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Drug Treatment Funding Program (DTFP) Framework

April 2008



Canada 

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APPENDIX A – DTFP Performance Measurement and Evaluation Plan

1.0 INTRODUCTION

1.1 Background

The most recent cost of specialized in-patient and out-patient treatment for problematic substance use in Canada was estimated to be \$1.216 billion annually¹. This significant outlay of public money needs to continue to be well directed for the benefit of people struggling with substance use issues, and for others who are directly or indirectly affected. As responsibility for the delivery of most treatment and rehabilitation services rests with the provincial and territorial governments, Health Canada supports this work in a number of ways, including: financial support both indirectly through the Canada Health Transfer Fund and more directly through the Alcohol and Drug Treatment Rehabilitation Program (1987-2007); commissioning “best practices” reports and other initiatives designed to improve the delivery of treatment services across the country; participating with a variety of partners to develop a National Treatment Strategy; and sponsoring epidemiological research.

In 2007, the federal government introduced the National Anti-Drug Strategy (Strategy) to provide a focused approach to reducing the demand for and supply of illicit drugs, as well as addressing the crime associated with illegal drugs, leading to safer and healthier communities. The Strategy emphasizes, among other things, the need for effective treatment services to better manage the illicit drug problem when it occurs, and to help those in need. Consequently, the federal Strategy announced the Drug Treatment Funding Program (DTFP) to make improvements to substance use treatment systems (re-oriented funding from Health Canada’s Alcohol and Drug Treatment and Rehabilitation Program, effective April 2008), and provide new five-year time-limited funding (2007-2011) to assist provincial and territorial governments in addressing critical treatment needs. The DTFP enables Health Canada to fulfill its policy mandated leadership and coordination role in relation to preventing and treating substance abuse.

1.2 Strengthening Treatment Systems

For purposes of the DTFP, substance abuse treatment systems are defined as a continuum of services and supports delivered by qualified treatment professionals from multiple and diverse systems of care. A common set of key functional services that occur across the continuum in most jurisdictions include identification, screening and referral, early intervention and outreach; detoxification and crisis intervention; as well as a range of treatment delivery options, case management and aftercare services. The majority of people seeking assistance for substance abuse problems are provided these services and supports through community level organizations and primary care health providers. A

¹ Rehm J. et al, *The Costs of Substance Abuse in Canada 2002 Highlights*, Canadian Centre on Substance Abuse 2006.

smaller proportion of individuals are offered more intensive services and supports through structured community-based and residential services. An individual's entry point in the system and referral to services would depend on the acuity, chronicity and complexity of the substance abuse problem. Increasingly, these services and programs must be coordinated and integrated across and within the different systems.

The need to make improvements at the level of the treatment system itself emerged as a priority for action based on countrywide consultations and national level studies on treatment needs and gaps carried out in 2005 and 2006. These studies have demonstrated that systemic change is needed to move treatment systems toward more evidence-informed practices, while increasing systems' capacity to evaluate practices for their efficiency and effectiveness.

System-level activities, such as the development of clinical guidelines, standards of practice, data collection and sharing, program evaluation, functional linkages between providers, etc., are important activities toward forming and sustaining a strong foundation upon which provincial and territorial governments build and maintain their treatment services. Improvements to these system-level activities are fundamental to achieving more efficient, effective and timely substance abuse treatment overall in Canada.

1.3 Addressing Treatment Delays and Gaps for At-risk Youth

Another priority for action that emerged from countrywide consultations and needs assessment studies is the uneven availability and responsiveness of treatment services generally and for at-risk youth in particular.

Rates of illegal drug use are greater for youth than for the general population. More than 3.4 million Canadians (14%) reported using cannabis in 2004. However, this figure increases to 37% for youth aged 15 to 24 years. Almost 1 in 12 (8.2%) Canadian youth use marijuana on a daily basis. While most youth who experiment with illegal substances do so without long term consequences or developing an addiction, a substantial 8% of youth report having an alcohol or drug dependency. This percentage is likely greater among Aboriginal youth given their higher prevalence of substance use, and greatest among street youth with 94% using illegal drugs. These populations of youth are also more likely to be addicted to multiple substances, have mental health problems and FASD, or be homeless, adding greatly to the complexities of substance abuse outreach and treatment.

