A FRAMEWORK FOR TRANSFORMATIVE CHANGE

Toward an Alberta model of wellness

Recommendations from the Alberta Mental Health and Addictions Advisory Council

Alberta

Alberta Mental Health and Addictions Advisory Council

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A new approach to treating addiction and mental health challenges.

Albertans seeking recovery from addiction and mental health challenges have long suffered due to the lack of an effective system of care. Historically, systems have relied heavily on acute interventions in an attempt to manage the all too common negative public health effects of these chronic issues. While this may be effective for managing acute issues and has saved countless lives, it is not enough.

Over the past 20 years, a more effective way of dealing with addiction and mental health challenges has arisen, shifting the focus toward self-directed, community-based "recovery" strategies. Research is demonstrating these person-centred, strength-based approaches are successful, resulting in growing numbers of healthier people and more functional families. Research demonstrates the transition from addiction to recovery is associated with improvements in well-being, including positive changes in many areas of life that affect not only the individual, but their family and community (McQuaid et al, 2017; Best et al, 2015; Laudet, 2013).

Recovery-oriented systems of care address the chronicity of addiction and mental health by focusing on long-term measurable improvements in many aspects of life, supporting a community led response and closing gaps for those pursuing, entering and maintaining recovery. Emphasis is placed on bringing family, allies and workplaces into systems of care in order to build a recovery community around individuals in need of support.

The proposed Alberta Model is a coordinated network of services and supports that builds on the strengths and resilience of individuals, families and communities to achieve a life free of illicit drugs and improved health, well-being and quality of life for those with or at risk of addiction or mental health issues.

Services and supports centre on the needs and preferences of individuals balancing safety and harmony of the community. Recognizing that there are many pathways to recovery and well-being, including treatment, mutual aid groups, faith-based recovery, cultural recovery, natural recovery, medication-assisted recovery and others, which can be aided by services to reduce harm, a flexible menu of options is provided. Each individual is encouraged to exercise the greatest level of choice and responsibility for their recovery and well-being.

This report outlines a path forward. In order to make the transition to the new Alberta Model, the Government of Alberta, Alberta Health Services and related social service agencies must incorporate the experience and expertise of key community stakeholders, including people in long-term recovery and other subject matter experts. The time for change is now.

Acknowledgements

On behalf of our Council members, we are honoured to have been asked to prepare this report and key recommendations that will advance mental health and addiction supports, services and investment in Alberta for years to come. As the Council's co-chairs, we thank our fellow Council members for their time and dedication, community stakeholders for their feedback and staff who assisted us in our deliberations and preparation of this report.

Signed,

Pat Nixon

Co-Chair, Mental Health and Addictions Advisory Council

Laureen MacNeil

Co-Chair, Mental Health and Addictions Advisory Council

The Alberta Mental Health and Addictions Advisory Council (Council)

Council's mandate

Council was appointed in November 2019, to provide the Minister of Health and Associate Minister of Mental Health and Addictions with recommended strategic actions to increase access to recovery-oriented addiction and mental health services. The Council brings together people with lived experience and experts in emergency and crisis services, mental health and addiction recovery services, primary and home care, Indigenous health, justice, law enforcement and civil society.

We have the opportunity to partner, align and create pathways and services that support individuals and families as they pursue recovery.

Laureen MacNeil
Co-chair, Mental Health and Addictions Advisory Council

We will strengthen the recovery continuum and give hope to Albertans who are struggling with mental illness and addiction. Recovery will take a front seat in our journey to a healthy and prosperous Alberta.

Pat Nixon
Co-chair, Mental Health and Addictions Advisory Council

Council appointments

Co-chairs:

- Pat Nixon, co-chair, Mental Health and Addictions Advisory Council
- Laureen MacNeil, co-chair, Mental Health and Addictions Advisory Council

Council members:

- Stacey Petersen, executive director, Fresh Start Recovery Centre
- Jacen Abrey, director, Fire and EMS, Blood Tribe; councillor, Town of Coaldale
- Dr. Nick Mitchell, senior medical director, Alberta Health Services
- Rob Davidson, inspector, Calgary Police Service
- Dr. Benny Xu, traditional Chinese medicine
- Bruce Edgelow, founder and managing partner, Edgemark Capital
- Brad Cardinal, executive director, Poundmakers Lodge
- Dr. Ray Baker, addiction medicine expert
- Dale McFee, police chief, Edmonton Police Service
- Dr. Xinmin Li, professor and chair, Department of Psychiatry, University of Alberta
- Dr. Allison Bichel, former senior provincial director, Alberta Health Services
- Curtis Stange, president and chief executive officer, ATB Financial
- Karen Gosbee, mental health advocate
- Sally Zhao, chief executive officer, the Immigrant Education Society
- Whitney Issik, MLA, Calgary-Glenmore

Ex-officio members:

- Dr. Deena Hinshaw, chief medical officer of health, Alberta Health
- John Cabral, assistant deputy minister, Health Service Delivery, Alberta Health
- Sherri Wilson, deputy minister, Children Services (former assistant deputy minister, Public Health and Compliance, Alberta Health)
- Bill Sweeney, senior assistant deputy minister, Public Security, Justice and Solicitor General
- Peter MacKinnon, senior program officer, Alberta Health Services (former assistant deputy minister, Population, Public and Indigenous Health)
- Chris Wells, former assistant deputy minister, Preventive Community Service, Community and Social Services

Report methodology

The work of the Council was guided by numerous focused consultative and collaborative engagement activities, which led to the key recommendations.

Council members participated in one-on-one interviews and several full-day meetings over the course of eight months. The Council was then divided into task groups based on themes identified in reflection of group and one-on-one consultations with members. These task groups met several times over five months, and were tasked with envisioning an ideal future state within the themes identified, as well as to then identify what possible strategic actions would be required in order to propel the province towards said future state. To support these discussions, Council members were provided with several rapid reviews synthesizing evidence on areas of further interest as identified by Council members.

Additionally, a larger stakeholder engagement activity was conducted to help the Council refine strategic approaches into concrete recommendations for the Minister of Health and Associate Minister of Mental Health and Addictions, as well as the wider addiction and mental health ecosystem. Given the challenges faced during the COVID-19 pandemic, the Council conducted the engagement using a virtual platform.

The purpose of stakeholder engagement was to:

- Raise awareness of the work of the Council.
- Gather input from key stakeholders to inform and refine the strategic approaches of the Council.
- Seek to ensure key strategic actions are inclusive of many voices and reflect Alberta's rich mosaic.

