

TECHNICAL COMPETENCIES

for Canada's Substance
Use and Mental Health
Workforce v. 4



Canadian Centre
on Substance Use
and Addiction

Evidence. Engagement. Impact.

Technical Competencies for Canada's Substance Use and Mental Health Workforce v.4

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Compétences techniques pour les intervenants en santé mentale et en usage de substances au Canada

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UNDERSTANDING SUBSTANCE USE

Background and contextual knowledge of substances and substance use as defined in the competencies, including the neurological effects of different substances and the impact of use on cognitive function, physical and mental health, and as required to properly inform specific aspects of a service provider's role and scope of work with individuals.

	1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
EXAMPLES	<ol style="list-style-type: none"> Describes in general terms what substance use is and: <ol style="list-style-type: none"> Its impact on mental and physical function The various factors (risk and protective) that influence substance use Its prevalence in Canada Describes the types of substances often used in the community Explains the social determinants of health that have an impact on individuals who use substances and their families and communities, and identifies some of those key factors (e.g., genetics, sex, gender, poverty, income, housing insecurity, mental health concerns, race) Explains key processes that exacerbate substance use, such as stigma, racism, violence, mental health concerns and trauma, and experiences of colonialism (e.g., residential schools) Understands and explains evidence-informed approaches to managing harms related to substance use (e.g., harm reduction, strength-based, abstinence-based approaches) Explains co-occurring concerns and how they affect and overlap with substance use 	<ol style="list-style-type: none"> Applies evidence-informed approaches to assess the severity of an individual's substance use and any other co-existing issues (e.g., physical, mental, social, multiple substance use issues) Explains how substances that alter mood, behaviour and cognitive processes are categorized or classed (e.g., stimulant or sedative), and cites the proper and street names (if applicable) for key drugs within those categories or classes Explains the range of factors that can increase risk or protection against developing substance use concerns, and works with individuals to identify such factors in their cases; for example: <ol style="list-style-type: none"> Sex assigned at birth Socioeconomic status (e.g., income, housing, gender, race, social supports) and historical/socio-cultural factors (e.g., colonialism, racism, systemic oppression) Trauma, violence and adverse childhood experiences Neurodevelopmental disorders (e.g., ADHD, autism, intellectual disabilities) Explains the prevalence and impact of co-occurring concerns and histories of trauma and violence that may be present for individuals who use substances 	<ol style="list-style-type: none"> Explains and applies an understanding of the social determinants of health that work alone or together to increase or mitigate risk, and how these factors may vary in different populations and cultures Explains: <ol style="list-style-type: none"> The biopsychosocial basis of substance use and how it can impact cognitive function, cognitive development, physical health and mental health The neurological, physiological and behavioural impacts of different substances The biopsychosocial and spiritual risk and protective factors for development of substance use concerns Accesses current research and integrates and applies this knowledge when developing and adapting evidence-informed approaches Works with complex or sensitive cases requiring a comprehensive understanding of: <ol style="list-style-type: none"> Most aspects of substance use Co-occurring concerns Substance-induced mental health concerns (e.g., psychosis) Various cultures and sub-populations The impact of adverse childhood experiences on the brain 	<ol style="list-style-type: none"> Mentors or supports others in developing their knowledge of causality, prevention, symptoms, treatment options, and support of and for substance use, and integrates this new knowledge in one's own work with individuals receiving services Mentors or supports colleagues working with complex and sensitive cases that require a comprehensive understanding of all aspects of substance use and co-occurring concerns Initiates, facilitates or participates in collaborative exploration and learning that: <ol style="list-style-type: none"> Improves approaches to the prevention, screening and assessment, and treatment and support of substance use Explores the range of factors that affect equity that are likely to have an impact on substance use Contributes to professional development, including training, skill building, consultation, coaching and mentoring, and exchanging current knowledge on substance use Develops new tools, techniques, guidelines or support materials to assist the substance use and mental health workforce

UNDERSTANDING SUBSTANCE USE

Background and contextual knowledge of substances and substance use as defined in the competencies, including the neurological effects of different substances and the impact of use on cognitive function, physical and mental health, and as required to properly inform specific aspects of a service provider's role and scope of work with individuals.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ul style="list-style-type: none"> 7. Recognizes stigma toward substance use, including historical and current models of understanding substance use and how they relate to stigma and destigmatization 8. Describes the spectrum of substance use and the spectrum of harms, recognizing that they differ for each person in various circumstances 	<ul style="list-style-type: none"> 5. Explains the concepts of the family and social supports as systems with the potential to support or undermine an individual, and the type of impact an individual's substance use can have on the family as a system 6. Explains the concept of recovery capital (i.e., internal and external resources) and how it can contribute to outcomes 7. Consults a wide range of evidence-informed resources, including the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, to develop and apply an enhanced understanding of individuals who use substances 8. Explains in general terms withdrawal screening, management, treatment and recurrence prevention approaches, and applies this knowledge in working with individuals 9. Explains in general terms how and why medications are used in the treatment and support of substance use, and integrates a practical and level-appropriate knowledge of medications when working with individuals 10. Explains in general terms the interactions that medications and other drugs can have and applies this understanding in working with individuals (see Medications competency for additional details) 11. Monitors current research to update and enhance the knowledge base applied when interacting with individuals 12. Explains evidence-informed considerations when treating and supporting individuals who are using different substances 	<ul style="list-style-type: none"> 5. Applies an understanding of medications, side effects and contra-indications to provide adequate support (see Medications competency for additional details) 6. Participates in research and knowledge seeking on current trends in various aspects of the prevention, diagnosis and treatment/support of substance use 7. Explains how each individual experiences the spectrum of substance use, and the spectrum of harms associated with substance differently, influenced by personal, interpersonal, social and economic factors 	<ul style="list-style-type: none"> 6. Advocates at the micro (e.g., individual), meso (e.g., organizational/community) or macro (e.g., system) levels for developing and implementing public policy designed to minimize harm, promote resiliency and enhance equity 7. Advocates for the funding of knowledge building and programs designed to improve the lives of all individuals who use substances

UNDERSTANDING CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH CONCERNS

Knowledge and skills required to inform specific aspects of a service provider's work with individuals who have co-occurring substance use and mental health concerns. For more information, please refer to the criteria for co-occurring disorders in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<p>1. Explains:</p> <ul style="list-style-type: none"> a. Signs and symptoms of common substance use and mental health concerns b. What is meant by co-occurring concerns (simultaneous substance use and mental concerns) and the importance of treating and supporting both together c. The impact co-occurring concerns have on other co-existing issues (e.g., behavioural or process addictions) d. Factors that contribute to co-occurring concerns in general and in specific populations and cultures (e.g., Indigenous or racialized groups) e. The stigma associated with co-occurring concerns, and how it may vary in underserved populations (e.g., multi-layered stigma) f. The relationship between mental health and substance use and the prevalence of co-occurring substance use and mental illness g. The prevalence of trauma and violence in the lives of individuals who use substances or have co-occurring concerns, and the impact they can have on substance use and treatment/support h. Risks associated with co-occurring substance use and mental illness, including risk for suicide 	<ul style="list-style-type: none"> 1. Explains the major categories, signs and symptoms of mental health concerns and diagnoses that can co-occur with substance use concerns 2. Explains frequent causes of and treatments or supports for the categories cited 3. Explains the interplay between substance use and mental health concerns and identifies when one is masking or mimicking the other 4. In transparent dialogue with individuals, provides objective descriptions of signs and symptoms of suspected co-occurring substance use and mental health concerns when referring them to or consulting with specialist practitioners 5. Integrates trauma- and violence-informed approaches into treatment and support strategies, supports and services 6. Integrates practical, level-appropriate knowledge of medications into treatment and support strategies, supports and services 7. Collaborates with individuals to understand the impact of stigma and identifies evidence-informed strategies to address different levels of stigma including, self, social, organizational and structural stigma 8. Collaborates with individuals to identify personal and systemic factors (e.g., experiences of trauma and violence, social determinants of health) that contribute to or protect against developing co-occurring substance use and mental health concerns 	<ul style="list-style-type: none"> 1. Explains how different factors that impact equity combine to create multiple layers of stigma that affect individuals with co-occurring concerns, and collaborates with them to address these issues 2. Develops and implements evidence-informed strategies that appropriately address: <ul style="list-style-type: none"> a. The relative severity of the person's substance use and mental health concerns b. The specific needs related to the person's cultural context c. The full range of the person's socioeconomic challenges d. The need to collaborate with others 3. Collaborates with colleagues to integrate knowledge with approaches 4. Collaborates with other agencies and service providers to address challenges including employment, housing and other social determinants of health that intersect with co-occurring substance use and mental health concerns 5. Demonstrates initiative in cross-training opportunities with other service providers 	<ul style="list-style-type: none"> 1. Mentors or supports other service providers working with individuals who have co-occurring substance use and mental health concerns 2. Initiates and collaborates in developing and implementing seamless, evidence-informed approaches to the delivery of services to individuals who have co-occurring concerns across all sectors and disciplines 3. Leads and collaborates to initiate or facilitate cross-training opportunities with specialist practitioners in mental health and substance use 4. Advocates for, facilitates and contributes to collaborations among the full range of service providers involved in diagnosing and treating individuals with co-occurring concerns 5. Advocates for, initiates, facilitates or participates in the advancement of knowledge on the appropriate integration of treatment and support for co-occurring substance use and mental health concerns

UNDERSTANDING CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH CONCERNS

Knowledge and skills required to inform specific aspects of a service provider's work with individuals who have co-occurring substance use and mental health concerns. For more information, please refer to the criteria for co-occurring disorders in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*.

