiness*.[iv] The SC2.0 model supports the vastness of the NWT, with its isolated and remote communities, and builds upon deep cultural and interpersonal connections and community strengths.

The partnership also sought to support the ongoing implementation and continuous improvement of the SC2.0 model of care within the CCP, and to build capacity for the GNWT to support the approach on an ongoing basis.

It should be noted that the COVID-19 pandemic occurred during the SC2.0 implementation process. Although this crisis may have sped up the shift to and acceptance of virtual services, it also caused many challenges that deeply affected people and the health system.

> “When you are broken and mentally drained and decide to ask for help, you are hopeful that there may be a light at the end of the tunnel. You want to know you are not alone and can overcome your struggles. You seek assurance that with help, you can improve your mental health and lead a ‘normal’ life. Thankfully, within a Stepped Care 2.0 system, people are provided with a variety of care options to meet their own needs.”
>
> – ***Service user***

> “The MHCC is proud to partner with the Government of Northwest Territories to support meaningful, accessible, culturally safe, and person-centered mental wellness and substance use health services for everyone living in the NWT. Improving access to these services and reducing wait times allows people to access care when and where they need it.”
>
> – ***Michel Rodrigue***, *President and Chief Executive Officer, MHCC*

> “Since partnering with the Mental Health Commission of Canada and Stepped Care Solutions in March 2020, we have improved the delivery of NWT mental wellness and addictions recovery services. SC2.0 has helped increase the flexibility of culturally safe mental wellness services available to residents, reducing wait times and increasing satisfaction with their counselling experience.”
>
> – ***Julie Green***, *Minister of Health and Social Services, GNWT*

HOW SC2.0 WAS IMPLEMENTED

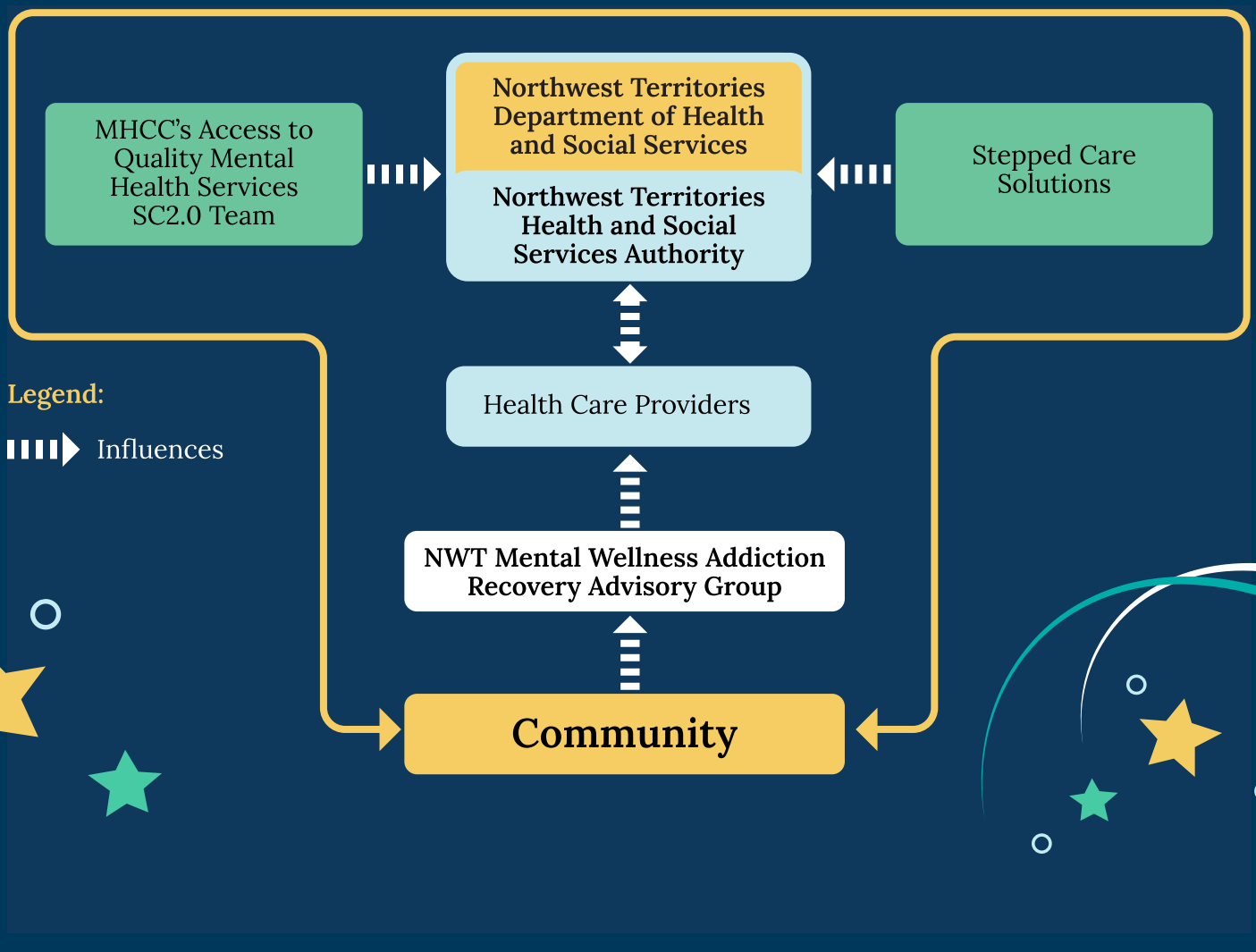
The PLAN-DO-STUDY-ACT cycle[v] provides an excellent framework for continually identifying, problem-solving, and addressing the barriers that might hinder implementation. Using that cycle as a guide, the MHCC, SCS, and GNWT co-developed the following plans to steer the rollout of SC2.0:

