Canadian Centre
on Substance Abuse

Partnership. Knowledge. Change.

Addiction and Mental Health Care: Resources to Support Collaboration

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Introduction

The need for effective collaboration between addiction and mental health systems and service delivery in Canada is clear. Only a minority of individuals seeking help for addiction and mental health issues are accessing specialized services to meet their needs. There is a growing body of literature that demonstrates the benefits of collaboration between addiction and mental health services, and many jurisdictions in Canada are moving toward a more collaborative system. However, there is much less known about what collaboration should look like and which strategies are most effective to improve access to services and ultimately improve client outcomes.

The Canadian Centre on Substance Abuse (CCSA), the Mental Health Commission of Canada and the Canadian Executive Council on Addictions have collected a list of examples and resources to support collaboration between addictions and mental health systems and service delivery in Canada.

Collaboration can exist in many different forms and will mean a variety of things depending on the context. This document outlines some examples of collaboration between addictions and mental health systems and service delivery happening in Canada. In addition to providing examples of collaboration between addictions and mental health, this document lists a series of tools and resources that are available to help support effective collaborations between addiction and mental health systems and service delivery.

This document was published in September 2016. CCSA understands that the information contained in this document is subject to change, and could be out of date or inaccurate after its publication date. CCSA is committed to providing the most relevant and up-to-date information about the tools and resources available to support collaboration. If you have any information to add to this document, or wish to correct inaccuracies or out of date information, please complete the form on this page and CCSA will be happy to include your update.

Disclaimer

The information in this resource has been supplied to CCSA by the organizations responsible for the systems and services described in it. CCSA cannot vouch for the accuracy or currency of that information. Inclusion of a resource in this compilation does not imply endorsement or authorization by CCSA. Any questions about a particular listing should be directed to the organization in question.

CCSA is committed to updating the document every six months or as needed. It was last updated in August 2016.

Ongoing Collaborations

Collaborations between addiction and mental health systems and service delivery can take on many forms and will look and feel differently, depending on the local context. To provide some guidance to support the integration of mental health and addiction services, below you will find a list of current collaborative efforts in Canada, at the service level, systems level or both.

Name	System or Service	Objectives	Description	Contact Information
Family Health Teams	Service	1. To focus more on prevailing illness and promoting health; 2. To look at the best ways to manage chronic illness, including addiction and mental health; 3. To provide care that is most accessible and comprehensive; and, 4. To give patients the opportunity to be more involved in decisions about their own health.	The Ontario government is providing support for over 200 Family Health Teams across the province. Clinicians (physicians, nurses, registered dieticians, counsellors, psychiatrists and pharmacists) are working together in a collaborative environment to give patients the care they need and to keep them healthy. Efforts concentrate on helping patients get healthy and stay healthy by: 1) Sharing up-to-date information about the best ways to prevent disease and promote health; 2) Looking at risk factors for addictions and mental health and offering appropriate screening and follow up; 3) Detecting and addressing health (including mental health) problems earlier, when care is more effective and less costly; 4) Increasing the range of health conditions that can be assessed and treated in the family doctor's office, where most patients first seek care; 5) Offering support and strategies to better manage chronic illnesses; and 6) Working with patients and their families to navigate the healthcare system so that care is better coordinated.	Hamilton Family Health Team. 10 George St., 3rd Floor Hamilton, ON L8P 1C8 www.hamiltonfht.ca/home
Youth System Innovation Group — Youth Engagement Model	Service	1. To inform and enhance best-practice research and initiatives for Youth System Innovation Group and other working groups; 2. To provide a vehicle for ongoing peer-led service improvement	The Youth System Innovation Group (YSIG) at the Centre for Addiction and Mental Health (CAMH) developed an evidence-informed youth engagement strategy that underlines the importance of knowledge sharing, collaboration, youth engagement and peer-led initiatives to address practical and structured approaches to securing and sustaining youth engagement. YSIG compiled common	ysig.net/