Research has shown that the later a young person starts using drugs, the less likely it is that he or she will abuse substances later in life. Research has also shown that early intervention is critical to reducing the progression and severity of substance use behaviours. Such efforts are also essential for decreasing and eliminating the psychosocial consequences that accompany problem substance

use and ultimately disrupt the educational, occupational and social development of youth (Kirby & Keon, 2004 in *Best Practices – Early Intervention, Outreach and Community Linkages for Youth with Substance Use Problems*, pending).

1.4 Consultation on the DTFP Framework

Throughout the development of the DTFP, consultations took place with provincial and territorial government departments and non-governmental organizations to ensure that unique and diverse views and priorities were reflected.

In November 2006, Health Canada held an FPT meeting to present findings from 2005 and 2006 studies and consultations that highlighted the need to invest in treatment systems development. A number of theme areas were identified for consideration under a refocused ADTR Program and discussed over the course of the two-day meeting. A follow-up FPT meeting was held in February 2007 to obtain feedback on proposed objectives and eligible activities under a refocused ADTR Program. In June 2007, following key informant interviews with provincial and territorial representatives which were synthesized in a discussion paper, a third two-day FPT meeting took place to obtain additional input and feedback on the objectives and key activities for the new Drug Treatment Funding Program (DTFP).

The federal Budget 2007 announced new time-limited funding to support provincial and territorial governments in filling critical treatment gaps. Health Canada held bi-lateral discussions with all provinces and territories in June and July 2007 to obtain their feedback on how the new treatment services funding could best support provincial/territorial objectives in addressing the treatment needs of at-risk youth.

A fourth face to face FPT meeting was held in October 2007, to present P/T feedback on the parameters for the new treatment services funding, and the DTFP performance measurement and evaluation plan

In addition to provincial/territorial feedback, Health Canada will take the anticipated National Treatment Strategy recommendations into consideration in identifying priorities for the DTFP. The NTS is a multi-disciplinary and multi-sector initiative that will set out short, medium and long-term actions for improving substance abuse treatment in Canada. The NTS, which will be available in the Spring 2008, will recommend actions in five priority areas: 1) articulating the core continuum of care; 2) implementing/sharing best practices across the specialized treatment system as well as the broader health continuum; 3) identifying the facilitators and barriers and knowledge exchange activities to ensure uptake of best practices evidence and promising practices; 4) addressing specific populations; and 5) developing an integrated national database.

2.0 DTFP PURPOSE

The DTFP is a new federal contributions program under the Strategy that will provide financial support to provinces, territories and key stakeholders under two separate but complementary components: 1) strengthening **treatment systems**; and 2) support for illicit drug **treatment services**.

The DTFP aims to provide the incentive for provinces, territories and key stakeholders to initiate projects that lay the foundation for systemic change leading to sustainable improvement in the quality and organization of substance abuse treatment systems, as well as increase the availability of treatment services to meet the critical illicit drug treatment needs of at-risk youth in high needs areas.

3.0 GUIDING PRINCIPLES

The guiding principles for the DTFP are:

- Strengthening treatment systems is a complex process that involves the commitment and support of multiple stakeholders. Multi-jurisdictional and key stakeholder collaboration and knowledge exchange will be encouraged so that information can be shared across the country enabling provinces, territories and key stakeholders to work and learn from each other.
- Provincial and territorial governments are responsible for substance abuse treatment delivery within their respective jurisdictions. The “named recipient(s)” for federal funding under the DTFP will be determined in collaboration with the respective jurisdiction.
- National and/or multi-jurisdictional DTFP funded systems enhancement activities undertaken by other stakeholders will complement and enhance provincial/territorial efforts.
- DTFP funded activities of national and/or multi-jurisdictional significance will be aligned with the recommendations/priorities identified in the National Treatment Strategy.
- The DTFP will support new or enhanced activities related to treatment services or the enhancement of treatment systems activities, but will not replace funding of existing activities.

4.0 DTFP OBJECTIVES

In recognition of provincial/territorial jurisdiction over the delivery of substance abuse treatment services, the DTFP supports provincial and territorial governments in the long-term goal of developing the conditions for strengthening evidence-informed substance abuse treatment systems and services. To accomplish this goal, the DTFP contributes to the following common (federal and provincial/territorial) objectives:

- Promote and facilitate the implementation of evidence-informed practices for treatment systems.
- Increase the capacity for planning and evaluating the performance of treatment systems.
- Enhance opportunities for knowledge sharing and training to increase knowledge and skills of key stakeholders involved in knowledge implementation.
- Encourage national and/or multi-jurisdictional collaborative initiatives that further provincial/territorial objectives in strengthening treatment systems.
- Support new or enhanced illicit drug treatment services for at-risk youth in high needs areas (sunset objective).