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<p>2. Recognizes the importance of learning about co-occurring concerns</p> <p>3. Understands how social determinants of health impact co-occurring concerns</p>	<p>9. Identifies the most important evidence-based references and resources that should inform own learning of co-occurring concerns, including the <i>Diagnostic and Statistical Manual of Mental Disorders</i> and the <i>Mental Health Act</i></p> <p>10. Monitors evidence-informed knowledge about the best approaches to treating co-occurring substance use and mental health concerns and working with individuals living with these concerns</p>		

EXAMPLES

COLLABORATIVE CARE PLANNING

Meeting individuals who use substances, have mental health concerns or both where they are at and facilitating their movement within and between services and care teams. This includes providing information on programs and services to individuals so they can make informed decisions about the services they receive, maintaining accurate documentation, sharing information appropriately and with consent, and collaborating with other services and care teams.

Note: It is recommended that this competency be used in conjunction with the Behavioural Competency, Person-Centred Care.

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EXAMPLES	<ol style="list-style-type: none"> Adheres to and practices confidentiality and ethics in accordance with relevant guidelines, regulations and professional codes Demonstrates the ability to assist colleagues who are in care planning in an administrative or support capacity to ensure care planning is completed collaboratively within and between services, and in alignment with the needs of the individual Explains the importance of care planning and how it is related to counselling, screening, assessment and treatment planning Explains the process of referral to and from other service providers, including protocols that determine how, when and with whom information and documentation should be shared; explains services and programs to individuals so they can make informed decisions about the services being offered/received Explains the benefits of and process for conducting case conferences and video/teleconferences, and the situations in which each is appropriate Explains limits of confidentiality in various situations and their implications, as described in applicable legislation and guidelines Consults regularly with others, internally and externally, to facilitate co-ordinated and collaborative care planning 	<ol style="list-style-type: none"> Establishes and maintains collaborative working relationships with individuals and with internal and external colleagues/partners Monitors a range of resources to become familiar with current service options available to individuals, and maintains up-to-date records of available credible services and resources Consults with individuals to match them with and refer them to the most appropriate available services and supports, using information obtained through dialogue with individuals and through screening and assessment processes Initiates and participates in case conferences and teleconferences, and promptly conducts all necessary follow-up Uses virtual, telehealth and online tools (e.g., video conferencing) to facilitate care planning activities Collaborates with individuals and their families and social supports on care planning recommendations and activities Advocates for health equity for underserved individuals when working with related services and supports 	<ol style="list-style-type: none"> Participates in establishing and maintaining treatment and support plans as part of a diverse-lens team that includes the individual Establishes and maintains therapeutic rapport with individuals to establish trust and support them in reducing barriers to achieve their well-being goals Conducts ongoing assessments and reviews treatment and support plans in collaboration with individuals, adjusting plans as appropriate Establishes collaborative relationships with a broad range of internal and external services and supports, using these relationships to facilitate referrals Implements changes to service delivery to improve individuals' outcomes (e.g., increased engagement, efficiencies) Collaborates with individuals to support them in making and following through on decisions regarding treatment and support planning Facilitates case conferences and teleconferences, as appropriate 	<ol style="list-style-type: none"> Mentors or supports others in: <ol style="list-style-type: none"> Undertaking general care planning tasks Evaluating complex treatment and support plans and collaborating with individuals and other resources to make changes, as required Innovating solutions when conventional strategies have not been optimal as defined by the individual Ensuring compliance with care planning protocols among colleagues and within the organization Changing care planning protocols as necessary Evaluates care planning documentation

COMMUNITY DEVELOPMENT

Working together to identify community needs and resources; build capacity; and plan, support or guide collective action.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Demonstrates an understanding of the needs of Indigenous and racialized communities (e.g., using the Truth and Reconciliation Commission's Calls to Action) 2. Accesses reliable information sources related to community development and substance use, mental health or both service delivery systems 3. Explains the role of community members in initiating and supporting community development activities 4. Acts as first-line point of contact for community members 5. Engages with, encourages and responds to all community members and partners in a respectful manner 6. Maintains contact with community resources and referral sources 7. Maintains list of equity-informed, culturally competent specialist community resources 8. Collaborates and develops rapport with community members and groups 9. Describes social determinants of health and how they relate to community needs and resources 	<ol style="list-style-type: none"> 1. Explains principles of community development (e.g., sustainable, inclusive, equitable) 2. Establishes and maintains contacts and networks to further community involvement in developing and delivering services to enhance community well-being 3. Promotes fairness and bias-free judgment in planning and undertaking community development activities 4. Builds awareness in the community about the specific needs of individuals affected by substance use, mental health or both concerns, including the impact of stigma on well-being 5. Collaborates with individuals most affected to: <ol style="list-style-type: none"> a. Assess and prioritize needs, issues and resources b. Generate collaborative solutions to community challenges c. Promote community ownership of constructive change d. Build tailored capacity within the community to achieve goals and desired outcomes 6. Advocates for the inclusion of individuals with lived or living experience and their families and friends in community development activities 	<ol style="list-style-type: none"> 1. Collaborates with individuals most affected to: <ol style="list-style-type: none"> a. Leverage community capacity b. Ensure programs and services are culturally competent and equity informed c. Generate solutions to complex community development issues 2. Mobilizes and supports community members to: <ol style="list-style-type: none"> a. Take a proactive role in developing evidence-informed health promotion approaches and policies tailored for specific populations b. Reduce stigma associated with substance use or mental health concerns c. Promote a healthy lifestyle 3. Performs or participates in needs assessments by collecting, analyzing and interpreting relevant community data, in partnership with other community members 	<ol style="list-style-type: none"> 1. Provides leadership in shaping an organizational vision and service delivery system that reflects evidence-informed approaches to community development 2. Provides leadership in developing and implementing evidence-informed, equity-informed and culturally competent community health promotion approaches and policies 3. Communicates and collaborates with key partners and decision makers (e.g., police services; school boards; municipal, provincial, federal governments; subject matter experts) within and outside the community, to obtain their input on and commitment to engage in relevant policy and program reform and development 4. Incorporates relevant evidence and knowledge of factors that impact equity and other determinants of health into program planning 5. Assesses new community initiatives and — if resources and circumstances permit — approves those consistent with evidence-informed approaches to community development

COUNSELLING

Applying a comprehensive range of evidence-informed counselling styles, techniques and methodologies to improve the overall well-being of individuals affected by substance use or mental health concerns.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> Establishes and maintains therapeutic relationships characterized by respect, warmth, genuineness, empathy, trust and transparency Explains: <ol style="list-style-type: none"> Evidence-informed individual and group counselling approaches and techniques The importance of building trust and rapport when working with individuals Recurrence, risk and protective factors The importance of collaborative treatment, support and services Life skills conducive to well-being (e.g., managing personal finances) The range of approaches that can enhance counselling (e.g., mutual help, self-help, psychotherapy) Describes the fundamentals of trauma- and violence-informed approaches and interacts with individuals to facilitate their well-being and avoid re-traumatization Uses plain language in all communication with individuals receiving services Participates in creating an equity-informed and culturally competent environment, including screening for immediate safety concerns Provides virtual counselling services when required 	<ol style="list-style-type: none"> Collaborates with individuals to: <ol style="list-style-type: none"> Understand the impact that the family as a system can have on the individual's substance use and mental health Establish rapport and trust by effectively applying skills such as understanding barriers to engagement, being empathetic and supporting self-efficacy Develop coping strategies and building on strengths to deal with challenging circumstances Matches individuals' unique needs and life challenges to appropriate treatment and support options (e.g., harm reduction services, evidence-informed psychotherapies, outpatient or aftercare programs) Delivers brief interventions for individuals, when and if required Stays up-to-date and integrates evidence-informed counselling approaches based on each individual's comprehensive assessment and care plan, when working with individuals and with groups Adapts counselling approaches within scope of practice to meet individuals' specific needs (e.g., family counselling or vocational counselling) Collaborates with individuals to develop and implement evidence-informed recurrence prevention plans Monitors and identifies the return of symptoms and takes proactive steps to prevent or minimize such return 	<ol style="list-style-type: none"> Applies a broad range of equity-informed, culturally competent, evidence-informed counselling approaches (e.g., land-based or Indigenous ways of healing) tailored to the needs of individuals, groups, couples and families/support network Responds constructively and effectively to complex counselling challenges (e.g., co-occurring disorders, recurring thoughts and behaviours of suicide, substance-induced psychosis and treatment resistant concerns) Employs a biopsychosocial understanding of substance use and mental health concerns to accurately assess an individual's developmental and psychological strengths Engages individuals in discovering the connection between their substance use or mental health concerns and their corresponding experiences and circumstances Collaborates with individuals to identify and address behaviours that influence their well-being Selects and adjusts approaches to counselling based on the severity of substance use, mental health or both concerns Prioritizes individuals' access to services and supports based on signs and symptoms of recurrence 	<ol style="list-style-type: none"> Engages with individuals who present with complex backgrounds and needs (e.g., traumatic brain injury) Applies advanced counselling theories and skills for substance use, mental health and co-occurring concerns in complex personal and social situations Innovates counselling approaches based on theory, research, trends, promising approaches and new knowledge Advocates for and integrates the use of technology to provide counselling services, especially to individuals in rural and remote locations Collaborates with service providers in other fields to gather insight on alternative approaches to counselling Mentors or supports colleagues to promote evidence-informed approaches to all aspects of counselling and awareness of the needs of identified populations (e.g., through the Truth and Reconciliation Commission's Calls to Action) Leads or contributes to best practices and the improvement of approaches in the field, and stays current with emerging evidence and knowledge Recognizes the value of a range of lived and living expertise and seeks opportunities to incorporate this expertise into service improvements