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		projects; 3. To increase community and client-provider coordination and collaboration; and 4. To ensure opportunities for youth skill development and empowerment.	themes from recent literature to develop outcome measures that indicate successful youth engagement to inform their strategy. The YSIG Youth Engagement Model exemplifies a framework for understanding and promoting various pathways to engagement. The model emphasizes the need to integrate creative youth engagement into all levels of youth mental health and substance use work.	
Screening, Brief Intervention & Referral (SBIR) Demonstration Project	Service	1. To provide training in techniques care providers can use to implement the SBIR approach with pregnant women and new mothers; 2. To test the feasibility and applicability of using SBIR approach for the screening, assessment, brief intervention and referral of substance use and mental health concerns in pregnant women and new mothers; 3. To facilitate evidence-based, empathetic and comprehensive solutions for the management of substance use and mental health issues in pregnant women and new mothers; and 4. To evaluate the project coordination, improvement in understanding and implementation of SBIR and capacity building in care providers	In 2015, the Nova Scotia Department of Health and Wellness (NSDHW) launched a program to formally introduce and support a Screening, Brief Intervention and Referral (SBIR) initiative aimed at addressing substance use and mental health for pregnant women and new mothers in a collaborative setting. Four training sessions that focused on motivational interviewing have been held with primary care providers and residents, and the project launched in September 2015. The NSDHW is also doing a developmental evaluation of this project, and thus each training session has been adjusted based on lessons learned from previous sessions.	Wanda.McDonald@novascotia.ca
Addiction Liaison Nurses	Service	To engage new clients with no previous history of treatment for substance use problems.	Quebec established pilot projects to place addiction liaison nurses (LNAs) in select emergency departments. The co-location of LNAs addressed the high use of emergency departments by individuals with substance use problems and also engaged more people by reaching out to those with substance use problems who were accessing healthcare	Joël Tremblay, PhD Full Professor Department of Psychoeducation Université du Québec à Trois-Rivières

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			services and who might have been receptive to information and advice to seek help. The team provided services in three hospitals and was comprised of six nurses, two psychologists, a social worker and a psycho-educator. The LNAs have expertise and experience in the delivery of interventions specific to substance use disorders. Patients were given the choice of whether to engage with the LNA and could exit the process at any point. After the LNA completed an assessment, the patient could be referred to the treatment centres, or if they were not ready for treatment the LNA delivered a brief motivational intervention.	joel.tremblay@uqtr.ca
Integrating Concurrent Services: A Frontline Experience	Service	1. To better integrate services and ensure services are high quality, client-centred and recovery-oriented. 2. To ensure that the treatment process fully engages staff and client members.	Frontenac Community Mental Health and Addictions Services (FCMHAS) in Kingston, Ontario, identified several challenges related to service integration, including difficulties in accessing services, clients having to tell their story many times to access services, long wait times, stigma when accessing mental health and addiction services, and reported duplication and fragmentation of services. To address these challenges, a leadership team was assembled and team consensus was developed around principles for implementing more integrated services, informed by a literature review to determine the best evidence to use. Staff and clients used an appreciated inquiry process to identify needs and prepared options for consideration. This process identified opportunities to ease major bottlenecks that impeded effective implementation.	Vicky Heuhn Executive Director FCMHAS www.amhs-kfla.ca/
Enhancing Concurrent Capability across a System of Care: A Story of System Collaboration	Service	To support frontline practice changes to better address the needs of Albertans seeking help for co-occurring disorders.	A multidisciplinary and multidepartment Enhancing Concurrent Capability Provincial Working Group was created and in 2011, the working group released a consensus paper, Enhancing Concurrent Capability: Foundational Concepts and the Enhancing Concurrent Capability Toolkit: A Welcoming and Engaging Strategy, to define concurrent disorders and describe the essential components of capable care in the Alberta Health Services integrated addiction and mental health service delivery system.	Jill Mitchell Director, Professional Development and Concurrent Capability Alberta Health Services, Addiction and Mental Health www.albertahealthservices.ca/amh.asp