The expected results are:

- Enhanced collaboration on responses to treatment systems' issues within and among jurisdictions and stakeholders.
- Enhanced PT commitments to effect system change in DTFP treatment systems' investment areas.
- Increased access to evidence-informed practice information.
- Increased understanding of effective treatment systems' performance.
- Increased PT capacity to evaluate substance abuse treatment systems' performance.
- Enhanced PT capacity to deliver evidence-informed early intervention treatment programs and services to at-risk youth in high-needs areas (sunset result).
- Increased availability/access to sustainable, evidence-informed early intervention treatment programs and services for at-risk youth in high needs areas (sunset result).

5.0 DTFP STRUCTURE AND COMPONENTS

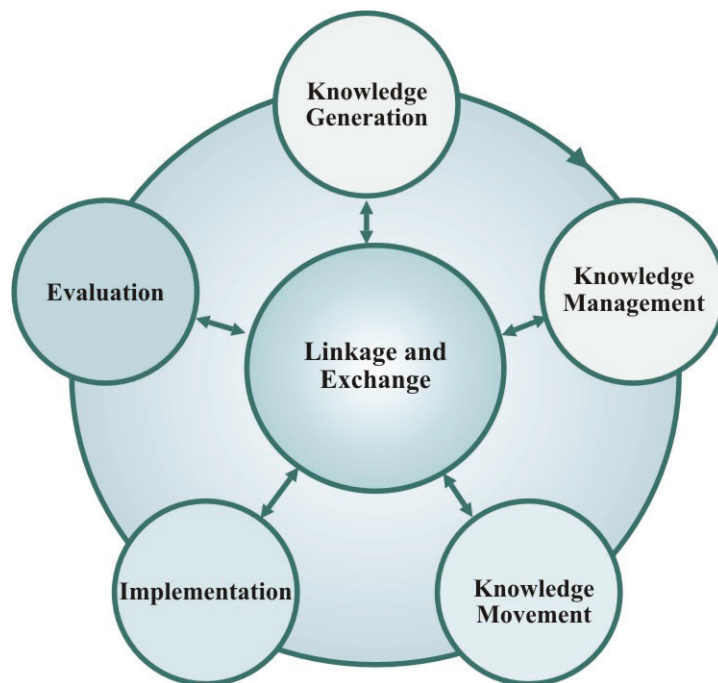
The DTFP has two Program components: 1) Strengthening Treatment Systems, and 2) Support for Treatment Services.

The first Program component describes strategically targeted activities and priorities to strengthen treatment systems, some of which may be specific to a province or territory and others that are multi-jurisdictional (i.e. involves two or more provinces/territories) or national in nature.

The second Program component describes services and programs eligible for funding under the DTFP to meet the illicit drug treatment needs of at-risk youth.

5.1 Strengthening Treatment Systems

*The Knowledge Exchange Model*²



This component of the DTFP draws on a knowledge exchange model that focuses on five key action phases to move knowledge into action: knowledge management; knowledge movement; implementation; evaluation; and, linkage and exchange. A sixth action phase of the knowledge exchange model, knowledge generation, falls outside the scope of the DTFP's contribution funding.

² Coleridge P, Reist D et al, *Improving Practice in Substance Use Treatment Through Knowledge Exchange: Promoting Synergies between Research and Practice*, BC Mental Health and Addiction Services and the Centre for Addictions Research of BC, draft 2007.

In a knowledge exchange model, all the processes are dynamic and the phases all intersect and blend in complex ways. Action phases may occur sequentially or simultaneously but will always centre around the linkage and exchange action phase. DTFP operational definitions of each action phase are provided below.