COUNSELLING

Applying a comprehensive range of evidence-informed counselling styles, techniques and methodologies to improve the overall well-being of individuals affected by substance use or mental health concerns.

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<p>7. Adheres to confidentiality and ethics in accordance with relevant guidelines, regulations and professional codes</p> <p>8. Recognizes signs and symptoms of mental health and substance use concerns and applies the appropriate level of care</p>	<p>8. Collaborates with individuals to facilitate the development of strengths and life skills associated with well-being</p> <p>9. Collaborates with other practitioners to provide integrated care for individuals</p> <p>10. Engages in self-analysis with supervisor and critical self-reflection to recognize, mediate and resolve personal or professional limitations and biases that could impede ability to work constructively with individuals</p>	<p>8. Collaborates with individuals to identify when existing services are no longer needed; demonstrates awareness and compassion during transitions; and, in collaboration with individuals, develops plans that include long-term sustainable supports and wrap-around, follow-up services as needed (e.g., harm reduction services, injectable opioid agonist therapy, housing, mental health services)</p>	

EXAMPLES

FAMILIES, CAREGIVERS* AND SOCIAL SUPPORTS

Working collaboratively with individuals, families, caregivers, partners, friends, Elders, groups and communities who are positioned to support well-being goals related to substance use, mental health or both. This includes acknowledging families, caregivers and other individuals providing social support as partners in care and recognizing the value of family involvement. Considers the role of other-than-human supports (e.g., companion and service animals, connections to nature, land-based healing, spirituality) in achieving well-being.

EXAMPLES

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<ol style="list-style-type: none"> Engages with individuals and listens to gain insight into their lived and living experience with substance use, mental health or both concerns, and their goals for well-being Engages with individuals to identify internal and external resources shown to improve outcomes, which includes identifying meaningful sources of social support (e.g., family members, caregivers, partners, Elders, friends, peers, or persons or groups within the individual's community or network of social relationships) and resources such as access to safe and affordable housing, income and employment Engages with identified sources of support to assess their willingness and suitability; collaboratively develops a plan of engagement to ensure no supportive relationships are excluded Demonstrates an understanding of the role and contribution of caregivers and recognizes the value of engaging them in the development of person-centred care plans that involve family and social supports where appropriate Collaboratively and regularly reviews the engagement of people involved in the individual's support network to respond to their changing needs over time 	<ol style="list-style-type: none"> Collaborates with individuals and their families, caregivers, partners and social support networks to: <ol style="list-style-type: none"> Identify relevant power dynamics that help or hinder the development of healthy, supportive relationships Assess the needs of all and factor them into plans for meaningful support of individuals and, when appropriate, their families, caregivers, partners and social support networks Facilitates dialogue with the individual's family and social support network to improve: <ol style="list-style-type: none"> Their understanding of the impact that substance use and mental health concerns can have on the individual, and how they can provide support Their understanding of and ability for self-care Their ability to access services needed, referring them to other resources as required Assesses risks to safety and well-being of people in the individual's network of social support relationships (e.g., intimate partner violence, child abuse); when assessed risks are high, takes appropriate next steps (e.g., duty to report, engaging with the person in safety planning) 	<ol style="list-style-type: none"> Collaborates with individuals to identify and implement actions to improve relationships with family, social supports or both Assesses the health of the family and social supports to determine their capacity to be part of a cohesive network, and works with them to increase cohesion Facilitates access to individual, couples and family supports when such services are identified as helpful to address relationship concerns Assists in rebuilding trust and stability in relationships affected by the individual's substance use or mental health concerns Collaborates with individuals and their support networks to develop support plans when needed and identified, including consultations and referrals 	<ol style="list-style-type: none"> Collaborates with individuals to develop a deeper understanding of the family and social supports as a cohesive network, and to identify changes that could improve the well-being of the individuals involved Provides support in complex situations in which multiple relationship factors or risks are likely to have an impact on one another Mentors or supports others by developing and applying evidence-informed approaches to respond to complex challenges that impact the family and social support network Develops strategies to promote the value of well-being within the family and social support network Develops and promotes education and destigmatization of substance use and mental health, engaging family and social supports in the design, delivery and evaluation of these initiatives Advocates at municipal, provincial and federal levels for recognizing and respecting families, caregivers, partners, social supports and communities as central to an individual's well-being in a way that is respectful to individuals experiencing substance use or mental health concerns

*Caregivers are often family members, but not always. They play a unique role that typically includes a variety of unpaid activities, from acting as informal case managers, advocates and systems navigators to monitoring symptoms and providing crisis intervention (Canadian Mental Health Association, 2006). Working collaboratively with caregivers when appropriate can be a powerful resource for the service provider.

FAMILIES, CAREGIVERS* AND SOCIAL SUPPORTS

Working collaboratively with individuals, families, caregivers, partners, friends, Elders, groups and communities who are positioned to support well-being goals related to substance use, mental health or both. This includes acknowledging families, caregivers and other individuals providing social support as partners in care and recognizing the value of family involvement. Considers the role of other-than-human supports (e.g., companion and service animals, connections to nature, land-based healing, spirituality) in achieving well-being.

EXAMPLES

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<p>6. Obtains consent from individuals about who from their support network should be consulted and in what circumstances, except where duty-to-report requirements override consent; ensures identified supporters are kept informed of any developments in the individual's goals for well-being</p> <p>7. Where a decision to exclude certain family or social supports occurs, engages further with individuals to gain insight and listens to enhance understanding about these relationships</p> <p>8. Contacts family and social supports for input where appropriate</p> <p>9. Recognizes the significance of family and social support relationships, including other-than-human supports (e.g., companion or service animals or nature), to achieving and managing well-being and preventing recurrence; involves these supports throughout the process of prevention planning as well as before and after access to services</p> <p>10. Demonstrates an understanding of the bi-directional impact of an individual's substance use or mental health on family and social support relationships, and how those relationships impact an individual's substance use and mental health</p>	<p>4. Advocates for unique and creative supports to respond to individualized situations and needs</p> <p>5. Recognizes that it is sometimes necessary for the individual to disengage from relationships and the challenges in doing so; facilitates and supports a healthy transition from, or closure to, such relationships</p> <p>6. Recognizes when it is appropriate and necessary to respectfully bring closure to the therapeutic relationship with the individual and their family and social support network</p> <p>7. Educates the individual and their families, caregivers, partners or social support networks about evidence-informed approaches and services that include the four types of family work: <ul style="list-style-type: none"> • Family orientation • Family education • Family counselling • Family therapy </p>		<p>7. Educates individuals, families, caregivers, partners and social supports about adverse childhood experiences, and directs individuals and service providers toward evidence-informed, equity-informed, and culturally competent approaches</p> <p>8. Explains and advocates for the support of caregivers and their unique role as partners in care and their involvement in policy development</p>

FAMILIES, CAREGIVERS* AND SOCIAL SUPPORTS

Working collaboratively with individuals, families, caregivers, partners, friends, Elders, groups and communities who are positioned to support well-being goals related to substance use, mental health or both. This includes acknowledging families, caregivers and other individuals providing social support as partners in care and recognizing the value of family involvement. Considers the role of other-than-human supports (e.g., companion and service animals, connections to nature, land-based healing, spirituality) in achieving well-being.