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			In 2012, the working group hosted a forum that brought together 150 champions and consumers from across the province to share practice improvements and lessons learned in enhancing concurrent disorder services.	
Advancing Concurrent Capable Competencies through a Professional Development Network	Service	1. To develop a single, province-wide continuum of addiction and mental health services; and 2. To improve client outcomes and experiences by achieving concurrent capability across addiction and mental health services.	Working from CCSA's *Competencies for Canada's Substance Abuse Workforce*, 100 operational managers and staff from all five Alberta Health Services (AHS) zones were consulted to determine the validity of the CCSA competencies in their setting and to identify how the competencies should be modified. Based on the feedback, the Concurrent Capable Competency Framework (CCCF) was developed; it includes a set of behavioural and technical competency domains that range from novice to advanced practice levels. A national and international review of the literature on concurrent capability was also conducted to ensure that the feedback was conceptually aligned with research and current thinking.	www.albertahealthservices.ca/amh.asp
YSAC Mental Health Training: A Primer and Guide to Concurrent Capable Program Delivery	Service	1. To set the direction of quality youth treatment service delivery at a national level; and 2. To prepare staff to effectively deal with concurrent disorders.	In 2009, the Youth Solvent Addiction Committee (YSAC) and its member centres began a two-year process to develop a staff training program that focused on the intersection between addiction and mental health issues in First Nation's and Inuit youth. The training program, YSAC Mental Health Training: A Primer and Guide to Concurrent Capable Program Delivery, was developed by representatives from each YSAC centre and uses a capacity building model to prepare staff to effectively deal with concurrent disorders.	Debra Dell Executive Director, YSAC ysac@shaw.ca
Concurrent Competencies — Professional Development Network	Service	To improve client outcomes by enhancing staff competencies for concurrent care across the addiction and mental healthcare service continuum.	Alberta Health Services and Mental Health have developed a professional development strategy to address priorities to support the addictions and mental health workforce. Phase II actions include a focus on supporting competency development of medical and psychosocial practitioners working with patients experiencing primary addiction and concurrent disorders. This phase aims to optimize access to competency development through appropriate learning technology and partnering for sustainability.	Jill Mitchell Director, Professional Development and Concurrent Capability Alberta Health Services, Addiction and Mental Health jill.mitchell@albertahealthservices.ca
System Level	Systems	1. To enhance services and	Representatives from provincial mental health and	novascotia.ca/dhw/addictions/

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Standards for the Treatment of Concurrent Disorders		supports for individuals experiencing concurrent disorders in Nova Scotia; and 2. To improve the treatment experience of Nova Scotians with co-occurring mental health and substance use disorders.	addiction services co-led an initiative to develop a set of Joint Provincial Concurrent Disorders Standards. Along with an environmental scan of current services and supports related to concurrent disorders, a literature review on promising and emerging practices for the treatment of concurrent disorders was used as the foundation of these standards. The standards are meant to serve as a guide to enhance care along the full continuum of supports and services for individuals experiencing concurrent disorders and their concerned significant others.	documents/System-Level-Standards-for-Concurrent-Disorders.pdf
Ontario's Systems Improvement through Service Collaboratives Initiative	Systems	1. To address the challenges of fragmented service transitions for children and youth with mental health problems; and 2. To close critical service gaps for children and youth who are vulnerable, at key transition points or live in remote communities.	The Ontario Ministry of Children and Youth Services launched a Comprehensive Mental Health and Addictions Strategy in 2011. One of the initiatives in the strategy is Systems Improvement through Service Collaboratives (SISC). The SISC initiative is collaboratively led by six provincial ministries that work together to identify local service gaps and implement system-level changes. This is done by selecting and implementing evidence-informed interventions that support children and youth with complex needs at key transition points. Membership on collaboratives ranges from 20 to 100 people, depending on the community.	Alexia Jaouich, PhD Senior Project Manager Provincial System Support Program CAMH
Mental Health and Addictions Information Collaborative	Systems	1. To provide a forum to align initiatives aimed at enhancing mental health and addictions information in Canada; 2. To identify opportunities and facilitate efforts aimed at furthering this purpose through integrating and improving existing data resources and developing new resources that fill mental health and addictions information gaps; 3. To provide opportunities for members to consider and discuss current and future mental health and addictions information gaps;	The Mental Health and Addictions Information Collaborative (MHAIC) is a consortium of national organizations that aims to align the collaborative practices among individuals and organizations that work with mental health and addictions. The MHAIC membership includes Statistics Canada, the Public Health Agency of Canada, Health Canada, the Mental Health Commission of Canada, the Canadian Institute of Health Information, the Canadian Centre on Substance Abuse and the Canadian Institute for Health Research — all working together to improve information related to mental health, mental illness and substance use. The diversity of expertise in the MHAIC provides a unique opportunity to access the most recent and relevant information and data pertaining to addictions and mental health in Canada.	N/A