- **Knowledge Management:** involves the evaluation, collation, and synthesis of evidentiary material, as well as the contextualization of any new piece of evidence, and integrating this into “actionable” knowledge in order to shape policy or treatment programs. Knowledge management helps answer questions of what evidence is available, the degree of confidence that can be placed on the evidence, and to which contexts the evidence relates. This synthesis of new and existing knowledge, and the culling of outdated knowledge, is collected into a standardized, high-quality repository that is accessible and relevant to multiple disciplines.
- **Knowledge Movement:** involves the transfer and adaptation of available information from one context to another. Effective strategies for knowledge movement include traditional approaches like the systematic dissemination of evidence-based knowledge (such as best practice manuals and libraries or repositories of information), the active accessing of knowledge (such as training seminars), and interactive methods that represent real world learning through social interaction and observation.
- **Implementation:** involves actions and processes that apply knowledge to the work environment to ensure evidence-informed practice. Effective implementation involves a conscious process of change management that assesses and nurtures a readiness to change, sets priorities, and targets changes that are practical and feasible, and that strategically aligns policies, practices and other structural supports to sustain the knowledge implementation process.
- **Evaluation:** involves the assessment, performance measurement and evaluation of system and program level processes and outcomes to enhance the future use of evidence-based practices and thus contribute to positive outcomes for those who access the services.
- **Linkage and Exchange:** is central to the knowledge exchange model, and involves linking different knowledge sets and system roles related to the production, management and use of knowledge, through ongoing interaction, collaboration, and exchange of ideas between people, organizations, service sectors, regions and jurisdictions. This interaction and collaboration ensures a culture of communication and information flow across the continuum of treatment services.

Investment Areas

The DTFP incorporates the knowledge exchange model's action phases into three *investment areas* to support sustainable improvement in the quality and organization of substance abuse treatment systems. These investment areas contribute to provincial/territorial investments and activities by supporting provinces, territories and key stakeholders in undertaking new or enhanced activities that strengthen provincial/territorial treatment systems.

Following the release of the NTS recommendations and prior to the submission of P/T proposals under the DTFP, Health Canada will seek the input from P/T government and key stakeholder representatives on activities which could be supported through the national/multi-jurisdictional funding stream. These will form the basis for a call for proposals for national/multi-jurisdictional initiatives under the three investment areas.

Investment Area #1: Implementation of evidence-informed practices

Although evidence-informed practices to optimize treatment exist, and are continually being developed, many do not easily find their way into service delivery. Evidence-informed practice is based on practices that effectively integrate the best research evidence with clinical expertise, cultural competence and the values of the persons receiving the services. These practices have evidence showing improved outcomes for clients, participants and communities.

This investment area supports provinces, territories and key stakeholders in carrying out activities involving the concepts of “knowledge management”, “knowledge movement” and “implementation”. Core elements of activities eligible for funding through the DTFP include:

- A situational analysis, undertaken by each jurisdiction, to identify the current state of evidence-informed practices implementation. The results will also help confirm the need for and scope of activities outlined for support under this investment area, which may also be supported at a *national and/or multi-jurisdictional level*.
- The assessment, collation and synthesis of existing and/or new material into “actionable” knowledge that makes the information accessible and relevant to multiple stakeholders.
- The development of relevant, accessible and user oriented materials (e.g. policies, procedures, tools, etc.) and strategies for use by policy makers, program planners and service providers.

- Orientation and training for key stakeholders related to new policies, procedures, tools, etc. to ensure the capacity to implement evidence-informed practices.
- Development of service standards, benchmarks and guidelines by, or in partnership with, provincial and territorial governments. These standards/benchmarks/ guidelines and tools to monitor and report on progress will be implemented over the course of projects based on the readiness of jurisdictions. This would help provide program planners and front line workers with the necessary supports for evidence-informed practice and skills upgrading (through continuing education or DTFP supported training initiatives).

Investment Area #2: Strengthening Evaluation and Performance Measurement

Performance measurement and evaluation activities across jurisdictions are limited. While all jurisdictions collect, manage and analyze performance information pertaining to their treatment services and programs, the type and nature of data collected, as well as the approach to data collection and analysis varies considerably. This strategic investment area strengthens evaluation and performance measurement capacity and activities. Core elements of activities eligible for funding through the DTFP include:

- A situational analysis, undertaken by each jurisdiction, to identify the current state of evaluation and performance measurement capacity and activities. The results will also help confirm the need for and scope of activities outlined for support under this investment area, which may also be supported at a national and/or multi-jurisdictional level.
- The development of provincial/territorial evaluation plans, with logic models and performance indicators.
- The development of relevant, accessible and user oriented materials and strategies that promote the use of objective methods to assess local service needs, the advantages of routine collection and analysis of core statistical data on programs and services (client characteristics, treatment engagement, immediate outcomes of treatment, etc.), and the performance of treatment systems (effectiveness and efficiency).
- Training for key stakeholders related to assessing service needs, performance measurement data collection and analysis, and objective methods to assess programs and services.
- Undertaking strategic evaluations.