- The **project plan** defined the scope, objectives, timelines, and success criteria.
- The **engagement plan** defined how various groups in the territory would be engaged.
- The **evaluation plan** provided insights from implementing SC2.0 with a focus on reach, impact, and lessons learned.

THE SC2.0 TEAM

The ongoing system transformation is made possible through the work of the following core partners, who supported and amplified each other's strengths in a collaborative effort:

- GNWT (initiative lead) – day-to-day leadership for planning, implementation, monitoring, change management, evaluation, and closing
- Northwest Territories Health and Social Services Authority (initiative co-lead) – day-to-day leadership for planning, implementation, monitoring, change management, evaluation, and closing
- Mental Wellness & Addictions Recovery Advisory Group – co-design and strategic advice rooted in lived and living expertise
- MHCC – support on implementation and solution-finding, project management, coordination, evaluation, communications, and engagement
- SCS – support for implementation, training, and consultation about the SC2.0 model



THE ROLLOUT

The initial rollout of SC2.0 involved three key elements, including a) improving services, b) training, education, and support, and c) engagement.

Improving services

Under SC2.0, the CCP adopted a care-first, assess-later approach. With this approach, lengthy intake processes were simplified or eliminated so individuals can get help as quickly as possible. A one-at-a-time (OAAT) model was introduced that empowers every individual to decide when or if they come back for further sessions. Assessments are no longer used as precursors to care, and are carried out after initial sessions, and only if service provider and service user agree they are meaningful and necessary. In many cases, required forms were rewritten to use plainer, more easily accessible language.

In addition, people looking for support are now able to choose from a wider menu of options, including same-day drop-in appointments that can be accessed virtually, and/or in person or through eMH/online options. They continue to have access to community-based supports and facility-based addictions-recovery treatment programming, as well as 24/7 help lines.

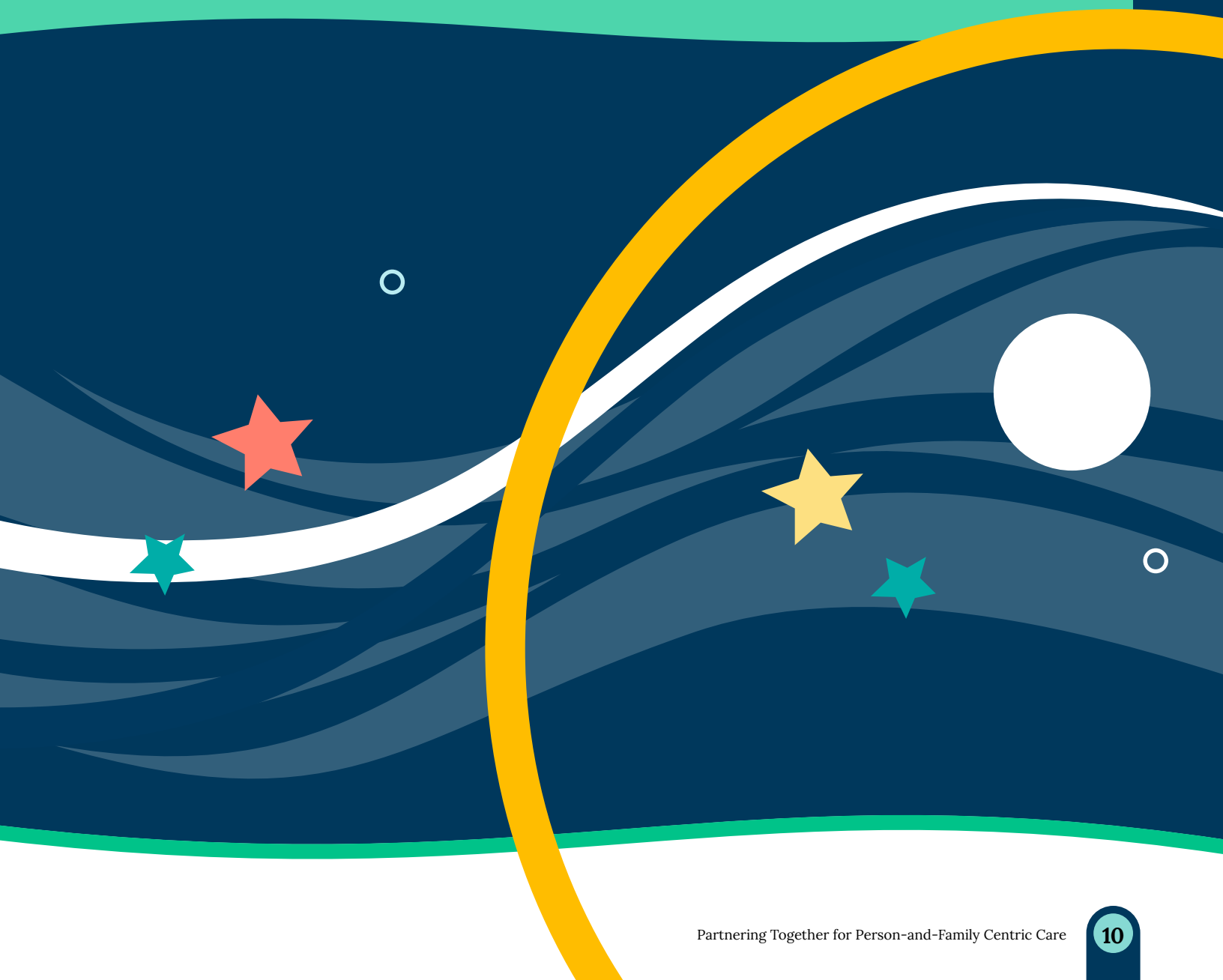
The **one-at-a-time (OAAT) delivery model** invites people to have as many counselling sessions as they want, with no need to commit to long-term counselling or to a specific number of sessions. People can choose to come in for a single session whenever they need one, regular appointments over a longer period, or anything in between. They can also choose the format that works best for them: in-person, by phone, or online.