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		4. To provide input on the status of provincial/territorial/regional reporting systems and on opportunities and challenges for data collection, indicators, data standards, data submission, data quality and reporting; 5. To allow members to represent and exchange information on the interests, initiatives and objectives of their respective organizations as regards mental health and addictions information; and 6. To provide recommendations and advice to member organizations' senior management.		
NAVNET: A Coordinated Systems Response for Clients with Complex Needs	Systems	To address the gaps and barriers that individuals with complex needs face in their attempts to secure services from a largely fragmented system of multiple government departments.	NAVNET is a network of senior representatives from health, government and community organizations in St. John's, Newfoundland, that meets to explore innovative solutions to barriers faced by individuals with mental health and substance use issues who have multiple complex needs.	Lisa Zigler, MSW, RSW Project Coodinator 709-777-3090 lisa.zigler@easternhealth.ca navnetnl.ca/needs/
Enhancing Concurrent Capability across a System of Care	Systems	To lead province-wide actions that support changes to frontline practice to better address the needs of Albertans seeking help for addictions and mental health disorders.	A multidisciplinary and multidepartment Enhancing Concurrent Capability (ECC) provincial working group was created to define concurrent disorders and describe the essential components of capable care in integrated addictions and mental health service delivery. An advisory group to the ECC continues to guide implementation of practice changes, including the development of a *Toolkit for Managers and Staff* that serves as a practice resource. In 2015, the advisory group launched a workshop series, based on recommendations for face to face foundational training.	Jill Mitchell Director, Professional Development and Concurrent Capability, Alberta Health Services, Addiction and Mental Health jill.mitchell@albertahealthservices.ca

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SPARK Training Program	Systems	To reduce silos between mental health, substance use and addictions stakeholders to allow for more meaningful collaboration between those working in the field.	The SPARK program is based on the knowledge translation model described in the Mental Health Commission of Canada's *Innovation to Implementation Guide*, which is a step-by-step guide on how to build a knowledge translation (KT) plan. SPARK is a practical, skills-building workshop that allows participants to increase their understanding of KT and develop their own real-world KT plans. Topics include leadership, KT strategies for particular audiences, working with stakeholders, evaluation strategies, KT design and dealing with implementation challenges. Participants come to the program with a mental health, substance use or addictions healthcare initiative, product or idea. They are mentored on how to create a KT plan and they continue their work on it when they return to their community organization. The SPARK program is evaluated yearly, and has been shown to increase knowledge on how to conduct KT practices and increase the likelihood of implementation. The SPARK program has been run six times in Canada and three times in New Zealand, Sweden and Australia.	Nicholas Watters Director, Knowledge Exchange Centre, Mental Health Commission of Canada 613-683-3749 nwatters @mentalhealthcommission.ca
Healthy Child Manitoba Strategy	Both	To their fullest potential, Manitoba's children will be: 1. Physically, mentally and emotionally healthy; 2. Safe and secure; 3. Successful at learning; and 4. Socially engaged and responsible.	Project focused on cross-departmental (i.e. addictions and mental health), evidence-based prevention and early intervention for children and youth. In 2007, new provisions added for horizontal data collection and linkage for planning, monitoring and evaluation. The government reports regularly to the public on the progress in improving outcomes for children and youth. Highlights include: 1) Availability of population-based data on children and youth, linkable across the life course to measure progress and improve investments; 2) Province-wide implementation of several internationally regarded, evidence-based preventive interventions; 3) Rigorous evaluation of several made-in-Canada programs, including randomized controlled trials that showed measurable impacts on the health and wellbeing of	N/A