- An assessment of the need for and type of national level treatment system indicators, as well as the capacity and incentives for provincial and territorial governments to collect the data. Indicators, if developed, could be implemented over the course of the provincial/territorial projects based on the readiness of jurisdictions.

Investment Area #3: Linkage and Exchange

This investment area is an essential element of work undertaken in investment areas #1 and #2. Core elements of activities eligible for funding through the DTFP include:

- Mentoring and the provision of technical expertise within or among jurisdictions to support the development of jurisdictional project proposals as well as the ongoing implementation of projects, as required.
- Mechanisms that develop and/or enhance knowledge sharing and dissemination of lessons learned from communities of practice in the uptake of best practices and in performance measurement/evaluation.
- Activities that can effectively reach health professionals within organizations and service sectors to increase their awareness and participation in knowledge exchange activities across the continuum of treatment services.

Demonstration Projects

Within the context of strengthening treatment systems, provinces and territories may undertake service delivery projects related to youth drug treatment that test and validate system enhancement activities. These demonstration projects will assist in increasing the availability and access of services for youth as well as serve as a source of evidence for evaluating the impact of systems enhancements on the effectiveness and efficiency of treatment services. Demonstration projects can be carried out in Years 4 and 5 of the DTFP based on the readiness of jurisdictions in achieving systems enhancements. Up to 20% of a jurisdiction's annual allocation may be set aside for this purpose.

5.2 Support for Treatment Services

This component makes available time-limited for early intervention treatment services to meet the illicit drug treatment needs³ of at-risk youth in high-needs areas.

For purposes of the DTFP, *at-risk youth* are individuals between the ages of 12 to 24 years whose use of illicit drugs constitutes an early, developing or established problem. A *high needs area* constitutes an area, region or community within a province or territory where there is a high proportion of at-risk youth whose illicit drug treatment needs are not being met due to gaps in services.

DTFP funding targets new (i.e. not currently in place) and/or enhanced early intervention treatment services. Enhanced services can include: broadening the range of existing services to include elements of early intervention treatment; expanding the reach of early intervention services to identify and offer help to sub-populations of at-risk youth, such as street youth and Aboriginal youth; adapting early intervention services to address barriers to accessing and delivering appropriate and effective services and supports (i.e. care that meets local and/or diverse need); and, establishing functional early intervention service linkages between systems and providers. New and/or enhanced services should be based on evidence-informed or promising practices that effectively integrate the best research with clinical expertise, cultural competence and the values of the persons receiving the services. These practices will have evidence showing improved outcomes for clients, participants or communities.

Early intervention services can include activities such as:

Assessment and referral: A comprehensive assessment is carried out to match the nature and extent of illicit drug use problems with the type of intervention needed. Referral to appropriate youth related resource(s) is a key service component.

Brief interventions: interventions that have a limited number of helping sessions administered over limited or brief time periods to encourage youth to think about their drug using behaviour. Brief interventions may incorporate cognitive behavioural approaches, motivational interviewing concepts, and a focus on the clients' strengths.

Case management: Treatment of illicit drug use often involves a variety of services. Coordinated case management aims to ensure continuity of care when

³ Treating illicit drug use is the primary focus of the treatment services funding, however, Health Canada recognizes that individuals may present with multiple substance use (e.g. cannabis and alcohol) and, as such, new/enhanced early intervention services will be delivered using a client-centered approach.

addressing the multiple needs of youth to maximize the benefits from other treatment and rehabilitation services.

Family focused interventions: family based interventions aim to increase family cohesion, communication and improve parenting skills in order to discourage illicit drug use and improve coping strategies.

Outreach: refers to services that actively “reach out” and provide help to those who would not otherwise access such support in the community. Examples include meeting youth in their natural settings and community contexts where they spend time on a regular basis with their peers, such as schools.

Screening: a brief youth-focused process that collects information in only enough detail to determine immediate needs and next steps in the assessment/treatment process. The screening process can also provide information to assist youth in clarifying their own position regarding next steps.

Early intervention treatment services can take place in the following settings: office-based face-to-face (for example in a school or community centre); telehealth; mobile (for example a service in a small town offered once a week by visiting counselors); and outreach (for example use of street workers to identify youth in various locations who are experimenting with illicit drugs).