The following initial eMH services[vi] were made available to NWT residents at no cost to users:

- Breathing Room™, offering self-guided support to help youth reduce their stress, anxiety, and depression, and transform their lives
- Strongest Families Institute, offering a variety of coaching programs for children, youth, adults, and families experiencing mild to moderate mental health and behavioural concerns
- Edgewood Health Network Wagon, offering addictions recovery aftercare support

These services were vetted and identified as being evidence-based, accessible, and person-centered. They also met the evaluative and informative criteria laid out by the MHCC and were reviewed by individuals with lived/living expertise.

Beyond these three services, additional eMH initiatives are actively promoted across the NWT as potential supports for residents, including Wellness Together Canada, 7 Cups, Root'd, and Stronger Minds.



Training, education, and support

CCP staff and other internal and external stakeholders received SC2.0 training and orientation to ensure everyone understood and was aligned with the system-level change that needed to happen. Service providers and supervisors also received training in the OAAT model. These initial training events were followed by regional and territorial consultations and other forms of training and engagement. Both SC2.0 and OAAT training modules continue to be available virtually as refresher training for existing staff and as a mandatory part of the onboarding of new staff.

Additional training on SC2.0, eMH, and other mental wellness and addictions recovery resources continues to be provided by GNWT system leads to CCP service providers, community partners, and the general public, including youth and adults.

Engagement

Engagement with people and organizations across the NWT was a driving force behind the implementation of SC2.0 in the North and continues to be a highly valued and critical component of this work. An extensive engagement plan was developed to identify key stakeholders and opportunities for information sharing and collaboration across the territory. Today, the SC2.0 implementation team continues to make connections with NWT residents, Indigenous governments, community-based organizations, advisory bodies, and other internal and external stakeholders. The team also conducted engagement sessions to gather feedback and understand how to best continue to collaborate, communicate with, and support CCP service providers and management teams.

Raising awareness of the SC2.0 model and the available mental wellness and addictions recovery services was carried out through communications materials including social media content, posters, postcards, and videos. The Mental Wellness & Addictions Recovery Advisory Group has provided expertise and feedback on various communications materials.

What Changed with SC2.0

Based on the primary goal of improving access to person- and family-centric, recovery-oriented care, the SC2.0 implementation was evaluated based on three components:

- **reach:** services offered and used, as well as reduced and remaining gaps
- **impact:** satisfaction, wait times, and unintended consequences
- **lessons learned:** main lessons learned, enablers, and barriers

The evaluation framework was developed by a working group that included members from the GNWT, MHCC, and SCS, in collaboration with the Mental Wellness & Addictions Recovery Advisory Group. Primary data was collected through an online survey of CCP service providers[vii] and focus groups with CCP leaders,[viii] with additional data reported from monthly CCP service provider reports,[ix] a CCP Client Satisfaction Survey,[x] an Addiction Recovery Experiences Survey,[xi] testimonials, document reviews, and eMH vendor reports.

REACH

One of the main goals of SC2.0 was to introduce changes into the health-care system to reach more residents across the NWT. Some of those changes included **increasing the variety and flexibility of service options**, such as offering both scheduled and unscheduled drop-in counselling sessions.

From 2020 to 2022, the CCP provided a total of **47,563 counselling sessions**. Of these...

- 34,563 were scheduled
- 13,000 were unscheduled/drop-in (27% of the total)

Of the scheduled counselling sessions...