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<p>EXAMPLES</p> <ol style="list-style-type: none"> 11. Describes the process of navigating and accessing equity-informed and culturally competent community resources available to individuals and their families, caregivers, partners, social support networks and communities 12. Recognizes families, caregivers, partners and social support networks as partners in achieving collaborative goals for well-being; balancing their needs and rights with the needs and rights of individuals in care 13. Engages with individuals in accessing family-based services and resources for well-being 14. Demonstrates an understanding of the significance of nonjudgmental and collaborative support for the individual 15. Explains the benefits and possible consequences of involving family in an individual's care 16. Identifies the differences in family work and identifies local resources that offer these services: <ul style="list-style-type: none"> • Family orientation • Family education • Family counselling • Family therapy 			

GROUP FACILITATION

Using evidence-informed approaches to work with individuals affected by substance use, mental health concerns or both in group settings.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> Explains the role of group approaches in working with individuals Explains the differences between group counselling, group therapy and psycho-educational groups Supports more experienced facilitators in facilitating group education Observes group sessions and consults the lead about perceptions of group dynamics (e.g., gendered, cultural) Interacts with individuals in the group under close supervision by the lead facilitator Explains behaviours that lead to positive change and those that may impede change Ensures the group setup is conducive to safety and promotes positive interactions for all, such as: <ol style="list-style-type: none"> Including two facilitators in each group Setting expectations through community agreement Explaining the principles of adult learning and education, and teaching theory and methods 	<ol style="list-style-type: none"> Explains the primary characteristics of a range of group facilitation approaches Leads information sessions or similar psycho-educational groups, consulting and debriefing with more experienced co-workers as needed Screens and assesses group members for suitability and compatibility, consulting with more experienced co-workers as needed Considers the need for groups that address factors that impact equity; addresses specific topics and advocates for such groups Encourages the development of healthy social skills in all group members Engages with groups and develops rapport using a range of facilitative techniques Encourages and models healthy group dynamics Adjusts facilitation style and approach to address individual behaviours that pose challenges in promoting positive group interactions Identifies and responds to group dynamics that can result in silencing or unequal attention given to group members Facilitates manual-based groups with fidelity to the manual; consults experienced facilitators or leadership as needed if deviating from the manual 	<ol style="list-style-type: none"> Facilitates larger groups and groups with individuals with more complex needs using a range of proactive approaches and techniques to spur and enhance group problem solving and individual and group goal achievement Designs and implements strategies and techniques to meet group needs Continuously monitors and assesses group dynamics to maintain a safe, productive environment for all, intervening as necessary Works to equalize power imbalances in relationships within the group Acquires expertise in the delivery of groups that meet the needs of specific populations Intervenes with the co-facilitator appropriately and decisively if a crisis is developing or escalating by being aware of and attending to the group process (e.g., by ending the session early or separating or temporarily removing members of the group) Assesses and reconfigures groups as required to improve group functioning and address individual needs 	<ol style="list-style-type: none"> Demonstrates agility in facilitating a variety of groups Innovates, develops, adapts and applies group materials designed to respond to a range of complex situations, maintaining an evidence-informed approach Mentors or supports other group facilitators to promote evidence-informed approaches; equity- and trauma-informed approaches; culturally competent, high-quality interventions; and adherence to service standards and program integrity Adapts/contributes new knowledge and promotes new evidence-informed approaches to group facilitation by explaining and demonstrating techniques and approaches and by sharing resources with others Leads in developing and implementing groups that address specific needs and topics and require specialized knowledge and skills (e.g., groups for pregnant women at risk, women with a child with fetal alcohol syndrome disorder, women who have experienced violence, men with trauma histories, young gay men, service providers at risk of stress injuries)

MEDICATIONS

Explaining the use of medications in the support of individuals with substance use, mental health concerns or both, and responding to ongoing needs related to medication support and well-being planning.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> Explains in general terms the type of medications that are the most prone to producing dependency and those that are used: <ol style="list-style-type: none"> To treat substance use and mental health concerns To address mood, behaviour and cognitive processes To treat pain To treat concerns co-related to substance use (e.g., organ failure, heart and lung diseases, hepatitis, HIV and AIDS) Explains the common side effects of medications used to treat substance use and mental health concerns, and the potential sex-differentiated impacts of using them incorrectly Explains the signs and symptoms of adverse drug reactions, and consults with more experienced service providers if adverse reactions are suspected Monitors individuals for signs of incorrect use of medication, and consults with more experienced service providers if incorrect usage is suspected Explains prescription take-back initiatives Participates in ongoing learning for increased awareness of common and severe side effects Explains the “rights” of medication (right time, right patient, right route, right dose, right medication, right documentation, right response, right to refuse) 	<ol style="list-style-type: none"> Explains the way medications that alter mood, behaviour and cognitive processes are: <ol style="list-style-type: none"> Administered Likely to interact with other substances, including alcohol And explains the impact: <ol style="list-style-type: none"> When use of the drug is stopped When the drug is used improperly Reviews research about medications used to treat substance use and mental health concerns Consults with service providers prescribing medications when necessary Discusses with individuals their right to use or not use medications, documenting their choices objectively and, with their consent, informing others involved in their care Supports individual access to prescribed medications where barriers are present 	<ol style="list-style-type: none"> Applies evidence-informed approaches (e.g., harm reduction, trauma- and violence-informed care) for the use of medication support and well-being planning Explains with accuracy and detail how medications that affect mood, behaviour and cognitive processes: <ol style="list-style-type: none"> Affect individuals physiologically and neurologically in different ways Can have different impacts depending on how they are administered (e.g., dosages, forms of medication), and their benefits and drawbacks Can have an impact on individuals if taken alone or if taken in combination with other substances, including alcohol Identifies individuals who could potentially benefit from augmenting other treatment approaches with medications Collaborates with individuals, teams and medical professionals to: <ol style="list-style-type: none"> Incorporate medications into individual treatment plans as appropriate Monitor the impact of prescribed medications Assesses individuals to identify symptoms of adverse reactions for overuse or misuse of medications and consults with medical professionals or emergency medical services as required 	<ol style="list-style-type: none"> Applies comprehensive knowledge about the use of medications in addressing substance use and mental health concerns in: <ol style="list-style-type: none"> Working with individuals Supervising or coaching others Overseeing or reviewing treatment plans Collaborating and networking Advocating for evidence-informed approaches Builds and maintains a network of resources skilled in medication support and recovery-oriented approaches Educates or arranges for professional development of others on the types of medications that mitigate or aggravate issues related to substance use and mental health, and takes into consideration how the factors that impact equity may also affect the use and prescription of medication Initiates, facilitates or leads the development and implementation of evidence-informed approaches and policies that support the innovative use of medications to treat substance use and mental health concerns

OUTREACH

Designing and delivering evidence-informed substance use and mental health services in the community to a broad range of individuals, including those who might not otherwise seek or have access to those services.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Explains in general terms: <ol style="list-style-type: none"> a. What outreach is and the role it plays in expanding access to care and to primary, secondary and tertiary prevention b. The type and range of outreach activities c. Factors affecting access to services and where specific populations are best reached and served (e.g., Indigenous peoples, racialized groups) d. Substance use and mental health concerns in the populations the organization is serving 2. Provides support to outreach workers and multi-disciplinary teams where applicable 3. Maintains contact with representatives from a wide range of community services 4. Recognizes and maintains personal health and safety protocols when working in the community 5. Creates a culturally, emotionally and psychologically safe environment when interacting with outreach contacts 	<ol style="list-style-type: none"> 1. Adheres to evidence-informed approaches in delivering or assisting in the delivery of a range of substance use and mental health services 2. Creates rapport with individuals by interacting with them in their preferred setting and acting in a manner appropriate to that setting 3. Collaborates with individuals to identify individual and overall needs of the outreach population with an equity-informed, culturally competent lens 4. Attends to the safety of all parties involved in outreach, including self, when planning and delivering outreach services 5. Promotes health equity through assisting individuals to access appropriate services to improve their social determinants of health 	<ol style="list-style-type: none"> 1. Engages with others in the community: <ol style="list-style-type: none"> a. To develop a thorough understanding of local outreach needs and gaps in services b. To develop and deliver outreach activities aligned with evidence-informed approaches and appropriate to target populations 2. Participates in evaluating outreach services, including those provided by the organization and those provided by others in the community 3. Evaluates the outcome of an individual referral to a community resource and brings related issues to the attention of more experienced workers, if appropriate 4. Identifies barriers to accessing services and supports, and takes action to reduce those barriers 	<ol style="list-style-type: none"> 1. Promotes, supports and enhances a variety of outreach services in the community, adhering to standards and evidence-informed approaches 2. Engages service providers from multiple disciplines to address outreach needs, including substance use professionals, mental health professionals, community-based resources and other related service providers 3. Reviews evaluations of referral outcomes and, if appropriate, provides feedback to organizations or service providers 4. Collaborates with a range of community organizations to develop outreach programs that build on community strengths and address community needs 5. Collaborates with others to contribute to the knowledge base of evidence-informed approaches to outreach 6. Prepares and shares evidence, knowledge and education with appropriate stakeholder groups (e.g., community, funders, politicians, peers at conferences)

PREVENTION AND HEALTH PROMOTION

Engaging with individuals affected by substance use, mental health, co-occurring or a combination of concerns and their families and communities; leveraging their knowledge, values and beliefs; and sharing evidence-informed knowledge to promote personal and community well-being.

