



Community Counselling Program Standards Manual





TABLE OF CONTENTS

Introduction	2
Overview	8
Standard 1: Ethical Conduct	9
Standard 2: Diversity, Equity & Inclusion	10
Standard 3: Indigenous Cultural Safety, Cultural Humility & Anti-Racism	11
Standard 4: Person- and Family-Centric Care & Consent	12
Standard 5: Privacy & Confidentiality	13
Standard 6: Collaborative Prevention & Promotion	15
Standard 7: Access to Care	16
Standard 8: Virtual Care & Digital Technology	18
Standard 9: Crisis Response & Support	19
Standard 10: Life Promotion & Suicide Risk Evaluation	20
Standard 11: Substance Use, Addictions Recovery & Aftercare Support	21
Standard 12: Clinical Supervision	22
Standard 13: Documentation & Records Management	24
Standard 14: Data Reporting	25
Standard 15: Feedback & Quality Improvement	26
Appendix A: Abbreviations	27
Appendix B: Glossary of Terms	28
Appendix C: Version Control	31



INTRODUCTION

The Community Counselling Program (CCP) Standards Manual guides the requirements for program operation across the Northwest Territories (NWT).

The CCP supports mental wellness and substance use health for all individuals, families, and communities across the NWT by providing accessible quality care that is person- and family-centric and rooted in culturally safe and clinical best practices.

The information in this standards manual is meant to be integrated into the way we function as frontline staff, management, and program/policy developers. When integrated, this enhances our ability to work alongside individuals in a culturally competent, recovery-oriented, evidence-based and collaborative way to provide meaningful and responsive support based on honouring the unique and changing needs of individuals. These standards will be reviewed every three years.

We acknowledge the Standards Manual has been developed within a government system that cannot be separated from the legacy of colonialism and anti-Indigenous racism. We acknowledge the lasting impacts of colonialism on the social, cultural, economic, and political dimensions of life that have led to dis-empowerment and dehumanization of Indigenous peoples. We are committed to embedding Indigenous cultural safety and anti-racist approaches in our programs and services and aim to improve wellness for all people living in the NWT.



INTRODUCTION

Cultural Safety, Indigenous Cultural Safety and Anti-Racism

One significant challenge faced by governments is that mainstream organizations, like health and social services, cannot be separated from the legacy of colonialism and anti-Indigenous racism in Canada. In health and social services settings, present day anti-Indigenous racism and systemic racism impact access to services, quality of care, and health outcomes. Systemic racism is the manifestation of racism within organizations like governments, where racist ideas become part of policies and practices. Systemic racism also results in a system that inherently privileges the ideas, needs and norms of the dominant white settler population, including the privileging of western knowledge over Indigenous approaches and ways of knowing.

The Health and Social Services (HSS) system is committed to addressing and eliminating anti-Indigenous racism and promoting cultural safety and anti-racism. All Health and Social Service Authority (HSSA) staff across the system are expected to honour and promote a culturally safe and anti-racist environment and to interact with service-users, families, community members, partners, and colleagues in a relationship-based approach. This involves being respectful, self-aware, and humble to develop and maintain ongoing and trusting relationships.

In Canada, there is increasing awareness of systemic racism in health and social services, especially against Indigenous people. In the NWT, the HSS system is focusing on cultural safety and anti-racism to address this problem through the 2016 commitment to action document, *“Building a Culturally Respectful Health and Social Services System”* and the 2019 document, *“Cultural Safety Action Plan”*. Cultural safety is a key part of reconciliation and means all people feel safe and respected, free of racism and discrimination, when using health and social services. To achieve cultural safety, anti-racism and relationship-based care – which is a way to build strong relationships between service-users and providers – are necessary.



INTRODUCTION

Guiding Principles

This document was developed alongside the Cultural Safety and Anti-Racism division, using the following guiding principles:

Centering Equity: The goal of cultural safety is health equity for Indigenous peoples.

Cultural Safety Addresses Systemic Racism: Racism and colonization must be addressed to achieve health equity for Indigenous peoples.

“Nothing about us without us”: Indigenous residents know what is best for their own families and communities. Full, meaningful, and direct partnerships are required.

Strive for Excellence: Indigenous residents and their families deserve the highest attainment of health and wellness therefore we strive for the highest quality performance.

Infuse Indigenous Knowledge and Worldviews: Infuse and prioritize Indigenous worldviews into all aspects of the health and social services system.