- 94% were individual sessions
- The remaining 6% were group, family or couple sessions

With a variety of service options to choose from, people who responded to the Addiction Recovery Experiences Survey used an average of **2.5 services each**. Some service users reported using nine or more services during their recovery journey.

> “[The CCP] was very understanding, good to work with. They worked around my schedule, and that is rare. The drop-in was good because things happen, and you could email and cancel without any costs to me. Without the CCP, I don’t know how I could navigate the whole system.”
>
> ***– Service user***

The elimination of waitlists and the simplification of intake processes helped people get care sooner, with fewer barriers. More than half (58%) of the CCP service providers who responded to the online survey also agreed or strongly agreed that SC2.0 has helped increase the variety and flexibility of mental wellness services for NWT residents.[xii]

VIRTUAL AND EMH SERVICES OFFER NEW WAYS TO ACCESS CARE

According to system leaders, eMH was a contributing factor to the variety and flexibility[xiii] of services because **free and vetted eMH and other virtual options were not available to NWT residents before the implementation of SC2.0**. The introduction of these services has enabled people to access counsellors and other supports in more ways, including phone, video conference, mobile apps, and web-based eMH tools. People can use these options instead of or in combination with in-person care. In the 2021 CCP Client Satisfaction Survey, 81% of the respondents who said they accessed virtual care tools used the telephone to access care, 30% used video-conferencing, and 3% used apps or web-based tools.[xiv]

IMPACT

The goal of SC2.0 is to improve quality care in the NWT. This is defined as care that meets people's needs while being accessible, person- and family-centric, recovery-oriented, safe, appropriate, effective, and efficient. In general, SC2.0 seems to have had a positive impact on NWT residents, with feedback from service users being positive across most measures of quality. This section provides more details on that feedback, as well as the thoughts of service providers and system leaders.

During focus groups with CCP system leaders, it was heard that **while eMH has enhanced service variety and supported CCP staff working in remote locations, it is subject to some limitations** — most notably, the lack of reliable, stable internet service in some parts of the NWT. As such, eMH may not yet be a viable option for all residents. System leaders also noted that **some users simply prefer to speak to someone in-person** rather than online.

MORE WORK IS NEEDED TO ENHANCE COMMUNICATION AND STRENGTHEN RELATIONSHIPS

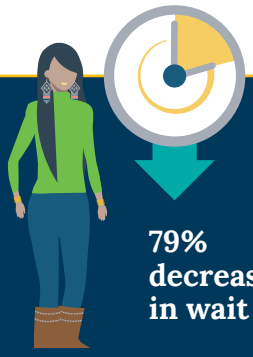
To further expand the reach of SC2.0, there is still a need for **ongoing communications and engagement** to ensure people know about the variety of options available to them. System leaders noted that education and awareness around the available eMH services may help build trust and enhance understanding about those services and their effectiveness.

More work is also needed to **expand culturally safe programming that integrates Indigenous approaches to care and wellness**. Findings from the Addiction Recovery Experiences Survey also highlighted the importance of on-the-land cultural programs.

> “[The CCP] was a non-judgmental environment and open to all my concerns... The counsellors were very flexible and good to work with... [they] worked out the time of day and what worked for my life.”
>
> ***– Service user***

IMPACT AT A GLANCE

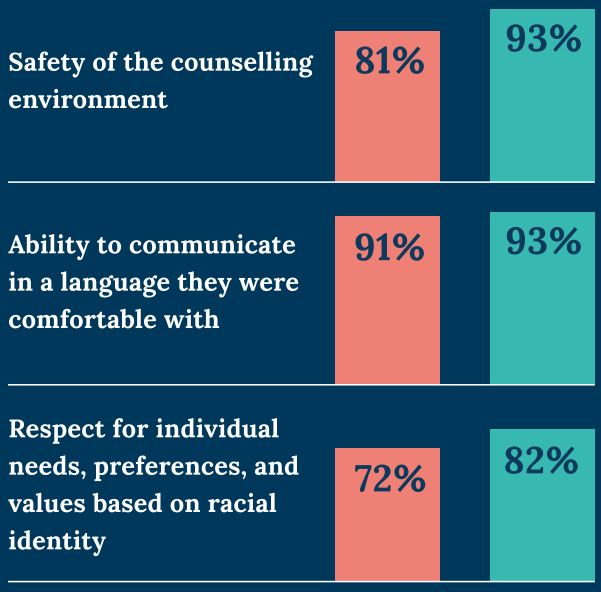
The **average wait time** for counselling services **decreased by 79%** between 2020 and 2022