Approximately 300 individuals and stakeholders were invited to participate, including people who have lived with addiction and /or mental illness; a variety of government ministries; professionals and frontline workers; Indigenous people and communities; newcomer organizations; community-based groups and associations; post-secondary institutions; professional colleges and associations; and private sector leaders from across the province. Of those invited, 122 participants registered on the platform and provided between 33 and 46 responses for each of five open-ended questions, totaling 199 responses. The following high-level themes were identified:

- Communicate clearly and set a common vision
- Strengthen the pathways of care across the ecosystem
- Foster a culture of collaboration
- Ensure access and navigation support
- Ongoing education and training are needed
- Measure recovery and evaluate programs
- Address social determinants of health
- Early and on-going involvement, consultation, and partnership with Indigenous people and communities.

What's in the report

This report represents the Council's recommendations to the Minister of Health and Associate Minister of Mental Health and Addictions, in fulfillment of the mandate. It draws upon the Council's extensive expertise and lived experience, research carried out on the Council's behalf, and Council members' engagement with a wide range of stakeholders through their networks.

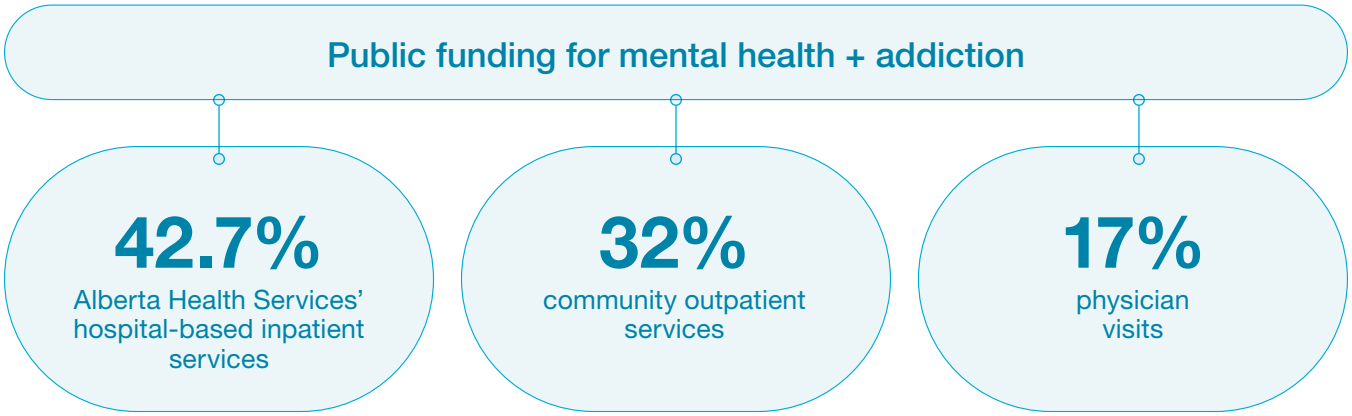
Vision

For all Albertans with mental health and addiction concerns and issues to be effectively supported in their personal journeys towards recovery by integrated whole of community recovery-oriented systems of care that are easily accessible when needed.

Why is a new approach to mental health and addictions needed in Alberta?

There is a significant need for whole-system improvement to support the health and well-being of Albertans seeking support for mental health and addiction problems and/or illness that spread beyond the traditional portfolio of "Health." The largest share of public funding for mental health and addiction has been traditionally dedicated to Alberta Health Services' hospital-based inpatient services (42.7%), community outpatient services (32%) and physician visits (17%) (Wild et al, 2014).

Federal and provincial governments have historically under invested in mental health and addiction community-based supports, early intervention, and services for Indigenous communities, children and youth. More concerning is the fact that the majority of people determined to be in need are not accessing formal addiction and mental health services (Wild et al, 2014).



Individuals and families

Alberta is facing the largest public health crisis in a century. At the same time, the province is experiencing the most severe contraction of economic activity and job losses since the Great Depression. This is placing strain on the mental health of Albertans. An April 2020 survey conducted by Angus Reid found that nationally, Albertans were the hardest hit.

While the Alberta government has invested heavily in responding to the COVID-19 pandemic and is implementing a Recovery Plan for the province, the capacity to respond effectively to mental health and addiction issues is limited. Even before COVID-19 and the collapse of global oil prices, Alberta's system of care, one of the best in Canada, was struggling to meet the growing demand and interconnected challenges associated with providing treatment for people with mental health and addiction challenges (Wild et al, 2014). Almost half of Alberta adults surveyed who met criteria for a past-year addiction or mental health problem reported that they did not receive the services they needed (Wild et al, 2014). This is highly concerning considering it is estimated that one in five Canadians will experience an addiction and/or mental health problem in any given year (Smetanin et al, 2011). By the age of 40 years, approximately half of Canadians have or have had a mental illness (Smetanin et al, 2011). Effective treatment is vital.

1 in 5

Canadians will experience an addiction and/or mental health problem in any given year (Smetanin et al, 2011)

Families also feel the impact of mental health, with 38% of Canadians claiming to have a family member suffering from a mental health issue; **one third of which noted that they felt caring for this individual has had an influence on their energy levels, emotional and financial wellbeing, and/or time and daily activities** (Pearson, 2015).

Community connection

Mental health concerns and addiction significantly influence social, economic and physical well-being and profoundly affect relationships with family, friends, colleagues and our community. Without effective support, stressors such as financial difficulties and traumatic events can make otherwise manageable challenges difficult to overcome. Many people are not getting that support and continue to struggle, making it hard to do well at work or school and in society. The current circumstances are magnifying the problem.

Taxpayers

Mental health and addiction services are underfunded related to the disease burden, which is particularly concerning as mental health and/or addiction problems and illnesses have a long-term economic impact because of their earlier onset, compared to most other disease conditions. The $15.8 billion spent in 2015 by public and private sectors for mental health care represented about 7.2% of total health spending in Canada, well below G7 (formerly G8) peers such as England (12%). According to the Mental Health Commission of Canada, the cost of maintaining the status quo for mental health is well over $50 billion annually and rising (Mental Health Commission of Canada [MHCC], 2013). In 2017, substance use alone cost Canada $46 billion, with the Alberta cost of substance use amounting to a per person cost of $1,579, regardless of age (CCSA, 2020).

Current state

Alberta and COVID-19

Stronger together, even if six feet apart.

The need for increased access to more efficient and impactful addiction and mental health services and supports has never been greater.

The emergence of COVID-19 in December 2019 brought on a global pandemic. As a result, Canadians have been asked to practice social distancing and follow other public health measures in an effort to "flatten the curve" and reduce the burden on health care systems.