Note: Throughout this competency, the term prevention should be interpreted to mean prevention of harms associated with substance use and mental health concerns.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> Explains important concepts in prevention and health promotion in general terms, such as: <ol style="list-style-type: none"> The key social determinants of health The dual continuum of mental health and mental illness The variety of prevention approaches, from primary prevention to harm reduction The risks and protective factors of harms associated with substance use and mental health concerns The importance of prevention and outreach services as part of an effective prevention and health promotion strategy The fact that prevention and health promotion efforts can be tailored to the needs of equity-deserving groups and specific populations The importance of breaking down stigma and creating a space for open dialogues The importance of connecting individuals with services Assists with the preparation, delivery and communication of a range of prevention programs among all involved groups, following best practices Seeks to understand the accessibility needs in own area of work 	<ol style="list-style-type: none"> Explains evidence-informed approaches in prevention and health promotion, and applies that understanding when engaging with individuals, families, social support systems and communities Participates in developing and delivering person-centred, evidence-based prevention and health promotion activities, working alone, with organizational teams and in collaboration with partners in the community Delivers or assists in delivering standardized public education programs to general populations such as schools and community groups, using evidence-informed approaches Delivers or assists in delivering customized programs tailored to the needs of specific populations Engages with individuals and subject matter experts to better understand the impact prevention and health promotion programs have based on factors that impact equity, and applies that understanding in service and product development and delivery efforts Shares ideas, evidence, knowledge and information, and explains how and why specific tasks contribute to the community's prevention and health promotion capacity Promotes awareness of environmental factors affecting substance use and mental health 	<ol style="list-style-type: none"> Develops and delivers a range of complex interventions, programs and services informed by analysis of determinants of health and an in-depth knowledge of relevant prevention and health promotion techniques and approaches Navigates service delivery, meeting the specific needs of the population Mobilizes and supports community member involvement in prevention and health promotion activities that address various determinants of health, leveraging community strengths and resources in the process Gauges the level of community commitment and capacity, and shifts from a leadership role to a support role as others assume more responsibility Participates with community members in evaluating prevention and health promotion activities Advocates on behalf of the community as a whole for sustainable prevention and health promotion services tailored to community needs Advocates for prevention and health promotion services, using disaggregated evaluation data and other evidence-informed findings 	<ol style="list-style-type: none"> Mentors or supports others in developing, implementing and evaluating evidence-informed prevention and health promotion initiatives Oversees and manages a range of prevention- and health promotion-focused initiatives based on evidence-informed approaches that address sustainability, including benchmarks for evaluation Incorporates relevant evidence and knowledge of social determinants of health and risk and protective factors in program planning Initiates, facilitates, leads or conducts analysis and evaluation of community programs and services to measure effectiveness and identify gaps or opportunities in service Facilitates developing and maintaining multi-disciplinary collaborations that: <ol style="list-style-type: none"> Support healthy families and communities Destigmatize specific populations Enhance public policy and tailored program design Collaborates on, leads or contributes to the design and delivery of evidence-informed and customized programs in complex, sensitive situations that call for a high degree of multi-disciplinary involvement

PREVENTION AND HEALTH PROMOTION

Engaging with individuals affected by substance use, mental health, co-occurring or a combination of concerns and their families and communities; leveraging their knowledge, values and beliefs; and sharing evidence-informed knowledge to promote personal and community well-being.

Note: Throughout this competency, the term prevention should be interpreted to mean prevention of harms associated with substance use and mental health concerns.

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">EXAMPLES</p>	<ul style="list-style-type: none"> 8. Promotes a sense of community ownership and involvement by: <ul style="list-style-type: none"> a. Helping build community connections b. Helping enhance the resilience of all community members c. Advocating for and educating others on equity-oriented public health policy d. Building capacity within the community to identify group-specific needs and develop strategies and solutions to address those needs 9. Collaborates with a range of partners to identify and assign priorities to community needs and required resources related to prevention and health promotion 10. Monitors evidence and knowledge related to prevention and health promotion, and applies relevant findings in all activities, including interactions with individuals using services and community members 11. Explains the role of public health policy in mitigating risk and harm 		

PROGRAM DEVELOPMENT, IMPLEMENTATION AND EVALUATION

Developing and implementing substance use and mental health programs, modifying existing programs to respond to identified needs, and evaluating the outcomes of existing, new or revised programs.

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<p>EXAMPLES</p> <ol style="list-style-type: none"> Explains in general terms what is meant by needs assessment, program development, implementation and evaluation Explains in general terms the rationale for each of these four components and the relationship among them Explains the value of including the perspectives and interests of individuals with lived or living experience and those from equity-deserving groups Recognizes the importance of collecting data related to program outcomes and identifying useful information for evaluation 	<ol style="list-style-type: none"> Explains how relevant policies, evidence, frameworks and theories apply to program development Explains the phases of needs assessment, program development, implementation and evaluation; the goals and outputs for each phase; and the activities likely to be conducted as part of each phase Identifies outside resources to partner with to explore research opportunities for advanced evaluation Collects feedback through various means (e.g., focus groups, interviews, system partner engagement, surveys) Involves individuals with lived or living experience and their families and social supports in program development, implementation and evaluation, with particular consideration for equity-deserving groups 	<ol style="list-style-type: none"> Assesses the magnitude and nature of the issues, including distribution of risk factors, when conducting needs assessments Supports others in their needs assessment, program development, implementation and evaluation efforts Initiates evaluation planning early in a program's life cycle, continuously monitors progress and keeps notes to ensure those insights are retained Collaborates with specific populations (e.g., Indigenous, racialized or 2SLGBTQQIA+ groups) and others to ensure evaluation plans include issues that are important to them Participates in needs assessments and developing, implementing or evaluating large or complex programs, or leads such efforts for smaller or less complex programs Plans and conducts evaluations using various methods (e.g., interviews, surveys, focus groups) Identifies the resources and training required to develop, implement or evaluate a program, and mobilizes those resources as appropriate Develops data-collection tools such as interview guides and surveys, and uses those tools to gather information 	<ol style="list-style-type: none"> Conducts complex needs assessment, program development, implementation and evaluation projects, or leads internal teams charged with such projects Collaborates with and sometimes leads multi-disciplinary teams designing, implementing or evaluating customized programs Leads the development of equity-related indicators for program evaluation Mentors or supports others involved in program development, implementation and evaluation Writes final reports in accordance with evidence-informed standards Reviews funding proposals and clearly conveys review decisions Understands and applies change management, process and implementation principles Initiates or collaborates in building the knowledge base: <ol style="list-style-type: none"> On trends in program development, implementation and evaluation To support the development of funding proposals Creatively applies new learning to reflect evidence-informed approaches to program development, implementation and evaluation Establishes and maintains positive and effective communications with funding organizations to maintain awareness of upcoming initiatives

PROGRAM DEVELOPMENT, IMPLEMENTATION AND EVALUATION

Developing and implementing substance use and mental health programs, modifying existing programs to respond to identified needs, and evaluating the outcomes of existing, new or revised programs.

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">EXAMPLES</p>		<ul style="list-style-type: none"> 9. Integrates consideration of equity, social determinants of health, Indigenous issues, and trauma- and violence-related factors into all program evaluation activities 10. Researches and develops specific funding proposals 11. Applies relevant policies, such as those that govern privacy and confidentiality, and relevant evidence and knowledge to program development, implementation and evaluation projects 12. Analyzes or participates in the analysis of program evaluation findings 13. Shares evaluation findings with others and promotes ongoing knowledge exchange about program development, implementation and evaluation 	<ul style="list-style-type: none"> 11. Leverages knowledge exchange opportunities to roll up multi-disciplinary findings

RECORD KEEPING AND DOCUMENTATION

Creating and maintaining accurate, up-to-date, comprehensive records in accordance with organizational guidelines, professional standards and regulatory requirements.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Assists in updating basic records (e.g., intake reports, release forms, progress notes) 2. Adheres to all legislation, organizational guidelines, procedures, protocols and applicable regulatory requirements about where, when and how individual records are to be safeguarded 3. Enters, accurately and legibly, all required elements of documentation records into information systems in a timely manner, discerning what information is relevant and needs recording 4. Identifies the legal responsibilities and obligations for record keeping for own role and job function 5. Obtains informed consent from individuals and required documentation for exchanging information (e.g., during the referral process) 6. Discusses the limits of confidentiality with individuals to ensure they understand the circumstances in which information will or will not be shared 7. Ensures entries are legible if handwritten or accurately typed and coded for electronic systems 8. Demonstrates ability to use technology and electronic systems for record keeping and documentation 9. Uses person-first, trauma-informed language in records and documentation 	<ol style="list-style-type: none"> 1. Updates sensitive documentation records (e.g., screening and assessment reports, court-mandated reports) 2. Uses non-stigmatizing language, appropriate terminology and approved abbreviations in individual records and documentation 3. Records all individual- and work-related interactions in an objective and accurate manner that reflects organizational protocols, established regulatory practices, record-keeping guidelines or any combination of these 4. Documents all stages of the treatment and support process clearly, accurately and concisely 	<ol style="list-style-type: none"> 1. Ascertains and conveys to others the appropriate language and protocols (e.g., approved abbreviations, person-first language) in record keeping 2. Prepares complex comprehensive documents (e.g., discharge summaries) in accordance with policies and guidelines 3. Responds to case-sensitive or specialized requests for records from external organizations 	<ol style="list-style-type: none"> 1. Monitors and samples all types of individual records to ensure adherence to confidentiality, information-sharing and data protection requirements and protocols 2. Mentors or supports others to: <ol style="list-style-type: none"> a. Ensure adherence to all relevant requirements, use of person-first language and compliance with protocols b. Remedy any lapses discovered through file sampling and monitoring 3. Keeps up-to-date with legislative changes likely to have an impact on individual record-keeping policies for the organization 4. Reviews complex, comprehensive documents (e.g., discharge summaries) for accuracy and adherence to protocols 5. Mentors or supports others on case-sensitive requests for records from external organizations for referral or wrap-around service planning 6. Ensures electronic record-keeping systems are securely protected and backed up so records are retrievable in the event of technical problems