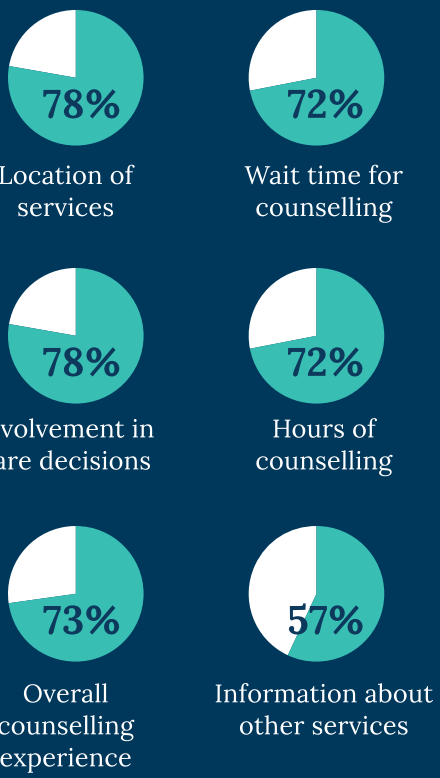
79% decrease in wait times

Service users who were satisfied or very satisfied with...[XV]

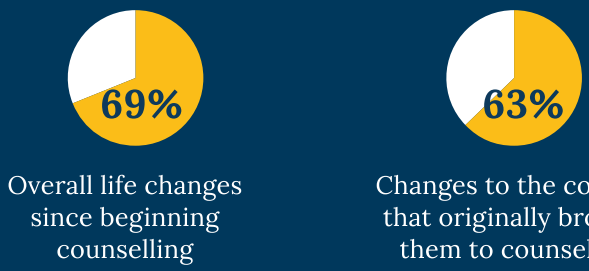
Cultural safety



The care experience



Perceived changes



REDUCED WAIT TIMES DELIVER FASTER ACCESS TO SERVICES

One of the greatest impacts of SC2.0 was the **reduction of wait times** for mental wellness and addictions recovery services within the CCP. Focus groups with system leaders found that since barriers (such as lengthy intake sessions and long waitlists) have been reduced, people are now able to access services faster. The average wait time decreased by 79% between 2020 and 2022, with the median wait time of 19 days reduced to four days.[xvi, 2] Nearly three-quarters (72%) of CCP service users surveyed in 2021 were satisfied or very satisfied with the wait time for counselling.[xvii]

SERVICE USERS ARE SATISFIED WITH THE COUNSELLING EXPERIENCE

Surveys found that service users overall feel they are receiving quality care through SC2.0. **Most people who responded to the survey were satisfied or very satisfied** with their overall counselling experience (73%), the location of services (78%), and the hours of counselling (72%). More than half (57%) were satisfied with the information provided to them about other services, and 78% were satisfied with their level of involvement in decisions about their care.

Around two-thirds of people who responded to the survey said **the care they received was effective**: 63% were satisfied with changes to the concern that brought them to counselling (26% were neutral), and 69% were satisfied with the changes in their lives since they started counselling.

> "As someone who previously worked front line in mental health in the NWT, it's incredible to see the evolution/progress in just a few short years. Stepped Care 2.0 (leading to an immense reduction of wait times for services), the eMH initiatives, the overall approach of 'what does wellness mean for you?', and presenting people/service users with a menu of options that works for them, these all seem like significant steps forward."
>
> – ***System leader***

> "[You get] help when you need it."
>
> – ***System leader***

2 Wait time data for counselling/therapy refers to the time between an initial referral and the first agreed-upon appointment date/time that meets the service user's needs. It does not include same-day/drop-in services. Data collection is a challenge due to a paper-based system that allows for significant user error in data submission, leading to reduced validity and reliability of data.

MOST SERVICE USERS ARE SATISFIED WITH THE CULTURAL SAFETY OF CARE

Safety, including cultural safety, is a critical element of care delivered through the CCP. **Most people who responded to the survey felt safe using SC2.0 services**, including from a cultural safety perspective.[xviii] However, Indigenous people reported slightly less satisfaction than non-Indigenous people.

Among **Indigenous service users** who responded to the survey, 91% were satisfied with their ability to communicate in a language they are comfortable with; 72% were satisfied with the respect for their individual needs, preferences, and values; and 81% were satisfied with the safety of the counselling environment. Among non-Indigenous people who responded, the numbers were 93%, 82%, and 93%, respectively.

Safety means keeping service users and providers safe from preventable harm. A **culturally safe environment** is one where Indigenous people feel safe, respected, and free from racism and discrimination when accessing services.

For more information, see the GNWT's Caring for our people: Cultural Safety Action Plan 2018-2020.

eMH SERVICES ARE MEETING SERVICE USERS' NEEDS

Based on reports provided by eMH service vendors and testimonials from service users, NWT residents are taking advantage of eMH services and are generally satisfied with the coaching and counselling they have received. One of these testimonials from Edgewood Health Network Wagon is **available here**.

> "I look forward to my weekly session not only for the chance to share in a safe space, but to gain tools that further improve my sobriety journey and influence the rest of my life."
>
> ***– Edgewood Health Network Wagon service user***

- **79% of Breathing Room** users were somewhat to very satisfied with how much it helped them.
- **Strongest Families Institute** users report a 94% average satisfaction score for coaching services.