In a pandemic, it is normal for many people to feel negative emotions, including stress, sadness or loneliness. Some may use drugs and alcohol to cope with these feelings (NANOS, 2020). All these factors combined may increase a person's risk of addiction and mental illness and/or challenges that may extend beyond this current health crisis. The current and anticipated addiction and mental health impacts of COVID-19 are consistent with both research and recent experience related to disasters such as the Wood Buffalo fires and southern Alberta floods. They include increased rates of anxiety and depression lasting five or more years after the disaster. From an economic standpoint, as essential service staff work tirelessly to keep our communities safe, healthy and running, and the rest of us self-isolate and/or practice social distancing to protect our most vulnerable populations, the Albertan economy is forecasted to reduce by 8.1% in 2020, and unemployment is expected to rise to 11% (Alberta, 2020). According to an Angus Reid Institute poll in March 2020, 44% of Canadian households report that they have "lost work or have experienced layoffs due to COVID-19."

Job loss and financial strain, in addition to isolation can cause a lot of negative emotions. Analysis of the effects of previous disasters suggest there may be significant and numerous negative impacts on individual physical and mental well-being that may be long lasting. For those who are quarantined, stressors can include concerns over the duration of the quarantine, fears of infection, frustration and boredom, inadequate basic supplies and inadequate information. Stressors post-quarantine including finances (financial loss - socioeconomic distress) and stigmatization over individuals who have gotten sick (Brooks et al, 2020).

The ongoing opioid crisis

In addition to COVID-19, Alberta is grappling with the opioid crisis, an ongoing health crisis that claims the lives of 2.5 Albertans each day (Alberta Health, 2020). In the first nine months of 2020, 813 people died from an apparent unintentional opioid poisoning, with 90% involving fentanyl. This was a significant increase over the 2019 numbers when 498 people died during the same months, with 83% of deaths involving fentanyl. The number of opioid related deaths increased significantly beginning in March 2020, which may be related to the impacts of the COVID-19 pandemic (Alberta substance use surveillance system, 2021).

While we are beginning to see a downward trend in opioid related deaths in the province, the pandemic continues to have a devastating and broad impact on the lives of Albertans, especially those struggling with addiction.

The recommendations in this report acknowledge the severity of the ongoing opioid crisis and seek to find recovery-oriented solutions, inclusive of service that reduce harm, as well as other integrated health and social services.

Population impact

Addiction and mental health challenges can affect all of us individually and collectively as a society. Approximately 33% of us will experience an addiction and/or mental illness in our lifetime (Statistics Canada, 2012), and there is a correlation between mental health disorders and addiction. The rate of mental health disorders is higher for people living with addiction, and the rate of addiction is higher for people living with mental health disorders (Rush et al, 2008). Every year in Alberta, it is estimated that over 500 individuals die by suicide with higher prevalence for some groups (e.g., the rate of suicide is five to six times higher for Indigenous youth) (Alberta Health Services, 2019). Depression, anxiety, psychological distress, sexual violence and domestic violence affect women to a greater extent than men, while the lifetime prevalence rate for alcohol dependence for men is more than twice that of women (Department of Mental Health and Substance Use, n.d.). Some members of our community face additional challenges. Two-spirit, lesbian, gay, bisexual, transgender and queer (2SLGBTQ+) people, for example, face significant barriers to health-care access (Mental Health Commission of Canada and Wisdom2Action [MHCC-W2A], 2019).

Mental illness/challenges are also a leading cause of disability in Canada (Mental Health Commission of Canada [MHCC], 2013). The majority of people unable to work resulting from mental health problems have common disorders (e.g. depression and anxiety) (Harvey et al, 2009). Unaddressed issues can lead to an overall reduction in life expectancy, such as 10 to 20 years with substance use disorder and anorexia nervosa (Chesney et al, 2014).

Although addiction and mental illness/challenges can affect us all, there are certain groups of people that are at greater risk, who would benefit significantly from new and better approaches to unified and coordinated addiction and mental health care.

Children, Youth and Young Adults:
For most individuals, addiction and mental illness and challenges begin when they are children or adolescents (70%) and only a small portion of those in need will receive support (less than 20%) (MHCC, n.d.).

Relative to other Canadian provinces, Alberta youth and young adults have one of the highest rates of first contact with the emergency department for addiction and mental health issues, approximately 45%. The most common diagnoses for youth and young adults presenting to Albertan emergency departments, with more than 20,000 visits/year, include substance related disorders (24%), anxiety disorders (23%) and mood disorders (17%). More worrisome, between the 2013/14 and 2017/18 fiscal years, there was a 31% relative increase in suicides/suicide attempts per capita cared for in Alberta emergency departments. This translates to an increase of 1,092 Alberta youth and young adults, to a total of 4,820 in the 2017/8 fiscal year (Alberta Health Services, personal communication, January 25, 2021).

Indigenous Peoples:
Historical injustices such as the Indian residential school system and systemic racism, has and continues to affect the physical and psychological well-being of Indigenous people inter-generationally (Truth and Reconciliation Commission of Canada [TRC], 2015; Boksa et al, 2015). Addiction and mental illness prevalence rates are disproportionally high for individuals of Indigenous decent than the general public. For example, illicit and prescription drug use disorders are two to four times more prevalent amongst Indigenous individuals than non-Indigenous individuals (Currie et al, 2013). Also, suicidal ideation and death by suicide are disproportionately higher for Indigenous youth than for non-Indigenous youth (Lemstra et al, 2013).

Newcomers and New Canadians:
Canada has the eighth largest foreign-born population in the world, and it is estimated that approximately 21.9% of Canada's population are first generation immigrants (International Organization for Migration, 2020). From 2011 to 2016, Alberta saw an increase of 207,790 newcomers, with the top three countries of origin being the Philippines, India and China (Statistics Canada, 2020).

Many of the traumas and stressors faced by immigrants and refugees, including pre-migration and post-migration traumatizing events, result in higher risk for mental health problems, including depression, anxiety and post-traumatic stress disorders. Stressors can include discrimination; employment insecurity leading to poverty, housing and community safety issues; integration pressures; social isolation; role and identity changes and separation from family; lack of family support; and barriers to accessing supports and services (Pumariega et al, 2005; Robert & Gilkinson, 2012).

Negative factors have a greater impact on women (Crooks et al., 2011), youth (Hilario et al, 2015) and the elderly (Guruge et al, 2015). Newcomers who have come from unsafe regions where they experienced war, violence and persecution may face lasting psychological effects (Kanagaratnam et al, 2017).

Accessing the Canadian mental health care system may also be challenging for newcomers due to a stigma around addiction and mental illness and/or challenges, adapting to a new culture around health care, lack of knowledge on how to access and navigate care, difficulty accessing care at various levels (including specialists) due to language barriers, and/or the inability to pay out of pocket for services (Crooks et al, 2011; Derr, 2016; Donnelly et al, 2011; Sandhu et al., 2013; Wohler & Dantas, 2017).