REFERRAL

Collaborating with individuals who use substances and have mental health concerns to identify and access available referral services and supports that are inclusive and culturally appropriate to best meet their needs.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Develops knowledge of and maintains relationships with referral resources (e.g., publicly funded and workplace benefits programs) 2. Becomes familiar with various systems and community resources available for meeting individuals' needs and how to access them 3. Collaborates with individuals to identify potential referral options and the appropriateness of available resources; transparently discusses priorities, expectations and required actions 4. Connects individuals with systems and resources in a timely fashion 5. Helps complete documents required for the referral process 6. Adheres to relevant guidelines, regulations and professional codes about confidentiality and ethics 7. Builds awareness of role and organizational mandate with referral sources 8. Recognizes barriers to services, such as gender, caregiving, age, rural location, being racialized, etc. 9. Recognizes silos and system navigation issues in respective communities within both mental health and substance use services 10. Recognizes what is within own scope of work and when it is appropriate to make a referral to another service provider 11. Considers individualized needs and maintains a person-centred approach when making referrals (see Person-Centred Care competency) 12. Uses technologies to support referrals 	<ol style="list-style-type: none"> 1. Is familiar with potential referral resources through activities such as visiting sites, networking, and studying websites and publications 2. Maintains a collaborative, holistic approach to service delivery 3. Builds and maintains a network of resources available for meeting individual needs and wrap-around services 4. In consultation with individuals, assesses their ability to participate in referral services and works with them to identify barriers to participation (e.g., inadequate housing, trauma and violence history), as well as opportunities; collaborates with individuals to find solutions and address barriers 5. Collaborates with referral sources, including identifying when it is appropriate to offer a warm hand-off service 6. Coordinates referral services and supports to ensure continuity and provide seamless care for individuals 7. Advocates for individuals using services when necessary 8. Demonstrates an understanding and awareness of re-traumatization and minimizes the frequency with which a person has to re-tell their story when making referrals 	<ol style="list-style-type: none"> 1. Maintains a network of referral sources appropriate to the needs of individuals with complex histories 2. Collaborates with individuals to enhance their ability to engage in and follow up on the referral process 3. Maintains contact and follows up with individuals and referral sources to facilitate successful care and evaluate the outcome of referrals 4. Collaborates with service providers to help individuals navigate the systems, ensure continuity and break down silos 5. Advocates with referral agencies on behalf of individuals 6. Engages with individuals during wait times and transition to other services, considering gender, age, culture and other individual factors during various stages of service 	<ol style="list-style-type: none"> 1. Builds and enhances referral capacity by networking with external senior-level colleagues 2. Establishes protocol and method for collecting satisfaction data from individuals using services 3. Oversees the referral process to establish mutually beneficial relationships 4. Reviews records of referral for accuracy, completeness, timeliness, and compliance with legal and clinical requirements 5. Follows up and takes appropriate action on situations in which individuals or referral sources report inappropriate, unsatisfactory or incomplete referrals 6. Implements, monitors and evaluates processes and policies to enable communication within and between systems

SCREENING AND ASSESSMENT

Selecting, administering and interpreting the results of evidence-informed tools and methods to assess substance use and mental health and to inform treatment and support plans.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Explains in general terms that: <ol style="list-style-type: none"> a. Screening begins with the process of identifying and addressing individuals' concerns, and may lead to further investigation b. Information gathered during screening is a snapshot rather than a complete portrait of the individual c. Assessment is an ongoing process that evaluates individual progress and provides a rationale for changing the treatment and support plan as necessary d. There is a relationship of screening and assessment to one another and to the range of other processes and services provided to the individual e. Readiness to disclose concerns will be respected, and additional information can be added as trust and readiness increase 2. Identifies signs and symptoms of challenges related to substance use and mental health, distinguishing between them and intervening appropriately 3. Identifies life-threatening situations related to substance use (e.g., overdose) and mental health concerns (e.g., suicidality) 4. Adheres to relevant guidelines, regulations and professional codes about privacy, confidentiality and human rights 5. Provides administrative or other support to intake workers or clinical staff conducting assessments 	<ol style="list-style-type: none"> 1. Provides individuals with an environment that feels safe, respecting needs, background, gender and culture 2. Conducts culturally competent screening and assessment using appropriate tools and approaches shown to lead to the best outcomes and validated for the population being served 3. Conducts screening and assessment interviews exploring each individual's underlying thoughts and emotions using: <ol style="list-style-type: none"> a. A trauma-informed approach b. A range of questioning techniques c. Observations of verbal and non-verbal communications to elicit accurate information d. Language appropriate to the individual's level of understanding 4. Delivers equity-informed and culturally competent brief interventions for individuals during screening or assessment services 5. Engages with individuals to: <ol style="list-style-type: none"> a. Identify relevant cultural and historical influences (e.g., colonization, residential schools, being racialized) b. Identify relevant social and political factors that combine to create and promote inequity c. Identify their strengths d. Increase access to relevant programs and services 	<ol style="list-style-type: none"> 1. Employs evidence-informed screening and assessment tools to identify health concerns that might influence an individual's treatment and support plan 2. Integrates equity-informed and culturally competent approaches in the use of screening and assessment tools and techniques 	<ol style="list-style-type: none"> 1. Assesses the adequacy of existing tools and approaches, and innovates enhancements as appropriate 2. Mentors or supports others to: <ol style="list-style-type: none"> a. Ensure the quality and integrity of screening and assessment tools and approaches b. Apply evidence-informed approaches in screening and assessment c. Enrich their knowledge and refer them to resources about the impact of different cultures d. Enhance their knowledge of factors affecting screening and assessment (e.g., sex, gender, race, age, culture, Indigenous status, trauma, violence) e. Enhance their skills in trauma-informed screening approaches f. Enhance interviewing and other clinical skills 3. Initiates or collaborates on the exploration and learning of various aspects of screening and assessment to inform the development of treatment and support plans

SCREENING AND ASSESSMENT

Selecting, administering and interpreting the results of evidence-informed tools and methods to assess substance use and mental health and to inform treatment and support plans.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ul style="list-style-type: none"> 6. Acquires basic individual information, adhering to all relevant templates or guides to ensure completeness and accuracy 7. Supports individuals to identify their goals for well-being 8. Responds to individuals' needs and builds rapport 9. Approaches screening and assessment as the beginning of the therapeutic relationship 10. Demonstrates awareness of own personal and professional attitudes and cultural biases, and the impact they might have on the ability to complete screening and assessments in a nonjudgmental way; seeks assistance and support when required 	<ul style="list-style-type: none"> 6. Selects and applies screening and assessment tools and interprets the data they yield to prioritize each individual's needs and inform the development of tailored treatments, supports or services that are culturally affirming (e.g., land-based healing, companion animals) 7. Assesses barriers to engagement on an ongoing basis, noting any changes that occur and adapting the treatment and support plan accordingly 8. Identifies signs of crisis or trauma responses during screening and assessment and quickly intervenes to ensure safety 9. Identifies individuals who might be at risk of suicide, self-harm or harming others, and notifies more experienced co-workers or, if appropriate, calls for emergency services 10. Consults and collaborates with other service providers to clarify or enhance information collection process 11. Refers individuals who will no longer be involved with own organization to other equity-informed, culturally competent community resources that could be helpful 12. Monitors current trends and information about knowledge and evidence related to screening and assessment 		