6.0 DTFP IMPLEMENTATION

6.1 Roles and Responsibilities

The complexities of improving the quality and organization of substance abuse treatment involves federal, provincial, and territorial jurisdictions, as well as other interested stakeholders. Each has mandated roles and responsibilities, specific areas of priority and must work within their jurisdictional reach. In order to carry out the objectives of the DTFP, clearly described roles and responsibilities of the partners are necessary to avoid duplication and maximize investments.

6.1.1 *Health Canada*

Health Canada has overall responsibility for the development and implementation of the DTFP. This includes engaging partners (provincial/territorial governments and other key stakeholders) in establishing common objectives, priorities and outcomes for the DTFP. Health Canada is also responsible for ensuring that funding is appropriately allocated and spent according to established criteria and guidelines, that government procedures are adhered to, and that reporting and accountability standards are met. Responsibilities also include:

- Develop and implement the performance measurement and evaluation plan for the DTFP;
- Support the DTFP FPT Working Group;
- Liaise with other federal departments to establish potential linkages with other government funding initiatives;
- Work with provincial and territorial governments in the development and implementation of P/T project proposals;
- Ensure that activities supported under the two DTFP components are complementary at the P/T level;
- Monitor the success of funded projects;
- Assist with the dissemination and sharing of project findings with provinces, territories and key stakeholders.

6.1.2 Provincial and Territorial Governments

Provincial and territorial governments have responsibility for the planning and delivery of substance abuse treatment within their jurisdiction, and as such are responsible for developing and implementing comprehensive plans for systems enhancement and service delivery in keeping with DTFP objectives and priorities. Responsibilities also include:

- Working in collaboration with service agencies such as non-governmental organizations, as appropriate, to develop and delivery plans and services;
- Monitor and report on progress of projects against agreed upon performance measurement standards; and
- Assist with the dissemination and sharing of project results with provinces, territories and key stakeholders.

6.1.3 Other Key Stakeholders

With the introduction of a national/multi-jurisdictional funding stream under the systems component of the DTFP, other key stakeholders will receive assistance in undertaking key projects in keeping with DTFP objectives and priorities and that generally support P/T level activities. Key stakeholders can include addictions treatment agencies, academic institutions, non-government organizations, consortiums, etc. with the expertise and capacity to undertake national or multi-jurisdictional initiatives. Responsibilities in the context of the DTFP include:

- Develop and implement strategic initiatives aimed at strengthening treatment systems, in keeping with DTFP objectives and priorities;
- Monitor and report on progress against agreed upon performance measurement standards;
- Ensure comprehensive dissemination and sharing of project findings across Canada.

6.2 DTFP Delivery

Applications are solicited by Health Canada from eligible applicants through open or directed calls for proposals. Funded initiatives under either DTFP component must be consistent with the objectives and criteria of the DTFP.

6.2.1 *Strengthening Treatment Systems*

i) Provincial/Territorial Government Proposals

The DTFP strategically invests in provincial/territorial projects based upon the priorities that have been mutually established at the onset of the DTFP, and described in this Framework document.

The DTFP provides financial support on the basis of the submission to Health Canada of a proposal for strengthening treatment systems. The proposal consists of: a situational analysis and comprehensive plan, and, for Years 4 and 5 of the DTFP, a demonstration project plan. Proposal guidelines have been developed to assist provincial/territorial governments and key stakeholders in developing proposals for funding consideration under this component of the DTFP. The proposals may cover a period of up to five years.

All proposals will undergo an internal review by Health Canada officials followed by an external review process based on criteria established for calls for proposals. Notional funding levels will be communicated to provincial and territorial governments at the proposal solicitation stage to assist in the development process. Final funding levels will be recommended based on proposals and negotiations with provincial and territorial governments.

In recognition that jurisdictions may require time and financial assistance to develop their proposals, developmental funding may be provided upon submission of a rationale to Health Canada supporting the need for developmental funding. Upon completion of the developmental work, a proposal containing a situational analysis and a comprehensive plan will be submitted to Health Canada for consideration for full funding.

An invitation to submit proposals will be issued in the April 2008 for submission to Health Canada by June 2008.

ii) National/Multi-Jurisdictional Proposals

The DTFP provides financial support for national and multi-jurisdictional level activities on the basis of a proposal. The proposal consists of a situational analysis and a comprehensive plan. National and/or multi-jurisdictional level activities are those which maximize DTFP investments with provincial and territorial governments and which target activities that will impact change on a national level. Funding provided under this stream generally covers a period of three years or less.