Approximately 20% of individuals with a mental illness also have a substance use problem, and **individuals with a substance use problem are two to three times more likely to live with a mental illness** (Rush et al, 2008).

Complex Needs:
Poor physical health and poor mental health are associated with each other, especially conditions such as cardiovascular disease, obesity, coronary artery disease, stroke, diabetes, musculoskeletal disorders and respiratory disorders (Naylor et al, 2012; France et al, 2012; Gunn et al, 2012; Merikangas et al, 2007; Luppino et al, 2010). Additionally, individuals with complex service needs often require complex care that spans sectors, including with justice, social services and housing, and education (Beadle, 2009; Helen et al, 2007; Worrall-Davis et al, 2004).

Individuals experiencing poverty are three times more likely to report poor to fair mental health than higher income groups (Mawani & Gilmour, 2010), and evidence suggests that up to 67% of individuals living rough in various Canadian cities (without stable shelter) are also experiencing a mental illness (Canadian Public Health Initiative, 2007).

There are a number of individuals with multiple and complex needs who end up inappropriately cycled and recycled through the criminal justice system because their addiction and/or mental health issues were not addressed proactively, immediately and/or effectively. These individuals may be suffering from a number of challenges, including homelessness, social isolation, family dysfunction, drug and alcohol use, or intellectual disabilities that may contribute to repeated offending patterns. We need better integrated systems that wrap around an individual's whole life journey, to ensure that these individuals do not continue to fall through the cracks. For example, a 2014 study examining persistent youth offenders in Alberta found that 54% of individuals reported receiving psychological assessments and/or treatment, 80% reported a history of drug abuse, 74% reported a history of alcohol abuse, 70% reported involvement with child welfare and 59% reported being victims of family violence (MacRae-Krisa et al, 2014).

There is a need for the better coordination of social, health and justice systems and services to efficiently and effectively address factors contributing to recidivism of these prolific offenders, who with the right supports would not otherwise be in a perpetual cycle through the criminal justice system.

Seniors:
The World Health Organization estimates 20% of individuals over the age of 60 will suffer from a mental health or neurological illness. Of these individuals, 5 to 7% of seniors are estimated to suffer from dementia, 7% from depression, 3.8% from anxiety and 1% from substance use problems (World Health Organization [WHO], 2017). As seniors age, it is estimated the risk factor for developing these illnesses increases (Smetani et al, 2011). This might be because physical health has an impact on mental health and those over the age of 85 often experience multiple physical ailments at the same time (WHO, 2017). Additionally, up to one in six seniors are at risk for elder abuse, which can cause additional physical and emotional trauma (WHO, 2017).

Persistent youth offenders may be suffering from a number of challenges

54% reported receiving psychological assessment +/or treatment

80% reported history of drug abuse

74% reported history of alcohol abuse

70% reported involvment with child welfare

59% reported being victims of family violence

What is recovery?

Recovery is more than becoming motivated, stopping alcohol or other drug use, changing behaviours, receiving psychotherapy or taking medications to reduce the symptoms of anxiety, depression or other mental illness. Recovery is inclusive of both addiction and mental illness and/or challenges.

Recovery is a journey to improved mental and physical health, better relationships, employment, community participation, social inclusion, greater cultural and spiritual balance, and engagement that improves quality of life for not only the individual, but also their family and community. For recovery to flourish it needs, in addition to the many essential health-care and treatment providers, the support and participation of schools, workplaces, police/justice system, faith-based organizations, families and neighbours looking out for each other.

Recovery in addiction is defined by the American Society of Addiction Medicine as a process of continual growth that addresses the biological, psychological, social and spiritual disturbances inherent in addiction. Recovery aims to improve quality of life and enhanced wellness, including an individual's consistent pursuit of abstinence; improvement in behavioral control and emotional self-regulation; relief of symptoms including substance cravings; and enrichment of interpersonal skills, relationships and social connectedness (American Society of Addiction Medicine, [ASAM] 2018, p.2).

Recovery in mental health is a process of achieving and maintaining remission. It "refers to living a satisfying, hopeful, and contributing life, even when there are on-going limitations caused by mental health problems and illnesses" (MHCC, 2012, p.15).

A shift in philosophy

The term “recovery,” as used in this report, is not only discussed within the context of recovery as a milestone or state on the continuum of care, but also a key concept underlying a larger, whole-system discussion, which underpins the alignment, development and strengthening of recovery-oriented services and communities, within recovery-oriented systems of care.

A recovery-oriented system of care requires the design and delivery of services where recovery capital development is fostered; bonds and linkages with community, family and peers are recognized and strengthened; long-term recovery is a sustainable interest collectively delivered by an efficient and integrated system; and proactively involves the individual throughout their journey, as opposed to reactively as is now often the case. Recovery-oriented services are co-designed, co-implemented and co-evaluated with individuals, families and allies, and the community. They are respectful and responsive to the needs of the individual. They also take into consideration the diversity in culture, religions and histories of each individual.

The emphasis on recovery in Canada is not novel. In fact, several national reports centre on, or emphasize the importance of, putting recovery at the centre of mental health reform, including “Out of the Shadows at Last” (Standing Senate Committee on Social Affairs, Science and Technology, 2006), “Changing Directions, Changing Lives: The Mental Health Strategy for Canada” (MHCC, 2012), “Guidelines for Recovery-oriented Practice” (MHCC, 2015), and “Strategies to Strengthen Recovery in British Columbia: The Path Forward” (British Columbia Centre on Substance Use [BCCS], 2018).

Services to reduce harm

Services to reduce harm are important in the overall continuum of care. As individuals who have addiction may be at varying stages of recovery contemplation, services to reduce harm are necessary within the context of recovery-oriented services. A trauma-informed approach to care may require a client to achieve physical security and stability before other stages of recovery are appropriate or possible. Thus, an integrated approach within the addiction and recovery continuum that offers services to reduce harm, with the aim of attaining improved recovery capital and attaining recovery goals directed by the client, is desirable. All services to reduce harm should include outcomes and results-oriented programming geared towards recurrent assessment of the individual's readiness for change and assessment of recovery capital. The safety of individuals and communities must also be considered.

Building recovery capital

We believe that 'recovery capital' is fundamental to unlocking the complex puzzle of addiction challenges (White & Cloud, 2008). These reserves typically are progressively depleted during periods of significant symptoms and steadily increased during treatment and longer-term recovery. Every intervention, treatment or support provided to people on their journey should result in a measurable increase in recovery capital. We can improve the care we provide to people with mental health and addiction concerns and issues by linking outcomes, such as the objective measurement of recovery capital, to program funding.