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			young people; and	
			4) Collaboration of ten ministers, deputies and partner departments under the Healthy Child Manitoba Strategy	
Canadian Collaborative Mental Health Initiative	Both	To enhance relationships and improve collaboration among healthcare providers, consumers, families and caregivers to improve consumer access to prevention, health promotion, treatment and interventions for mental health and addictions issues.	The Canadian Collaborative Mental Health Initiative (CCMHI) is a consortium of 12 Canadian health and mental health organizations representing community services, consumers, families, caregivers, self-help groups, dietitians, physicians, nurses, occupational therapists, pharmacists, psychologists, psychiatrists and social workers. In Phase I of this initiative, the CCMHI produced 10 evidence-based research papers and a series of toolkits. Phase II of the project, funded by Health Canada, will ensure that Canadians have access to, and can benefit from, the knowledge generated through Phase I.	www.shared-care.ca/page.aspx?menu=69&app=266&cat1=738&tp=2&lk=no
National Youth Screening Project	Both	To enhance service provider capacity, increase early intervention opportunities and improve pathways to treatment for youth with substance use, and co-occurring substance use and mental health concerns.	The National Youth Screening Project, Enhancing Youth-Focused, Evidence-Informed Treatment Practices through Cross-Sectoral Collaboration, involved collaboration between youth-serving organizations in 10 communities across five provinces and two territories. Each network included representation from a minimum of four sectors, including substance use, mental health, health, justice, child welfare, education, housing, outreach and support. The project involved building stakeholder collaborations that included concurrent disorder-related capacity development for participating agencies and implementation of a common screening tool, the GAIN Short Screener, to identify youth substance use and mental health concerns amongst youth presenting for service.	eenet.ca/wp-content/uploads/2013/06/NYSP-Report-FINAL-copy-full-PDF.pdf
Core Addiction Practice Training	Both	1. To ensure that all substance use service providers have the essential conceptual framework and foundational knowledge to provide communities with substance use services that are current and evidence informed; and	The Core Addiction Practice (CAP) training is an educational series launched in British Columbia that is designed to provide a shared understanding of what constitutes best practices in addictions and mental health treatment, and to assist practitioners in developing the professional competencies that are required to effectively implement those approaches. As part of BC's Healthy Minds, Healthy People 10 year strategy, CAP training has been expanded	N/A

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		2. To provide foundational substance use education to professionals to increase effective, evidence-informed and consistent substance use services across services and supports.	across all health authorities in British Columbia and all health authorities are now implementing CAP.	
British Columbia Integrated Youth Services Initiative (BC-IYSI)	Both	1. Create and establish the BC-IYSI backbone organization with the following functions: standards development, knowledge translation and mobilization, research, evaluation and common communication strategy; 2. Establish integrated health service centres in each regional health authority that offer addictions, mental health and other standard health services; 3. Partner in the expansion of online, web-based and telephone resources for youth in urban, rural and remote sites, all integrated within a stepped care model and with a common communication strategy; 4. Facilitate evaluation, quality improvement and research that will be integrated into all services; 5. Develop a youth public health strategy for the province of BC, in partnership with the BC Centre of Disease Control.	The BC-IYSI is a provincial movement of community agencies, government, donors, young people and families coming together to transform systems. The BC-IYSI involves over 70 partnerships across the province dedicated to empowering young people. Working collaboratively, the BC-IYSI will work to establish a branded network of "one-stop-shop" youth centres, including the prototype site at the Granville Youth Health Centre. The centres will offer health, counselling, mental health, substance use and social supports, as well as youth and family support and navigation. The BC-IYSI and partners will help integrate and build on existing provincial online and telephone resources to strengthen a network of care for young British Columbians and their families, regardless of where they live.	bciysi.ca info@bciysi.ca