Respecting the Whole Person: Each person brings themselves to work as a whole person: the physical, spiritual, emotional and mental self have different needs, abilities and boundaries. Passion drives us to build a better system, however, to sustain the emotional and personal components of work, we must commit to respecting and supporting the whole person.

Embrace Humility: Commit to humility in all aspects of our work, including relationships we form. This involves self-reflection of the power and privilege we hold in relation to others. We seek and receive feedback with respect and gratitude.

Reciprocal Relationships: A commitment to building a strong and trusting relationship between HSS staff and Indigenous peoples.



INTRODUCTION

Feedback and Quality Improvement

To fortify our commitment to continuous improvement and responsive care, the CCP has implemented a comprehensive strategy aimed at gathering valuable feedback and supporting ongoing quality improvement. This includes the integration of a bi-annual Mental Wellness and Addictions Recovery survey, the implementation of Greenspace monitoring technology as well as ongoing engagement and periodic audits, at a minimum every two years, in collaboration with the HSSAs.

The introduction of a bi-annual survey is a proactive measure to systematically collect feedback from individuals, families, and communities across the NWT. This survey serves as a crucial tool in gauging the effectiveness of our programs, identifying areas for improvement, and ensuring that our services remain aligned with the evolving needs of the NWT.

Furthermore, we initiated the implementation of Greenspace in early 2024, a digital platform designed to streamline communication, collaboration, and feedback processes. Greenspace offers an accessible and user-friendly interface for individuals, families, and communities to share their experiences with the CCP and supports continuous monitoring, a core component of Stepped Care 2.0 (SC2.0). This innovative platform aims to facilitate real-time feedback known as Measurement-Based Care (MBC) or Data Informed Decision Making (DIDM) through brief personal wellness and session rating tools, enabling us to promptly address concerns, celebrate successes, and adapt our services to better meet the evolving needs of those we serve.

Audits serve as valuable mechanisms for promoting accountability, transparency, and continuous improvement within the CCP. They help to maintain high standards of care, identify areas for enhancement, and ensure responsiveness to the evolving needs and expectations of individuals and communities served by the CCP. The DHSS and HSSAs aim to collaborate on periodic audits to ensure adherence to these standards as well as alignment with broader organizational goals, priorities, and quality assurance processes.

As we move forward, these initiatives will reinforce our collaborative efforts with local service providers and help build and maintain strong relationships within communities across the NWT. These tools provide valuable channels for communication and align with our commitment to quality improvement. By actively seeking input from diverse perspectives, we ensure that our programs remain responsive, culturally sensitive, and grounded in the principles of decolonial practices and cultural safety. This inclusive approach supports the ongoing evolution of the CCP, fostering a dynamic environment that reflects the unique and changing needs of individuals and communities across the NWT.



INTRODUCTION

STEPPED CARE 2.0

To promote and foster quality care, the CCP operates under the Stepped Care 2.0 (SC2.0) model, designed to deliver person- and family-centric, recovery-oriented, strengths-based, and culturally safe approaches to care. This model was adopted following extensive engagement activities and feedback from individuals with lived and living expertise in mental wellness, substance use and addictions, NWT residents, Indigenous organizations, non-government agencies, and various levels of GNWT staff. This included methods such as focus groups, panel discussions, community hall meetings, Mental Wellness and Addictions Recovery Advisory Group engagements and more. SC2.0 reflects a collective desire for change, moving away from restrictive systems toward expanded options for residents.

At its core, SC2.0 acknowledges the inherent strengths and wisdom within individuals and communities, emphasizing collaborative decision-making in care provision. It is important to clarify that SC2.0 serves as a framework, encouraging co-creation between individuals, families, and providers to determine the most suitable level and intensity of care, personalized to their needs and preferences. SC2.0 serves as a vessel for individuals and families to navigate their mental wellness and addictions recovery journey, supporting diverse options such as on-the-land healing programs, eMental Health services, Elder consultations, and in-person & virtual care delivery. It is important to acknowledge that barriers may affect accessibility and availability including, but not limited to, language barriers, transportation limitations, and technological constraints, and steps will be taken wherever possible to address these at individual and regional levels.