Recovery is a continuum

A person's journey towards recovery is variable and may include outreach, engagement, services that reduce harm, early treatment, hospitalization and augmented services in the community. For some people, this journey can include complementary and holistic therapies (e.g. Indigenous healing practices, acupuncture, mindfulness and integrative medicine). While most people are connected to targeted primary care treatment and recovery-oriented community resources, some people with severe illness will require more intensive and assertive community treatment on a long-term basis from a multidisciplinary team that provides comprehensive support. Only 1.5% of the population needs highly specialized or intensive care; an additional 3.5% benefit from specialist services (MHCC, 2017) and are often best supported by a shared care approach where primary care and specialists work collaboratively. The intention is to assist the individual to develop sufficient recovery capital that they will use to continue their early recovery journey in the community with their families, allies and peers while engaged with programs, agencies, volunteers and resources offered through recovery-oriented systems of care.

Recovery happens between people

Recovery-oriented systems of care emphasize the importance of bringing family and allies into systems of care, in order to build a recovery community around individuals in need of support. Like chronic illnesses such as diabetes or coronary artery disease, addiction and mental illness such as schizophrenia or opioid use disorder typically require long-term management. Greater community, family, friend, peer and spiritual involvement may contribute to a whole-system approach to supporting individuals in need. This philosophy, with recovery at the centre of care, underpins the conceptual framework described in greater detail below.

System transformation: Alberta's recovery-oriented systems of care

The way we address addiction and mental health challenges in Alberta requires major transformation. It's time for Alberta to create recovery-oriented systems of care. Given the magnitude of the problem, fundamental change and a collective, all of society response is required.

- The overarching goal is to convert our current disparate supports and services into a coordinated network providing a continuum of supports (prevention, early intervention, harm reduction, treatment and recovery) for people at risk of or suffering from addiction and mental health challenges. Services will be informed by individuals and families in recovery, have clear entry points and be available when needed.
- A collective vision is required for this transformation to be successful. Stakeholders, including a broader range of community entities, some of which are not traditionally engaged such as workplaces, need to be actively involved. Stakeholders need to commit to a recovery orientation and effectively collaborate to coordinate and integrate services and supports.
- Strong provincial foundational supports, such as a service delivery framework; digital and virtual supports; and standardized performance reporting, will enable a more effective collective response to addiction and mental health challenges in Alberta.
- Mechanisms to build and enhance recovery-oriented systems of care are required. Existing programs need to align with an evidence informed recovery orientation, and additional supports and networks need to be built in the community. Enablers include having an organization assigned to designing training, applying research and supporting innovation.

An alignment of policy, programs and practice: system transformation to recovery

The following table describes the change from traditional models of care to recovery-oriented models of care.

Policy Shift Overview	Traditional Model of Care (from)	Recovery-Oriented Care (to)
An acute model of care to a long-term management model of care	Recovery management is treated within an acute care model, "which treats medical conditions in an intensive short-term manner" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010).	Addiction and mental health care may require the same level of consideration as other chronic diseases, and therefore may require long-term management (Baker, R. personal communication, December 17, 2019), "reflecting a service commitment to long-term supports and wellness" (SAMHSA, 2010).
From one-size fits all to personalized treatment options than span an individual's life	One-size fits all, "cookie cutter" treatment options (e.g. single ports of entry).	Client-centred, pragmatic, personalized treatment options, reflective of an individual's "strengths, culture, gender, personal qualities and experiences" (CCSA, 2017, p.10) that span an individual's life and offer a full spectrum of services based on need. These may include recovery-oriented outreach and services that reduce harm, early intervention services (i.e. screening, brief intervention, and referral to treatment), acute care services (i.e. medically managed stabilization/ detoxification), and chronic care services (i.e. continuing care followed by recovery checkups, otherwise known as recovery management) (SAMHSA, 2010, p.10).
From physician/specialist directed to decision making in collaboration with client	Physician or specialist directed care and treatment options.	Collaborative, person-centred, strength-based care and treatment options and co-decision with client, families and allies on recovery plans.
From health system centred to community focused	In-patient or out-patient hospital or physician-based treatment options.	Integration of all modalities of treatment programs with community-based, peer-supported programs and services in a healthy, strong recovery ecosystem.
From siloed to multi-sector integrated care	Services and treatment options are siloed between sectors and services, which means individuals receive disjointed care.	"Recovery-focused systems require collaboration across sectors, including peer support and mutual aid, health, social, education, criminal justice, employment, economic, spiritual, and housing sectors" (CCSUA, 2017).
From unsupported referral to warm hand-off: assertive linkage	Clients are frequently referred to services with no warm hand-off to ensure the link was successful and without follow-up.	ROSC facilitates transitions between sectors and services. Individuals are more likely to engage and participate in other components of the recovery ecosystem when they are 'assertively linked' or personally supported as they make the connection than through simple referral (CCSA, 2017; Berkman & Wechsberg, 2007).
From reactive programing to evidence-supported services	Multiple disjointed services and programs that are not regularly evaluated, nor have evidence to support their continuation.	Evidence-based supports and services that are responsive to rigorous emerging evidence.
From reinforcing stigma during relapse to acknowledging health system failure	Relapse is viewed as a personal failing.	Client reported outcome measures are incorporated into system and program evaluations. If a relapse occurs, it is an indication of inadequate recovery capital at that time and the need for support to increase a particular component of the person's recovery capital. "Relapse viewed not as patient non-compliance but inadequate treatment/recovery plan" (Baker, R. personal communication, December 17, 2019).

Alberta principles for recovery-oriented systems of care

Recovery is possible
System design will focus on recovery, as most people with addiction and mental illness and/or challenges can recover and experience improved health, happiness and quality of life.

Building recovery capital is a primary goal
People will be supported in developing individual (e.g. problem solving and stress management capacity) and external (e.g. community attitudes) recovery capital.

Recovery is a personal journey
Recovery planning will occur in collaboration with the individual. Individual plans will be flexible, tailored to an individual's specific needs, and include spiritual and cultural support options that reflect the diversity within Indigenous and other communities.

Recovery is inclusive of family, friends, coworkers and communities
Recovery planning will incorporate the entire recovery sector, including public, non-profit and private organizations, family members, peers, support groups, workplaces and other community recovery supports.