Of the 73 people who answered questions on the Addiction Recovery Experiences Survey about their satisfaction with eMH services

- 83% were satisfied with the confidentiality of personal information
- 81% were satisfied with the safety of the environment
- 67% were satisfied with the respect for their individual needs, preferences and values (e.g., cultural values)
- 43% were satisfied with the overall changes in their life since receiving service.[xix]

SYSTEM LEADERS SEE POSITIVE CHANGE

System leaders involved in focus groups said standards, policies, and procedures had shifted since the implementation of SC2.0 to improve the appropriateness of wellness care. Many also said they were planning services based on feedback from the community about what they needed. In addition, two-thirds (64%) of CCP service providers agreed that **SC2.0 had helped increase access to mental wellness supports and services for NWT residents**.[xx] Service providers also mentioned several other additional positive outcomes of SC2.0, including greater respect for individualism, the ability to meet individual needs, and the ability to focus on a specific issue in a single counselling session.

> "Stepped Care 2.0 is the way my practice has evolved naturally. It's a relief and validates how [we] already practised. It's so natural, it fits so well."
>
> – ***CCP service provider***

MORE WORK IS NEEDED TO RAISE AWARENESS AND UNDERSTANDING

Despite these overall positive results, system leaders noted that **more work is needed to enhance understanding among service providers and service users**. It is a common misconception that individual therapy at pre-scheduled sessions is the "gold standard". Service providers said SC2.0 can sometimes lead to a perception of lack of continuity in service provision. They also mentioned encountering some implementation challenges, mostly because of misunderstandings about how the model should be applied.

These concerns could explain why just 36% of service providers agreed that they had seen positive impacts from SC2.0 programming (another 36% were neutral). Less than half (40%) felt that SC2.0 helped them provide person- and family-centric care.[xxi] Only 38% agreed that SC2.0 helped them work with service users to find appropriate, evidence-based care and practices that best fit users' needs (43% were neutral). Among service providers who responded to the survey, 42% said SC2.0 helped them provide recovery-oriented care (36% were neutral).

While these results show that only a minority of service providers *disagree* that SC2.0 has produced key benefits, there is still a substantial proportion who neither agreed nor disagreed. This suggests some providers may not yet be entirely convinced of the benefits of the model. More work should be done to better understand their perspectives and look for opportunities to make improvements to address their concerns.

Recovery-oriented care is care that aims to help service users live satisfying, hopeful, and meaningful lives, even in the face of ongoing challenges related to mental wellness and addictions.

LESSONS LEARNED

System leaders identified three top lessons learned from implementing SC2.0 in the NWT:

1. **Gauge readiness.** Be aware of when organizational systems/structures or people are ready to change and when they are not. System change can feel challenging and take time.
2. **Provide more education.** This helps people better understand what SC2.0 is about. However, it is also important to recognize that education does not guarantee buy-in.
3. **Co-create and engage with service providers** to find the "sweet spot" between directing and joint decision-making.

KEY ENABLERS OF SC2.0 IMPLEMENTATION AND SUSTAINABILITY

The key enablers of SC2.0 implementation, as identified by CCP service providers and system leaders, included the following:

Education and training were considered vitally important. This includes materials and information, regional and territorial consultations, trainers (such as consultants who can bring an Indigenous lens to the work), and ongoing training sessions.[xxii, xxiii]

Leadership was mentioned as valuable by both CCP service providers and leaders, with service providers particularly appreciating clear direction from leaders around implementation, for example. Service providers said support was important to help with solution finding and working together, and that receiving ongoing support from territorial staff was valuable. System leaders also underscored the importance of **having clinical leadership and champions**.

Partnerships were mentioned by system leaders as critical to implementing the SC2.0 model in a way that makes sense for the NWT. These included partnerships with organizations such as SCS and the MHCC, as well as work with the Mental Wellness & Addictions Recovery Advisory Group, which offers arms-length feedback based on lived/living expertise with mental wellness and addictions recovery. It brings outside perspectives to the table and enhances the connection between the community and the GNWT.

Expanded programming was identified by service providers as a key need. This includes more referral options, community-based programming, family programs, and counselling.

Ongoing communication and engagement with service users was recognized by system leaders as necessary for long-term sustainability but challenging during the COVID-19 pandemic. Responsiveness and accountability to the community were seen as vital to rebuilding trust, continuing dialogue around anti-racism, and ensuring cultural safety.

Effective change management was mentioned as important, particularly by system leaders. While some initial resistance is to be expected with any change, strong management of the change and related expectations can help overcome it. This is especially critical in the face of other system changes happening at the same time and when a lack of system structures (such as paperwork and processes) make implementation more difficult. Implementation is an ongoing journey, and effective change management helps ensure people feel valued and motivated over the long term.

BARRIERS TO BETTER IMPLEMENTATION OF SC2.0

Service providers and system leaders also identified barriers that need to be addressed to improve SC2.0 implementation. These included need for enhanced cultural and community-based programming and long-term treatment options.[xxiv]

This aligns with results from the Addiction Recovery Experiences Survey, which found that a lack of service availability in the community was the most frequently cited barrier to accessing services.[xxv] Service providers said that understaffing issues also contribute to this barrier.