All proposals will undergo an internal review by Health Canada officials followed by an external peer review process based on criteria established for calls for proposals. Predetermined assessment criteria will be used to recommend projects and funding levels.

Invitations to submit national/multi-jurisdictional proposals will occur as follows:

- Call for proposals for national/jurisdictional projects will be issued in June 2008 following the input from P/T government and key stakeholder representatives on activities which could be supported through the national/multi-jurisdictional funding stream;
- Further calls will be issued subject to the availability of funds.

6.2.2 Support for Treatment Services***i) Provincial/Territorial Government Proposals and/or Proposals Supported by Provincial/Territorial Governments***

The DTFP provides time-limited financial support on the basis of the submission to Health Canada of proposals that will support treatment services for at-risk youth in high needs areas. The proposals can cover a period of up to five years.

All proposals will undergo an internal review by Health Canada followed by an external review process based on criteria established for the call for proposals. Predetermined assessment criteria will be used to recommend projects and funding levels.

An invitation to submit proposals will be issued in April 2008 for submission to Health Canada by June 2008.

7.0 DTFP FUNDING

7.1 Funding Levels

The federal funding available under the treatment systems and treatment services components of the DTFP is as follows:

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	TOTAL
Services	2.2M	14.4M	14.8M	11.3M	2.3M	--	45M
Systems	--	13.2M	13.2M	13.2M	13.2M	13.2M	66M

7.2 Funding Approach

7.2.1 *Strengthening Treatment Systems*

This funding lays the foundation for systemic change leading to sustainable improvements in the quality and organization of strengthening treatment systems. Much of that work is best accomplished through strategic investments made with provincial and territorial governments. As such, the bulk of the funding (88.5%) is allocated to provincial and territorial governments. Up to 20% of provincial/territorial allocations in Years 4 and 5 of the DTFP may be set aside for demonstration projects.

Treatment systems funding is provided based on a per capita allocation, calculated at the outset of the DTFP. In recognition of the fact that putting in place system level changes to the quality and organization of strengthening treatment services is not necessarily proportional to the size of the populations served, smaller jurisdictions are eligible for supplementary funding within this portion of the DTFP budget. The supplementary funding will be calculated at the outset of the DTFP.

The balance of funds (11.5%) is set aside to support national and/or multi-jurisdictional initiatives, and will be allocated on a project basis.

7.2.2 *Support for Treatment Services*

In recognition of P/T responsibility to deliver treatment services, funding under this component of the DTFP is only available to provincial and territorial governments and/or to service agencies such as non-governmental organizations supported by provincial and territorial governments. Jurisdictions are encouraged to work with key stakeholders in their province/territory in order to identify priority areas for funding. Funding will be allocated using “needs based” assessment criteria identified at the outset of the Program. In order to support

new/enhanced services in high-needs areas where impact will be greatest, emphasis will be placed on a limited number of projects.

7.3 Funding Criteria

While specific project and funding criteria will be developed for each of the DTFP components, the following criteria generally applies for all activities:

- Consistency and alignment with DTFP objectives and priorities;
- Alignment with the National Treatment Strategy recommendations;
- Potential to be applicable/transferable to other regions/jurisdictions;
- Economies of scale can be achieved through funding of national/multi-jurisdictional projects;
- Compatibility of national/multi-jurisdictional projects with P/T system projects/activities funded under the DTFP;
- Sustainable activities to ensure these are completed within the time span of the funding agreements without the need for ongoing funding from the federal government;
- An evaluation plan that includes methodology for monitoring and evaluation with measurable targets.

All funding will flow to provincial and territorial governments and other key stakeholders through contribution agreements.

7.4 Activities that will not be funded

In order to maximize the DTFP achievements, funding focuses on priority areas, and some investments will not be possible. To help clarify this position, the following activities will not be funded through the DTFP:

- Continuing education costs for current addictions/mental health workers (these costs are the responsibility of provincial/territorial programs);
- Major capital or building expenses;
- Moveable capital costs (e.g. computers, furniture) unless approved by Health Canada during the proposal review process;
- Existing infrastructure costs (e.g. salary of existing staff) related to treatment systems and delivery of substance abuse treatment programs.

8.0 MONITORING, EVALUATION AND REPORTING

Monitoring, evaluation and reporting is in accordance with DTFP Integrated Performance Measurement and Evaluation Plan, developed in collaboration with P/T governments, and attached as Appendix A.