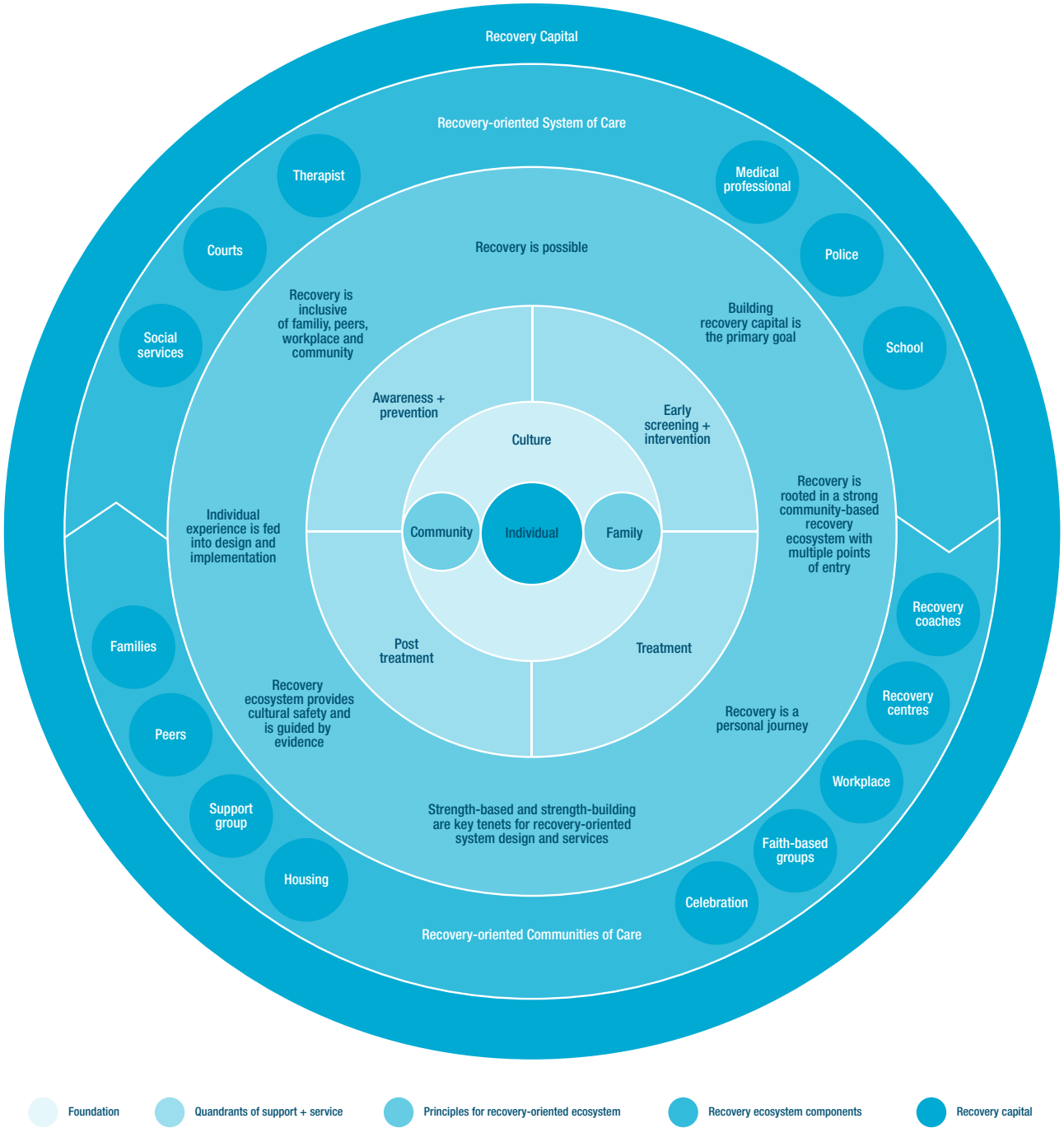
Recovery is rooted in a strong, community-based systems of care with multiple points of entry
Services will meet individuals where they are, matching services and supports to need and providing hope, motivation and assertive linkages to barrier-free accessible treatment and recovery resources.

Recovery is strength-based and strength-building
Recovery-oriented systems of care will help people evaluate their recovery capital to identify their strengths as well as their challenges to successfully entering and sustaining their recovery journeys.

Recovery is an individual experience which feeds into system design
The experiences of individuals with lived and living experience of recovery, as well as their families, peers, allies and/or networks, are invaluable in informing the design and implementation of effective recovery-oriented care. Experiences should be inclusive of vulnerable and historically excluded groups.

Recovery systems of care provide cultural safety and are guided by evidence
Recovery-oriented systems of care adapt to best current scientific evidence and address cultural safety. Monitoring and evaluating systemic and individual outcome measures will help guide the integration of evidence into current practices for continual service enhancement.

Recovery-oriented systems of care: continuum of supports and services



Council's recommendations

To support leaders and organizations in their efforts to strengthen a recovery-oriented ecosystem, the Council makes the following recommendations:

Recommendation 1: Establish a shared vision
Recommendation 2: Improve foundational supports
Recommendation 3: Strengthen recovery-oriented systems of care

Goal | Create a coordinated network providing a continuum of supports (prevention, early intervention, harm reduction, treatment and recovery) for people at risk of or suffering from addiction and mental health challenges. Services will be informed by individuals and families in recovery, have clear entry points and be available when needed.

Recommendation 1: Establish a shared vision
How to achieve:
- Establish an Alberta Recovery Council

Recommendation 2: Improve foundational supports
How to achieve:
- Premier of Alberta providing clear direction to implement recovery principles
- Develop an Alberta Recovery Framework for Addiction and Mental Health
- Centralize the coordination and integration of recovery-oriented systems of care
- Establish digital and virtual recovery supports

Recommendation 3: Strengthen recovery-oriented systems of care
How to achieve:
- Establish a center of excellence operated by a non-government organization
- Review publicly funded addiction and mental health services
- Support recovery community networks to serve as a hub for local program delivery

In the recommendations, 'communities' is intended to include many groups, such as some Indigenous people and recent immigrants, with actions targeted to those people.

Recommendation 1
Establish a shared vision

A shared vision and collective commitment across individuals, families, municipalities, workplaces, cross-sectoral government partners (e.g. education, justice, social support services, seniors and housing, etc.) and the philanthropic and private sectors to implement that vision can support system transformation to enable Albertans to achieve and maintain recovery.

This recommendation can be achieved by:

The Government of Alberta appointing an Alberta Recovery Council that engages broadly with Albertans to confirm a shared vision of recovery-oriented care and develop an implementation plan to transform the addiction and mental health system. This council should include senior decision makers from Alberta Health, Alberta Health Services, Community Social Services, Education, Children's Services, Seniors and Housing, Justice and Solicitor General, Labour and Immigration and Indigenous Relations. The role of the council would be to provide support, advice and recommend action to government. The council should begin by focusing their efforts on the recovery approaches and recommendations contained in this report and system-wide transformation to recovery-oriented systems of care.