Tools and Resources to Support Collaboration

A series of tools and resources are available to support change and facilitate collaboration between addictions and mental health systems and service delivery. Depending on what type of collaboration is being pursued, the tools and resources listed below support collaboration in the following areas: supporting change, engagement and relationship building, screening and assessment, treatment and recovery, building capacity for collaboration and evaluating collaborative efforts. It should be noted that some, but not all, of the tools and resources listed below were evaluated for their effectiveness. Where relevant, more information about evaluation results can be found at the links provided. CCSA did not conduct a quality appraisal of these tools and resources listed below.

Purpose	Type	Link	Reference
Supporting Change	Toolkit	www.ccsa.ca/Eng/topics/Treatment-and-Supports/Systems-Planning/Pages/default.aspx	CCSA. (2014). **Systems planning**. Ottawa, Ont.: Author.
Supporting Change	Article	ctndisseminationlibrary.org/PDF/nirnmonograph.pdf	Fixsen, D.L., Naoom, S.F., Blase, K.A., Friedman, R.M., & Wallace, F. (2005). **Implementation research: a synthesis of the literature**. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network.
Supporting Change	Theory	www.cdra.org.za/threefold-theory-of-social-change.html	Reeler, D. (2007). **A three-fold theory of social change**. Cape Town, South Africa: Community Development Resource Association.
Engagement and Relationship Building	Guide	www.ccsa.ca/Resource%20Library/nts-systems-approach-lived-experience-2013-en.pdf	CCSA. (2013). *Systems approach workbook: valuing people with lived experience*. Ottawa, Ont.: Author.
Engagement and Relationship Building	Toolkit	www.shared-care.ca/files/EN_Workingtogethertowardsrecovery.pdf	Canadian Collaborative Mental Health Initiative. (2006). *Working together towards recovery: consumers, families, caregivers and providers*. Mississauga, Ont.: Author.
Engagement and Relationship Building	Toolkit	www.shared-care.ca/files/EN_PathwaystoHealing.pdf	Canadian Collaborative Mental Health Initiative. (2006). *Pathways to healing: a mental health toolkit for First Nations people*. Mississauga, Ont.: Author.
Engagement and Relationship Building	Toolkit	www.shared-care.ca/files/EN_Collaborationbetweenmental healthandprimarycareservices.pdf	Canadian Collaborative Mental Health Initiative. (2006). *Collaboration between mental health and primary care services: a planning and implementation toolkit for health care providers and planners*. Mississauga, Ont.: Author.
Engagement and Relationship Building	Toolkit	www.shared-care.ca/files/EN_Strengtheningcollaboration throughinterprofessionaleducation.pdf	Canadian Collaborative Mental Health Initiative. (2006). *Strengthening collaboration through interprofessional education: a resource for collaborative mental health care educators*. Mississauga, Ont.: Author.