The Way Forward

Stepped Care 2.0 has already delivered improvements to mental wellness and addictions recovery care in the NWT. One of the biggest improvements has been the reduction of wait times, enabling more people to get the care they need faster. Outcomes related to reach and impact have been positive overall, with a greater variety of services available to NWT residents and improvements in many quality indicators. The lessons learned during the implementation of SC2.0 offer valuable insights that can help the GNWT further enhance its service delivery model and can offer guidance for other jurisdictions looking to do the same.

The following recommendations are based on the overall learnings from the project team and the evaluation findings, including surveys with NWT residents and engagement sessions with leaders and providers. They will guide the way forward as the GNWT continues to strengthen its system of care by increasing access to culturally safe, recovery-oriented mental wellness and addictions recovery services.

COMMUNITY ENGAGEMENT AND PARTNERSHIPS

- Continue to reach out, listen to what is needed, and build relationships with communities to better reach NWT residents and ensure they are aware of services and programs — and how to access them.
- Maintain and strengthen support from the Mental Wellness & Addictions Recovery Advisory Group to inform continuous quality improvement, particularly ways to close gaps in reach or care options.
- Continue the work toward anti-racism and cultural safety to rebuild trust and create safer spaces.
- Support Indigenous programming, including land-based healing programs.
- Create or provide access to more programming options, including referrals to community programming.
- Continue to develop and maintain partnerships to implement the SC2.0 model within the NWT. These could include organizations such as SCS and the MHCC, as well as the Mental Wellness & Addictions Recovery Advisory Group.
- Foster intra-regional connections between the CCP and the health system.
- Strengthen connections and relationships with internal and external stakeholders and partners, including Indigenous communities and Elders.

CCP PROGRAM PROMOTION, SUPPORT, COMMUNICATION, AND ENGAGEMENT

- Communicate regularly using varied approaches to inform NWT residents of changes and available services, gather and respond to feedback, and correct misconceptions.
- Widely communicate program successes, such as expanded access, improved choice and reduced wait times.
- Provide messaging to help shift Western, colonial thinking about the perceived "gold standard" or only option of formal therapy.
- Offer service users and providers more information about all the ways to use and access eMH services.
- Incorporate more change management approaches to help service providers confidently integrate SC2.0 into their practice, gain buy-in, and gauge the best timing to implement different aspects of the model.
- Provide ongoing opportunities for continual learning about SC2.0 and quality improvement among CCP service providers across all levels.
- Develop a bank of resources, trainings, and meeting recordings for current and new CCP service providers. In addition, set aside dedicated time for CCP service providers to access these resources and trainings.
- Take a multi-pronged approach to engagement and communications to ensure CCP service providers receive information and resources in a variety of ways.
- Continue positive change management and ensure ongoing understanding of SC2.0 and improvements in quality care.
- Continue solution finding, working together, and receiving ongoing support from leadership and peers. Empower staff by finding the "sweet spot" between directing and joint decision-making.
- Promote new and existing services to ensure CCP service providers are kept informed.
- Address any misconceptions by communicating consistently about key messages, such as that the SC2.0 approach offers a full continuum of care options, and that service users are welcome to attend as many sessions as they need.

LEADERSHIP

- Maintain strong, supportive leadership while offering support for solution-finding and program success.
- Develop clinical leaders and champions among CCP service providers.

PROGRAM EFFECTIVENESS TRACKING

- Implement a measurement-based care system that gives service users and providers access to the data they need to inform joint care decisions.
- Implement an integrated electronic method for collecting data from CCP service providers, which will help monitor monthly outputs and implementation outcomes while avoiding the limitations of paper-based systems.
- Set up performance measurement indicators that align with the principles of SC2.0 (e.g., number of unique individuals accessing same-day services). These indicators could be incorporated into monthly tracking to support ongoing quality improvement and program effectiveness.
- Continue to track ongoing engagement, communications, training activities, and next steps.

SUSTAINABLE CONTINUOUS IMPROVEMENT

- Incorporate opportunities for continuous feedback and improvement that build upon the strengths of the people and communities of the NWT.
- Explore and share additional options to increase workforce capacity, including Elders, online services, and peer support. While in-person services have been the primary focus for a long time, health human resources are depleted in the NWT and nationwide. The SC2.0 model can help address this issue by making use of a wider variety of formal and informal resources and supports (e.g., peer support).
- Continue to improve the way people access care. Mental health concerns are at an all-time high, and the supports offered through the SC2.0 approach can help people more easily access the supports they need.

If you are a NWT resident who needs support, please visit the resources available to you here: https://www.hss.gov.nt.ca/en/services/mental-wellness-and-addictions-recovery.

For those living anywhere across Canada, please visit Wellness Together Canada: https://www.wellnesstogether.ca/en-CA.

You are not alone.