TRAUMA- AND VIOLENCE-INFORMED CARE

Interacting with individuals with substance use and mental health concerns to identify and consider the impact that overwhelmingly negative events have on functioning and the ability to cope. Developing and delivering interventions in collaboration with individuals that emphasize safety, choice and personal control, with the aim of minimizing harm and re-traumatization. Understanding the specific histories and contexts of individuals (including gender, culture and other factors affecting equity), and approaching each person with empathy.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<p>1. Describes key concepts and principles in understanding trauma and violence in general terms, including:</p> <ul style="list-style-type: none"> a. The prevalence of experiences of trauma and violence among individuals with substance use and mental health concerns, and that these experiences are not limited to a specific group or population b. The fact that trauma can occur from a personal (e.g., intimate partner violence), external (e.g., accident, natural disaster) or systemic (e.g., racism, colonialism) source, and these sources of trauma may intersect c. The fact that exposure to trauma and violence is a risk factor for developing chronic physical and mental health concerns d. The impacts of historical, systemic and intergenerational trauma and violence on communities and cultures, as well as individuals e. The variability of the impact of trauma, based on factors such as age at first experience, severity, frequency and how support is received, and how it can be central to an individual's development and ability to cope f. The many ways individuals may adapt to cope and survive 	<p>1. Demonstrates an understanding of how trauma and violence are experienced differently across different groups (e.g., age, gender, culture), and is informed by this knowledge when interacting with individuals</p> <p>2. Demonstrates an understanding of the neurobiological effects of trauma and violence, and basic emotion regulation strategies (e.g., grounding) that can address neurobiological responses</p> <p>3. Demonstrates an understanding of the multi-directional and complex association between intimate partner violence, substance use and mental health:</p> <ul style="list-style-type: none"> a. Uses person-centred, trauma- and violence-informed approaches to engage, screen, assess, detect, intervene, stabilize, empower, protect, support and follow up with individuals with co-occurring experiences of intimate partner violence and substance use or mental health concerns b. Responds to individuals' unique health concerns to safeguard personal choice and manage well-being <p>4. Demonstrates self-awareness of own biases and assumptions, power and privilege, and own experience of trauma</p> <p>5. Demonstrates an understanding of the effects of trauma and violence on brain development, circuitry and function</p>	<p>1. Engages individuals in exploring the connection between trauma, violence, substance use and mental health, and supports them in their choices to examine personal circumstances and experiences</p> <p>2. Co-creates well-being plans with individuals that integrate an understanding of the association between trauma, violence, substance use and mental health concerns</p> <p>3. Collaborates with individuals to:</p> <ul style="list-style-type: none"> a. Foster an understanding of integrated evidence-informed service approaches that are responsive to the needs of individuals with histories of trauma, violence, substance use and mental health concerns b. Support them in acknowledging and identifying the connections between trauma, violence, substance use and mental health, and in seeking healing when ready c. Support them in developing strategies to minimize the impact of triggers or other factors that contribute to re-traumatization d. Support self-efficacy, self-determination, dignity, safety and personal control e. Encourage the choice of treatment and support options that ensure physical, psychological and emotional safety and well-being f. Support post-traumatic growth and resiliency 	<p>1. Creates, promotes and advocates for programs, services and supports that address the impact of trauma and violence on individuals</p> <p>2. Creates opportunities for enhancing training on trauma- and violence-informed approaches</p> <p>3. Leads integration of trauma- and violence-informed approaches into existing programming, including different types of trauma (e.g., racism, colonialism, sex, gender)</p> <p>4. Establishes protocols, approaches and policies to guide the delivery and development of trauma- and violence-informed services and supports, while promoting and encouraging feelings of safety and personal choice for all individuals, including those with histories of trauma and violence</p> <p>5. Identifies and provides opportunities for staff to participate in training to stay current with standards of trauma- and violence-informed approaches and care</p> <p>6. Demonstrates awareness that staff may have experiences of interpersonal and structural violence by creating a culture of psychological health and safety, promoting workplace wellness, and preventing injuries/vicarious trauma (e.g., moral injuries)</p>

TRAUMA- AND VIOLENCE-INFORMED CARE

Interacting with individuals with substance use and mental health concerns to identify and consider the impact that overwhelmingly negative events have on functioning and the ability to cope. Developing and delivering interventions in collaboration with individuals that emphasize safety, choice and personal control, with the aim of minimizing harm and re-traumatization. Understanding the specific histories and contexts of individuals (including gender, culture and other factors affecting equity), and approaching each person with empathy.

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<p>EXAMPLES</p> <ul style="list-style-type: none"> g. The symptoms of post-traumatic stress disorder (PTSD) and how they present differently in different populations h. The signs of vicarious or secondary trauma and compassion fatigue i. Re-traumatization and how it can be prevented or reduced <ol style="list-style-type: none"> 2. Recognizes how broader circumstances can increase risk of multiple forms of violence and trauma, and create barriers to accessing support 3. Applies the key principles of trauma- and violence-informed approaches (safety and trustworthiness) in relationship building, and promotes choice, control and collaboration in interactions; offers to share these skills and strengths when working with individuals 4. Uses person-centred, trauma-informed approaches 5. Recognizes that trauma-informed approaches do not require disclosure of trauma and uses them as universal approaches when providing care 	<ol style="list-style-type: none"> 6. Interacts with empathy and without judgment to guide individuals in managing the impact trauma and violence have had on their lives and to prevent re-traumatization 7. Collaborates with individuals to build on strengths that enhance resiliency and promote choice, personal control and positive coping skills 8. Creates safety in all interactions by: <ol style="list-style-type: none"> a. Asking about and implementing safety preferences related to the physical environment b. Planning and practising self-regulation skills and positive coping strategies, and creating safety plans c. Establishing predictable, clear and accurate expectations about services based on the understanding of individuals' goals for well-being 9. Facilitates recovery from trauma and violence by referring individuals to timely, accessible and appropriate counselling, healing and other programs, services or supports, while respecting individuals' choices 		<ol style="list-style-type: none"> 7. Advances and advocates for ongoing education of service providers about vicarious trauma and compassion fatigue, and promotes individual-, peer- and organizational-level ways to prevent, reduce and cope with these issues 8. Creates, promotes and advocates for programs, services and supports that highlight and advance self-care and well-being for individuals using services and for staff who work with them 9. Mentors or supports others to help them develop and demonstrate evidence-informed relational approaches 10. Identifies interagency and intersectoral networks of services that use trauma- and violence-informed approaches to enhance learning about these approaches and to support the referral of individuals

TREATMENT PLANNING

Collaboratively developing a treatment and well-being plan based on screening and assessment findings, and ensuring activities and resources reflect individuals' needs, strengths and goals. The process also includes monitoring, evaluating, planning for discharge and updating the treatment plan to reflect individuals' evolving needs and goals.

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<p>EXAMPLES</p> <ol style="list-style-type: none"> Adheres to and practices confidentiality and ethics in accordance with relevant guidelines, professional codes and regulations Explains the organization's treatment planning process so individuals can make informed decisions about their treatment options Provides basic information about available treatment programs and services to individuals and refers them to programs and services as appropriate Demonstrates awareness and understanding of different ways of knowing, including Indigenous ways of knowing, and applies them when developing individualized treatment plans (e.g., land-based healing) Identifies and helps address individual barriers to treatment (e.g., lack of transportation, safety planning, access to food security, childcare services) Ensures treatment plans meet individuals' goals for well-being using a person-centred approach that includes considerations for overall health care 	<ol style="list-style-type: none"> In collaboration with individuals, assesses individual and structural barriers they may be experiencing in committing to and engaging in treatment plan activities Collaborates with individuals and multi-disciplinary service providers to: <ol style="list-style-type: none"> Establish a basic understanding of treatment planning Identify realistic and achievable short- and long-term goals Identify equity-related, contextual and personal factors that should be considered in the plan Develop a treatment plan based on evidence-informed approaches and the individual's goals, age, gender, culture and context Adapt the plan over time so it continues to respond to the individual's needs and other life circumstances Incorporates strength-based feedback from family and social supports in developing a treatment plan when appropriate; considers other-than-human supports (e.g., companion and service animals, connection to nature, spirituality) Keeps clear and accurate records of all key information gathered during the treatment planning process Monitors individuals' progress throughout the course of care, celebrates successes, recognizes the opportunities provided by setbacks or obstacles, and supports individuals in responding to them Assists senior staff in evaluating treatment planning activities 	<ol style="list-style-type: none"> Assesses the relative severity of substance use and mental health concerns, if present, and adjusts the treatment plan to reflect the relative priority of each Applies a range of evidence-informed techniques and approaches to support commitment to the treatment plan and related activities Creatively engages with individuals with complex or sensitive backgrounds, multi-disciplinary service providers and multiple ways of knowing to help improve the likelihood of achieving treatment goals Monitors emerging information about equity-informed and evidence-informed approaches that could aid in developing effective treatment plans 	<ol style="list-style-type: none"> Collaborates with a broad range of multi-disciplinary service providers to design and implement treatment plans and activities that address complex needs, population groups and contexts Mentors or supports others in the design and delivery of effective, equity-informed and culturally competent treatment plans Leads or collaborates with others in planning and conducting evaluations of treatment planning Leads the development of appropriate tailored treatment programming options for specific populations and groups Provides education and training opportunities to others to enhance understanding of evidence-informed and equity-informed techniques and approaches

UNDERSTANDING MENTAL HEALTH

Background or contextual knowledge of mental health as required to properly inform specific aspects of work with individuals. Mental health refers to a person's emotional, psychological, spiritual and social well-being, situated in the intersection of contexts (e.g., social determinants of health, social structures).