Purpose	Type	Link	Reference
Engagement and Relationship Building	Guide	engagementcycle.org/wp-content/uploads/2013/03/Bring-it-on-40-ways-to-support-Patient-Leadership-FINAL-V-APRIL-2013.pdf	Centre for Patient Leadership and FPM. (2013). *Bring it on — 40 ways to support patient leadership*. Midlands, UK: Author.
Engagement and Relationship Building	Article	www.researchgate.net/publication/260589695_Engaging_People_with_Lived_Experience_for_Better_Health_Outcomes_Collaboration_with_Mental_Health_and_Addiction_Service_Users_in_Research_Policy_and_Treatment	Cheng, R., & Smith, C. (2009). *Engaging people with lived experience for better health outcomes: collaboration with mental health and addiction service users in research, policy, and treatment*. Toronto, Ont.: Ontario Ministry of Health and Long-Term Care
Engagement and Relationship Building	Article	www.ncbi.nlm.nih.gov/pubmed/16786824	Craven, M., & Bland, R. (2006). **Better practices in collaborative mental health care: an analysis of the evidence base**. *Canadian Journal of Psychiatry*, 51(6 Suppl), 7S–72S.
Engagement and Relationship Building	Guide	www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Supporting_C_F_C_Engagement_-_Approved_Policy2.sflb.ashx	Government of Western Australia. (2013). *Supporting consumer, family and carer engagement policy and guidelines*. Perth, Australia: Author.
Engagement and Relationship Building	Guide	www.mentalhealthcommission.ca/English/system/files/private/document/Caregiving_MHCC_Family_Caregivers_Guidelines_ENG.pdf	MacCourt, P., Family Caregivers Advisory Committee, Mental Health Commission of Canada. (2013). *National guidelines for a comprehensive service system to support family caregivers of adults with mental health problems and illnesses*. Calgary, Alta: Mental Health Commission of Canada.
Engagement and Relationship Building	Guide	www.socialservices.regionofwaterloo.ca/en/communityProgramsSupports/resources/DOCS_ADMIN-1170203-v1-PROMISING_PRACTICE_MANUAL_FINAL_-_PDF.pdf	Social Planning, Policy and Program Administration, Regional Municipality of Waterloo. (2012). *Lived experience as expertise: considerations in the development of advisory groups of people with lived experience of homelessness and/or poverty*. Waterloo, Ont.: Author.
Screening and Assessment	Guide	www.ccsa.ca/Resource%20Library/2012_PT_Essentials_of_Screening_Youth_en.pdf	Canadian Network of Substance Abuse and Allied Professionals. (2012). *Essentials of... screening for youth substance abuse and mental health*. Ottawa, Ont.: CCSA.
Screening and Assessment	Report	n/a	Chaim, G., & Henderson, J. (2009). *Innovations in collaboration: findings from the GAIN Collaborating Network Project*. Toronto, Ont.: CAMH.
Screening and Assessment	Report	eenet.ca/wp-content/uploads/2013/06/NYSP-Report-FINAL-copy-full-PDF.pdf	Henderson, J., & Chaim, G. (2013). *National youth screening project: Enhancing youth-focused, evidence-informed treatment practices through cross-sectoral collaboration*. Toronto, Ont.: CAMH.

Purpose	Type	Link	Reference
Screening and Assessment	Article	n/a	Clark, N. & Uchtenhagen, A. (2015). **Addiction assessment and treatment planning: developing countries**. In N. El-Guebaly, M. Galanter, & G. Carra (Eds.), *Textbook of addiction treatment: international perspectives* (pp. 1239–1255). Milan, Italy: Springer Verlag.
Screening and Assessment	Article	n/a	Rush, B. (2008). **On the screening and assessment of mental disorders among clients seeking help from specialized substance abuse treatment services: an international symposium**. (Editorial). *International Journal of Mental Health and Addiction*, 6, 1–6.
Screening and Assessment	Article	n/a	Rush, B., & Castel, S. (2011). **Screening for mental and substance use disorders**. In D. Cooper (Ed.), *Care in mental health-substance use* (pp. 89–105). Oxford, UK: Radcliffe Publishing.
Treatment and Recovery	Report	n/a	Blanchette-Martin, N., Ferland, F., Tremblay, J., & Garceau, P. (2012). *Liaison nurses in addiction in the Capitale-Nationale and Chaudière-Appalaches regions: portrait of services and users' trajectories*. Quebec, QC: Centre de réadaptation en dépendance de Québec and Centre de réadaptation en dépendance de Chaudière-Appalaches.
Treatment and Recovery	Article	www.academia.edu/2124115/ Navigators_and_Networks_Harnessing_ resources_and_meeting_the_needs_of_ individuals_with_complex_needs	Boland, B., Earle, A., McConnell, S. M., Brothers, D., & McConnell, S. (2008). *Navigators and networks: harnessing resources and meeting the needs of individuals with complex needs*.
Treatment and Recovery	Report	navnetnl.ca/wp-content/uploads/2010/10/NAVNET-Cost-Analysis-Executive-Summary.pdf	Hollett, S., Hussey, J., & Ryan, A. (2010). *NAVNET Cost analysis: executive summary*. St. John's, NL: NAVNET Steering Committee.
Treatment and Recovery	Report	navnetnl.ca/wp-content/uploads/2013/09/NAVNET-Evaluation-Summary-Report-July-3-2013.pdf	Setliff, A.E., & Little, K. (2013). *Evaluation of the 1-year NAVNET demonstration: summary report*. St. John's, NL: NAVNET Steering Committee.
Building Capacity for Collaboration	Toolkit	www.ccsa.ca/Eng/topics/Workforce-Development/Workforce-Competencies/Pages/default.aspx	CCSA. (2010). *Competencies for Canada's substance abuse workforce*. Ottawa, Ont.: Author.
Building Capacity for Collaboration	Toolkit	www.cdha.nshealth.ca/mental-health-and-addictions-program/concurrent-disorders	Capital District Health Authority. (2014) *Concurrent disorders toolkit*. Halifax, NS: Author.
Building Capacity for Collaboration	Guide	store-camh.myshopify.com/products/pm080	CAMH. (2008). **Improving our response to older adults with substance use, mental health and gambling problems: a guide for supervisors, managers and clinical staff**. Toronto, Ont.: Author.