Endnotes

i Mental Health Commission of Canada. (n.d.). *Stepped Care 2.0.* https://mentalhealthcommission.ca/what-we-do/access/stepped-care-2-0/

ii Mental Health Commission of Canada. (n.d.). *Stepped Care 2.0.* https://mentalhealthcommission.ca/what-we-do/access/stepped-care-2-0/

iii Stepped Care Solutions. (n.d.). *Let's eliminate the barriers to mental health care.* https://steppedcaresolutions.com/

iv HealthCareCAN and the Mental Health Commission of Canada. (n.d.) *HealthCareCAN and the Mental Health Commission of Canada spotlight mental health in the workplace.* https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-05/QMHCF_Policy_Brief_eng.pdf

v National Implementation Research Network. (n.d.). *Framework 5: Improvement cycles.* https://nirn.fpg.unc.edu/module-1/improvement-cycles

vi Government of Northwest Territories. (n.d.). *Mental wellness and addictions recovery: Online supports.* https://www.hss.gov.nt.ca/en/services/mental-wellness-and-addictions-recovery/online-supports

vii Mental Health Commission of Canada and Government of Northwest Territories. (2022). *Final summary of findings and recommendations from the NWT SC2.0 Survey of Providers.* Internal document.

viii Mental Health Commission of Canada and Government of Northwest Territories. (2022). *Northwest Territories (NWT) Stepped Care 2.0 (SC2.0) focus group results with leaders.* Internal document.

ix Government of Northwest Territories. (2022). *Community counselling program standards manual.* https://www.hss.gov.nt.ca/professionals/sites/professionals/files/resources/community-counselling-program-standards-manual.pdf

x Government of Northwest Territories. (2022). *Client satisfaction report 2021: NWT Community Counselling Program.* https://www.hss.gov.nt.ca/sites/hss/files/resources/client-satisfaction-report-2021-community-counselling-program.pdf

xi Government of Northwest Territories. (2021). *Addiction Recovery Experiences Survey: Results and analysis.* https://www.hss.gov.nt.ca/sites/hss/files/resources/addiction-recovery-experiences-survey-results-analysis.pdf

xii Mental Health Commission of Canada and Government of Northwest Territories. (2022). *Final summary of findings and recommendations from the NWT SC2.0 Survey of Providers.* Internal document.

xiii Mental Health Commission of Canada and Government of Northwest Territories. (2022). *Northwest Territories (NWT) Stepped Care 2.0 (SC2.0) focus group results with leaders.* Internal document.

xiv Government of Northwest Territories. (2022). *Client satisfaction report 2021: NWT Community Counselling Program*. https://www.hss.gov.nt.ca/sites/hss/files/resources/client-satisfaction-report-2021-community-counselling-program.pdf

xv Government of Northwest Territories. (2022). Client satisfaction report 2021: NWT Community Counselling Program. https://www.hss.gov.nt.ca/sites/hss/files/resources/client-satisfaction-report-2021-community-counselling-program.pdf

xvi Government of Northwest Territories. (2022). Community Counselling Program data. Internal data file.

xvii Government of Northwest Territories. (2022). Client satisfaction report 2021: NWT Community Counselling Program. https://www.hss.gov.nt.ca/sites/hss/files/resources/client-satisfaction-report-2021-community-counselling-program.pdf

xviii Government of the Northwest Territories. (n.d.). *Caring for our people: Cultural safety action plan 2018-2020*. https://www.hss.gov.nt.ca/sites/hss/files/resources/cultural-safety-action-plan.pdf

xix Government of Northwest Territories. (2021). *Addiction Recovery Experiences Survey: Results and analysis*. https://www.hss.gov.nt.ca/sites/hss/files/resources/addiction-recovery-experiences-survey-results-analysis.pdf

xx Mental Health Commission of Canada and Government of Northwest Territories. (2022). *Final summary of findings and recommendations from the NWT SC2.0 Survey of Providers*. Internal document.

xxi Mental Health Commission of Canada and Government of Northwest Territories. (2022). *Final summary of findings and recommendations from the NWT SC2.0 Survey of Providers*. Internal document.

xxii Mental Health Commission of Canada and Government of Northwest Territories. (2022). *Final summary of findings and recommendations from the NWT SC2.0 Survey of Providers*. Internal document.

xxiii Mental Health Commission of Canada and Government of Northwest Territories. (2022). *Northwest Territories (NWT) Stepped Care 2.0 (SC2.0) focus group results with leaders*. Internal document.

xxiv Mental Health Commission of Canada and Government of Northwest Territories. (2022). *Final summary of findings and recommendations from the NWT SC2.0 Survey of Providers*. Internal document.

xxv Government of Northwest Territories. (2021). *Addiction Recovery Experiences Survey: Results and analysis*. https://www.hss.gov.nt.ca/sites/hss/files/resources/addiction-recovery-experiences-survey-results-analysis.pdf

Mental Health Commission of Canada | Commission de la santé mentale du Canada

Government of Northwest Territories

STEPPED CARE SOLUTIONS

Mental Health Commission of Canada, 2023

Suite 1210, 350 Albert Street

Ottawa, ON K1R 1A4

Tel: 613.683.3755

Fax: 613.798.2989

@MHCC_

/theMHCC

/1MHCC

@theMHCC

/Mental Health Commission of Canada

/theMHCC