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EXAMPLES	1. Explains what mental health is, including: <ol style="list-style-type: none"> Its components How it relates to overall health Biological, psychological and social factors contributing to or impacting mental health The dual continuum of mental health and mental illness 	1. Uses evidence-informed approaches to assess individuals' mental health, including assessing for safety and suicide risk	1. Explains how multiple factors interact with each other and how these interactions affect individuals' mental health	1. Mentors or coaches others in developing their knowledge of mental health and applying this knowledge in their work
	2. Explains the social determinants of health and how they impact individuals and their families and friends	2. Consults a wide range of evidence-informed resources, including the Diagnostic and Statistical Manual of Mental Disorders, to understand, clarify or confirm mental health concerns	2. Identifies concurrent concerns that may be present and how they can be addressed holistically	2. Mentors or coaches others in working with complex concerns
	3. Describes signs of common mental health concerns and commonly used screening tools	3. Works with individuals to identify various risks and protecting factors for their mental health	3. Supports individuals with complex concerns that require an in-depth understanding of mental health, in collaboration with other service providers	3. Uses an evidence-informed approach to develop new tools and approaches or improve existing ones to promote mental health and address mental health concerns
	4. Explains how trauma affects mental health, defines trauma-informed care and understands how it affects their work	4. Connects individuals with relevant services through recommendations or referrals, providing other supporting resources when services are not readily available and involving family and social supports as appropriate	4. Applies understanding of medication, side effects and contra-indications to provide adequate support (see Medications competency for additional details)	4. Advocates for the destigmatizing of mental health at the systemic level
	5. Identifies relevant services for various mental health needs	5. Explains in general terms what medications are used for treating different mental health concerns	5. Supports the organization to make changes in the workplace to reduce barriers to accessing mental health services for different populations	5. Translates research findings into knowledge and recommendations that are accessible to the field
	6. Describes basic responses and procedures for immediate mental health concerns or crisis	6. Explains common mental illnesses and their symptom presentations, and identifies methods of support and intervention	6. Participates in collaborative exploration and learning related to mental health and mental health services	6. Facilitates or leads collaborative exploration and learning in mental health and mental health services
	7. Recognizes misperceptions and misunderstandings of mental health issues and explains how they may contribute to stigma toward individuals seeking services, including the unique stigma experienced by individuals with mental illnesses	7. Explains various evidence-informed approaches to improve mental health or treat mental health concerns	7. Integrates current knowledge and evidence when developing or adopting evidence-informed approaches	7. Implements processes to evaluate the impact of various tools and approaches
	8. Reflects and acknowledges one's own personal biases and stigma toward mental health concerns — in world view and in the larger system — while identifying the outcomes caused by such biases and stigma	8. Explains how stigma affects individuals seeking services and identifies ways to remove barriers in the community	8. Collects data or evidence to assess the effectiveness of various tools and approaches	
	9. Describes evidence-informed approaches to addressing mental health concerns within one's own scope of work	9. Seeks to understand stigma related to mental health in different cultures and populations		
	10. Stays current on evidence-informed knowledge and approaches for addressing mental health concerns			
	11. Promotes evidence-informed approaches for mental health services in one's own area of work			
	12. Identifies barriers to accessing services and advocates for individuals			

ACCOUNTABILITY

Holding self and others to standards of care and services that are informed by evidence. Contributing to a culture of using evidence to inform approaches, and taking responsibility for the outcomes individuals receive from care and services. The sources of evidence may be scientific, experiential, traditional and/or cultural.

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EXAMPLES	<ol style="list-style-type: none"> 1. Seeks to learn about knowledge and evidence that can inform one's own work 2. Identifies relevant sources for information on evidence-informed approaches 3. Describes relevant evidence-based outcomes and how they may vary for different individuals at different times 4. Follows up to confirm whether outcomes were met and whether they were effective 5. Recognizes the limitations of one's own expertise and responsibilities, seeking input and guidance from others as appropriate 6. Explains common metrics and benchmarks for measuring care or service outcomes 7. Explains how one's own role contributes to the collective accountability of the service and care team 	<ol style="list-style-type: none"> 1. Identifies evidence-informed approaches relevant to a range of typical situations 2. Critically appraises sources of information and determines the evidence-informed approach in a given situation 3. Collaborates with individuals receiving support to ensure measures and benchmarks are meaningful to them 4. Takes responsibility for supporting individuals in assessing their situation and progress 5. Manages expectations by explaining care limitations and outlining next steps 6. Uses consistent metrics and benchmarks to track and report outcomes for people seeking services 	<ol style="list-style-type: none"> 1. Identifies and adapts evidence-based approaches that are appropriate in complex situations 2. Explores evidence to inform approaches in novel situations 3. Uses sound judgment when making decisions in situations where evidence is not readily available 4. Employs outcome measures to support individuals to assess their situation and make decisions, fostering a sense of hope and confidence 5. Analyzes feedback and outcome metrics to identify areas for improvement as a service provider, as a team or both 	<ol style="list-style-type: none"> 1. Translates emerging evidence to inform approaches 2. Coaches others on searching, assessing and interpreting evidence 3. Coaches others on using evidence-informed approaches and tools 4. Develops tools and processes to support one's own accountability 5. Supports team members' responsibilities within their competencies to ensure standards of care can be met 6. Promotes valid metrics and benchmarks that measure outcomes for individuals seeking services 7. Advocates for time and resources to be made available to support staff in learning and applying evidence-informed approaches

RISK ASSESSMENT AND CRISIS INTERVENTION

Assessing individuals to identify risks of harm. Anticipating, recognizing and responding in a timely and evidence-informed manner when individuals affected by substance use and mental health concerns are in a risky or dangerous situation, such as a physical, sexual, emotional, psychosocial or financial risk and crisis.

EXAMPLES

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<ol style="list-style-type: none"> 1. Defines risks and crisis based on evidence and explains the principles of evidence-informed risk assessment and crisis intervention 2. Develops and maintains a network of resources and supports available for individuals at risk of harm or in crisis 3. Explains the protective factors, risk factors, and signs and symptoms associated with various crises, such as suicidality, self-harm, harm to others, inability to care for self, harms related to substance use (including drug poisoning or toxicity), and psychosocial crises (e.g., loss of housing or income, child apprehension, intimate partner violence) 4. Identifies the essential components of evidence-informed models of crisis prevention action plans 5. Notifies more experienced co-workers or relevant services and support systems if risk factors, signs or symptoms appear to be present 6. Identifies overt signs of crisis 7. Seeks to learn non-violent crisis intervention skills 8. Uses simple screening tools to conduct an initial assessment of risks for suicidality and other harms, connecting individuals with the appropriate services and resources 9. Knows safety screening and applies as appropriate 10. Recognizes and reflects on stigma, racism and other biases associated with various crises due to substance use and mental health concerns 	<ol style="list-style-type: none"> 1. Establishes a physically and emotionally safe environment for individuals at risk or in crisis, based on their unique needs 2. Discusses risks associated with substance use and mental health concerns with individuals and refers individuals in crisis to appropriate resources and supports 3. Collaborates with individuals and their families, social supports or both to create plans for reducing harm, suicide and other crisis prevention and intervention 4. Collaborates with individuals, their families, social supports or any combination of those to assess and enhance the skills individuals can use to cope during times of crisis 5. Monitors individuals' emotional state and responds in an appropriate and timely manner 6. Identifies subtle signs of crisis 7. Uses a range of methods (e.g., modelling self-regulation, creating a safe environment, changing body language) to calm escalating situations 8. Supports individuals in crisis, promoting safety and stability with them, their partners, children, families, social supports, communities or any combination of these 9. Implements risk management and crisis prevention plans where required 	<ol style="list-style-type: none"> 1. Responds quickly to individuals in crisis, and intervenes as appropriate 2. Assesses factors that might contribute to an individual's crisis and takes appropriate actions to address these factors 3. Assesses and monitors individuals at risk of various harms related to substance use and mental health concerns and initiates appropriate interventions or referrals as required 4. Conducts comprehensive and evidence-based suicide risk assessments to develop safety and care plans based on the risk level 5. Re-assesses and revises an individual's treatment and support plan, supports and services as necessary following a crisis 6. Collaborates with individuals and their families, social supports or both to consider a full range of potential options based on individuals' unique situations 7. Collaborates with individuals' families, social supports or both as well as other service providers to gain a global understanding of individuals' risks for harms 	<ol style="list-style-type: none"> 1. Employs clinical expertise to work with individuals to identify underlying factors that contribute to higher-risk situations or crises, and to develop strategies to cope with those factors 2. Employs a range of tailored intervention strategies and creative solutions to stabilize complex crisis situations (e.g., suicide risk assessment and intervention) 3. Demonstrates an increased understanding of structural and social factors contributing to crises, such as child apprehension, intimate partner violence or homelessness 4. Mentors or supports others to enhance their equity-informed approaches and crisis intervention skills (e.g., suicide risk assessment and intervention) 5. Monitors developments in the field and, as appropriate, introduces new evidence-informed risk assessment and crisis management approaches and techniques 6. Advocates for destigmatizing approaches (e.g., using person-first language) in assessing and responding to risks and crises

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<p>EXAMPLES</p> <p>11. Recognizes the importance of using person-first language when communicating with individuals in distress or crisis</p>	<p>10. Identifies how stigma, racism and other biases may affect responses to risks and crises experienced by individuals with substance use and mental health concerns</p> <p>11. Uses person-first language to describe, document and communicate about and with the individual in distress or crisis</p>		