Purpose	Type	Link	Reference
Building Capacity for Collaboration	Article	www.ncbi.nlm.nih.gov/pubmed/14722479	Grella, C., Gil-Rivas, V., & Cooper, L. (2004). **Perceptions of mental health and substance abuse program administrators and staff on service delivery to persons with co-occurring substance abuse and mental disorders**. *Journal of Behavioral Health Services*, *31*(1), 38–49.
Building Capacity for Collaboration	Article	www.ncbi.nlm.nih.gov/pubmed/16131005	Gil-Rivas, V., & Grella, C. E. (2005). **Addiction services: Treatment services and service delivery models for dually diagnosed clients: Variations across mental health and substance abuse providers**. *Community Mental Health Journal*, *41*(3), 251–266.
Building Capacity for Collaboration	Guide	www.hqontario.ca/portals/0/Documents/ qi/ qi-quality-improve-guide-2012-en.pdf	Health Quality Ontario. (2012). **Quality improvement guide.** Toronto, Ont.: Queen's Printer for Ontario.
Building Capacity for Collaboration	Standards	novascotia.ca/dhw/addictions/documents / System-Level-Standards-for-Concurrent-Disorders.pdf	Mental Health and Addiction Services. (2012) **System level standards for concurrent disorders**. Halifax, NS: Government of Nova Scotia.
Building Capacity for Collaboration	Toolkit	www.guilford.com/books/Motivational-Interviewing/Miller-Rollnick/9781609182274	Miller, W.R., & Rollnick, S. (2013). **Motivational interviewing. Helping people change.** New York, NY: Guilford Press
Building Capacity for Collaboration	Toolkit	eenet.ca/wp-content/uploads/2013/08/OPOC-Final-Report-2013.pdf	Rush, B., Hansson, E., Cvetanova, Y., Rotondi, N., Furlong, A., & Behrooz, R. (2013). **Development of a client perception of care tool for mental health and addictions: Qualitative, quantitative and psychometric analysis**. Toronto, Ont.: CAMH.
Building Capacity for Collaboration	Report	eenet.ca/wp-content/uploads/2013/08/OM-Report_Aug22.pdf	Rush, B., Rotondi, N., Chau, N., Furlong, A., Godinho, A., Schell, C. … Ehtesham, S. (2013). *Drug treatment funding program client recovery monitoring project*. Toronto, Ont.: CAMH.
Evaluation	Toolkit	www.ccsa.ca/Resource%20Library/2012-CCSA-Monitoring-and-Evaluation-Toolkit-en.pdf	Krank, M. (2012). **Monitoring and evaluation toolkit: A resource to support the portfolio of Canadian standards for youth substance abuse prevention**. Ottawa, Ont.: CCSA.
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CCSA activities and products are made possible through a financial contribution from Health Canada. The views of CCSA do not necessarily represent the views of the Government of Canada.