The council should engage with mental health and addiction recovery expertise in the following areas:

- Early education, youth and schools
- Data and outcomes
- Indigenous Ways of Knowing
- Services to reduce harm
- Addiction medicine and opioids
- Residential treatment
- Recovery and recovery coaching
- Trauma informed practice
- Resiliency, mindfulness
- Acute psychiatric / severe mental illness
- People with lived experience (families and people in recovery)
- Maternal mental health
- Eating disorders
- Pain management and clinical alternatives
- Recovery housing
- Policing, justice and diversion
- Ethnic and multicultural service provision
- Workplaces
- Faith-based supports
- Civil society

Recommendation 2
Improve foundational supports

A strong provincial foundation for recovery-oriented systems of care includes enabling policy, consistent key processes, service integration supports and information technology. Government can support the shift to a recovery orientation through reviewing policies and considering recovery when developing or updating legislation. Other foundation strengthening opportunities include establishing standardized ways to measure outcomes and share information across partners; and facilitating integration and coordination of services and supports across formal and informal structures. Information technology can provide tangible tools and expedite transformation to recovery-oriented systems of care.

This recommendation can be achieved by:

2.1 | The Premier of Alberta providing clear direction to government departments, reflected in ministerial mandate letters requiring the creation of policy, targets and common indicators that enable implementation of the recovery principles as well as demonstration of progress. Areas of work to support a substantive shift toward recovery orientation include, but are not limited to:

- Review and redesign provincial programming for youth and young adults to ensure appropriate services, seamless supports and effective transitions to adult programs and services.
- Review educational system practices and align with prevention, resilience and recovery-oriented approaches. Build off the new funding model that reinforces school responsibility to provide a continuum of supports and services to support student wellness.
- Review and improve youth and adult justice system related processes and programs to align with a recovery orientation and better connect people to services to reduce the number of individuals with multiple and complex needs being inappropriately cycled and recycled through the criminal justice system.

All care should result in improved health, wellness and quality of life for individuals. This should be evidenced by real results, measurable increases in quality of life and functioning.

Community-based addiction service provider
Stakeholder engagement

- Establish policy and a long-term vision to enable Indigenous communities to actively participate in recovery-oriented system design, build community recovery capacity, integrate the principles for recovery-oriented systems into existing supports, and augment capacity for Indigenous practices and teachings to enable recovery services to be delivered in concert with traditional healing, ways of knowing and wise practices.
- Establish recovery-oriented housing guidelines (allowing a requirement for drug free environments and requirements) to support a resident's recovery journey.
- Amend legislation to strengthen accountability for reporting on the quality and effectiveness of recovery programs and facilities through mandatory performance measurement and evaluation activities. Ensure government-funded recovery programs and service delivery agents have appropriate licensing, training and certification of staff.
- Review and strengthen licensing requirements for the delivery of mental health and addiction services where required.
- Propose a targeted model for collaborative case management, with enabling policy, for clients requiring supports from more than one ministry or sector who are experiencing multiple barriers to recovery.

2.2 | Minister of Health and Associate Minister of Mental Health and Addictions in collaboration with partner minister developing an "Alberta Recovery Framework for Addiction and Mental Health" to provide and monitor implementation of service delivery standards for Government of Alberta funded programs , applicable across all related sectors. Framework components may include:

- Standardized measurement tools and mechanisms for assessing long-term recovery outcomes.
- Information sharing protocols and mechanisms to ensure human/social services agencies (such as Health, Justice and Solicitor General and Education) have real-time access to cross-sectoral data when the safety of individuals is in jeopardy.
- Requirements for those receiving provincial funds for addiction and mental health supports and services in primary care and acute care settings to take specific actions to support transitions and improve handoffs between acute addiction and mental health care and the recovery-oriented supports and services available in the community.

2.3 | Minister of Health and Associate Minister of Mental Health and Addictions in collaboration with partner ministers outlining actions to establish a dedicated centralized organizational structure to oversee and coordinate integration and connection of recovery-oriented systems of care across all applicable government departments and agencies such as:

- Improving access to aggregate government data to inform the social investment model and to support the work of a centre of recovery excellence.
- Tracking and working to support the alignment of public and private investments to leverage opportunities to accelerate and advance the development of recovery-oriented systems of care.
- Ensuring there are equitable processes for distributing available funding and transparent annual reporting of the investments made by the Alberta taxpayer.
- Providing early and ongoing involvement, consultation and partnership with Indigenous people and communities.

2.4 | Associate Minister of Mental Health and Addictions initiating the establishment of digital and virtual supports for recovery, potentially including:

- A mechanism accessible by all stakeholders to measure the development of recovery capital throughout the province.
- An online recovery capital measurement tool accessible by all Albertans to assess present levels of recovery capital and achievements in building recovery capital.
- A province-wide strategy to accelerate the use of mobile and virtual approaches to enhance access and improve efficiency of service delivery to remote areas and other locations better served by taking services to people. As necessary, adapting the funding model for health system delivery agents to accommodate these delivery options.

Recommendation 3
Strengthen the recovery-oriented systems of care

Communities can create effective solutions that are tailored to the local context through involving a broad range of partners (e.g. people with lived experience, families, community caregivers, employers, the public sector, Indigenous people, etc.) as co-creators. Investment in building capacity in communities will expedite development of new innovations that are sustainable, practical and evidence informed. Key areas of development include training, creating interconnected handoffs between points of care (e.g. 911/first responders, primary health care, faith-based programs, workplaces, schools, the justice system, child intervention, etc.) and filling gaps in community supports. Some proven community recovery resources include recovery homes, campus recovery programs and recovery-focused workplaces and social enterprises. Recovery community networks provide opportunities for people to meet; socially engage across generations; attend mutual support meetings; and engage with trained peer recovery coaches/connectors who can motivate and support them, assertively linking them with health and social service providers, activities and resources. These new supports can be developed with self-perpetuating strategies (e.g. people in recovery can support those early in their journey through peer support and parent advisory councils).

Much of society still views addictions as a personal choice and personal 'defect' with little understanding about the impact of trauma and relationship to addictions and mental illness. It is important to understand the root causes.

Service provider
Stakeholder engagement

This recommendation can be achieved by:

3.1 | Minister of Health and Associate Minister of Mental Health and Addictions establishing a non-government organization (NGO), a centre of recovery excellence, to support communities by:

- Providing research and development expertise to recovery system partners, including best practices advice, program design supports to meet diverse population needs, recovery-oriented resources (e.g. online tool for any stakeholder group to assess organization alignment with the recovery principles and provide suggestions on how to increase recovery capital within an organization), evaluation activities and establishing accountability.
- Leading the development and implementation of an incubator/social investment model to trial innovative recovery solutions to address some of Alberta's complex challenges.
- Developing recovery-oriented educational and training curricula to support broad workforce and volunteer development (e.g. health and mental health providers, first responders, justice and social services staff, families, etc.) to enable harmonization of their services and supports with principles and resources of recovery-oriented systems of care. The Minister of Health may mandate the use of curricula for organizations receiving provincial addiction and mental health funding for professionals, paraprofessionals, community workers and individuals working at key entry points in recovery-oriented systems of care.

3.2 | The Associate Minister of Mental Health and Addictions commissioning a review of publicly funded addiction and mental health services to identify areas where additional support is required to develop a recovery-oriented approach and use a phased, multi-year plan to scale up effective models.

3.3 | The Associate Minister of Mental Health and Addictions supporting the development of recovery community networks and/or other community resources that can be geographically or population based (such as Indigenous, youth and newcomer, industry) and serve as a hub for local program delivery.

Social investment / incubator model Key elements / principles

(See recommendation 3.1 second bullet point and recommendation 2.3 first bullet point)

The Council had significant discussion on the importance of ensuring that their recommendations included a social investment/incubator model that would enable the testing and scaling of new and innovative approaches to solving complex challenges related to addiction and mental illness and/or issues.

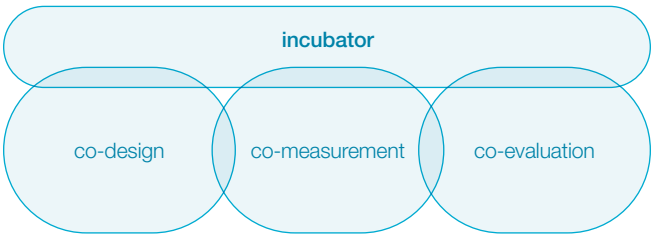
The incubator has to be driven by data - data is a central and essential ingredient.

Access to appropriate, timely and accurate data is fundamental to drive priority setting and decision making and to understanding the impact of new and innovative approaches. In the incubator model discussed by the Council, data is used to:

- Determine areas for action by describing the outcomes that should be achieved and the specific data that is used for measurement of the outcomes. Many initiatives are undertaken because there is a "perceived risk." In the Council's model, the issues to be addressed are identified and described using data. This provides evidence of need and a mechanism to understand the effectiveness of interventions.
- Set specific targets of improvement.
- Measure and evaluate the success of interventions undertaken to improve recovery capital outcomes.

The incubator needs to include co-design, co-measurement and co-evaluation.

Collective action is required to bring stakeholders together in all aspects of the incubator. The following elements should be included.



- Co-design is when an organisation and its stakeholders work together to design or rethink a service. As an approach it sits midway between consultation and fully user-led projects.
- Co-measurement is when the key stakeholder involved in a change effort collects data and measures results using a common set of indicators. Shared measurement encourages stakeholders to align their efforts to addressing common outcomes.
- Co-evaluation involves all stakeholders in the process of reviewing the data, assessing the progress towards and/or the achievement of outcomes and collectively deciding on next steps, reviewing lessons learned and identifying opportunities for improvement.

Risk-based approach for opportunities to innovate.

Solutions will not be identified by using the same approaches that have been applied in the past. The incubator has to have the ability to take risks to test new ways of working together and new ways of addressing issues and challenges that have plagued the system for a long time. While there is there is no way to be completely confident that an intervention, program or service will deliver the intended results, there is a need to have a commitment to ongoing evaluation and a willingness to discontinue initiatives/programs/services that are not resulting in positive change.

Mobilize diverse funding sources to seed and scale innovation.

The incubator seeks to assist in breaking down funding silos by encouraging investment in cross-sectoral outcomes rather than funding singular systems, sectors or organizations.

Funding is frequently presented untied to transparent and consistent individual, community and system level outcomes; an ability to demonstrate return on investment; and the management of consistent and systemic quality standards. Philanthropic funding has subsidized and augmented some current provincial level investments, as well as supported enhanced service delivery among community-based organizations. The power of the civil society investments has yet to be fully realized.

Implementing an incubator will assist in breaking down system silos as it is an approach that brings systems, sectors and key players together to address a common set of outcomes. The approach thrives on the identification of innovative solutions that deliver results and value for money for the ecosystem. It is based on a foundation of having data available in an organized and transparent fashion to look at outcomes and results across systems and sectors and ensuring that evaluation and performance data are utilized in a systematic and transparent way to determine future system investments. Investment attraction vehicles may take the form of social impact bonds, matching fund programs, investment operation, microfinance, lend – performance forgiveness or social entrepreneurship.

Invest in scaling approaches that are proven effective.

An essential element of the incubator is an opportunity to invest in innovation and systemic approaches and embed successful interventions into the ecosystem. In this model, priority areas of focus are identified using data and their outcomes and measures defined. Innovations are developed by bringing non-traditional partners together to challenge old ways of thinking. Clear markers of success are identified early in the process to assist in ensuring a common understanding of which innovations have been effective and should be scaled.

Glossary of terms

Recovery in addiction is defined by the American Society of Addiction Medicine as: a process of continual growth that addresses the biological, psychological, social and spiritual disturbances inherent in addiction. Recovery aims to improve quality of life and enhanced wellness, including an individual's consistent pursuit of abstinence; improvement in behavioral control and emotional self regulation; relief of symptoms including substance cravings; and enrichment of interpersonal skills, relationships and social connectedness (ASAM, 2018, p. 2).

Recovery in mental health is a process of achieving and maintaining remission. It "refers to living a satisfying, hopeful, and contributing life, even when there are on-going limitations caused by mental health problems and illnesses" (MHCC, 2012, p.15).

Recovery-oriented care: an approach to recovery that responds to the diverse needs of a population, and is inclusive of diversity, trauma informed and culturally appropriate. It includes attention to the rich traditions, histories, cultural practices and spiritual beliefs, which in turn enriches our cultural mosaic.

Recovery-oriented services: services that follow an individual through their journey in life including prevention, screening and early intervention, services that reduce harm, and treatment, as well as recovery and post-recovery supports. Stigma must be removed from all systems that support an individual's path to recovery, including but not limited to health care, legal and social service systems. Additionally, a holistic approach must be adopted that respects and acknowledges individual lived experiences, cultures and histories. The key elements of effective programs include CHIME: Connectedness, Hope, Identity, Meaning and Empowerment (Leamy et al, 2011).

Recovery management: "a philosophy of organizing treatment and recovery support services to enhance early pre-recovery engagement, recovery initiation, long-term recovery maintenance, and the quality of personal/family life in long-term recovery" (White, W., 2008, p.18).

Recovery-oriented system transformation and effective public health programming require all stakeholders at the table, inclusive of collaborative service relationships, cross-system partnerships, community integration, community health and wellness, peer-based recovery support, spiritual groups where appropriate, as well as of family, parents, and friends where appropriate, as well as non-health-related organizations such as religious institutions and community organizations, which can be leveraged to support an individual's journey to recovery. These consortiums can be described as recovery-oriented systems of care.

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