SC2.0 implementation has facilitated improved access and expanded care options, including:

- Drop-in and same-day counselling sessions in addition to scheduled appointments. At these sessions, service users can see the same person or different people, stay for a longer or shorter visit, attend in person or virtually, and can come back as many times as they want.
- A variety of expanded options and solutions for the service user to explore, choose and integrate into their care (including e-mental health resources and virtual care delivery).
- Minimal assessments or precursors to care; care first and assess later. Sessions are guided by what the service user chooses to focus on to meet their needs, their level of readiness, and preference.
- Continuous monitoring to empower service users as active partners in their care process; ensuring meaningful and effective care, based on the unique and changing needs of the service user.
- One-at-a-time approach to care empowers individuals to decide when and if they come back for further sessions. Every encounter is approached as if it could be the last to ensure that care is optimized at every moment.



INTRODUCTION

Using this approach ensures that the CCP is responsive and that the first thing residents receive when accessing the CCP is support. There is no need for an intake session, waitlist, or lengthy assessment as a precursor to care.

As part of this system change, an evaluation of the first two years of SC2.0 in the NWT took place in 2023 and the final report provided valuable insights to further enhance service delivery within the CCP. There are continued efforts to ensure the provision of meaningful, responsive, and culturally safe care for people across the NWT, including those in the *“Way Forward”* found in the final report:

- Enhancing community engagement and partnerships
- Program promotion, support, communication, and engagement
- Leadership
- Program effectiveness tracking
- Sustainable continuous improvement

While significant strides have been made in transforming mental health and addictions recovery services through the CCP, there remains ongoing work to be done. The process of systemic change is an ongoing journey and is crucial for ensuring individuals feel valued and motivated throughout. Achieving full implementation of SC2.0 in the NWT will require dedicated time, continuous education, and ongoing engagement as we continue the way forward.

OVERVIEW:

STANDARDS OF CARE

STANDARD 1: ETHICAL CONDUCT

CCP Staff maintain responsible and ethical care with all individuals.

STANDARD 2: DIVERSITY, EQUITY & INCLUSION

Provide culturally responsive and equitable care that honours the unique identities, experiences, and needs of all individuals and communities within the NWT.

STANDARD 3: INDIGENOUS CULTURAL SAFETY, CULTURAL HUMILITY & ANTI-RACISM

Acknowledge, demonstrate, and implement the significance of Indigenous cultural safety, cultural humility, and anti-racism in all aspects of care.

STANDARD 4: PERSON- AND FAMILY-CENTRIC CARE & CONSENT

Ensure a culturally safe, person- and family-centric approach that is centered around the individual's unique and changing needs and goals.

STANDARD 5: PRIVACY & CONFIDENTIALITY

Uphold the protection of privacy and confidentiality and respect the rights of individuals regarding their personal information.

STANDARD 6: COLLABORATIVE CARE

Prioritize active community engagement and foster partnerships to implement comprehensive mental health initiatives.

STANDARD 7: ACCESS TO CARE

Prioritize equitable access to CCP Services for all individuals, families, and communities.

STANDARD 8: VIRTUAL CARE & DIGITAL TECHNOLOGY

Integrate virtual care & digital technology to provide care in a manner that does not compromise quality or integrity.

STANDARD 9: CRISIS RESPONSE & SUPPORT

Ensure mechanisms are in place to provide timely and effective support during a crisis.

STANDARD 10: LIFE PROMOTION & SUICIDE RISK EVALUATION

Ensure effective assessment and interventions in cases of suicide risk, including recovery and postvention support.

STANDARD 11: RECOVERY & AFTERCARE SUPPORT FOR SUBSTANCE USE/ADDICTIONS

Provide a supportive framework for individuals seeking recovery and support for substance use/addictions in the NWT.

STANDARD 12: CLINICAL SUPERVISION

Provide guidance, support, and professional development opportunities for CCP Staff.

STANDARD 13: DOCUMENTATION & RECORDS MANAGEMENT

Uphold integrity in maintaining records, ensuring protection of all stored information and comply with relevant legislation, ethical guidelines and professional/organizational standards related to privacy and confidentiality.

STANDARD 14: DATA REPORTING

Accurate and timely data reporting to maintain transparency, evaluate program effectiveness, and evidence-based decision-making.

STANDARD 15: FEEDBACK & QUALITY IMPROVEMENT

Refine care delivery, address concerns promptly, and cultivate meaningful connections with communities across the NWT.

STANDARD 1: ETHICAL CONDUCT

INTRODUCTION

The CCP is committed to upholding responsible, ethical, and clinical care with all individuals, families, and communities. This standard reflects the integration of ethical principles, clinical best practices, and a focus on fostering inclusive and culturally safe care.

PURPOSE

- Ensure CCP staff deliver accountable, ethical, and evidence-based clinical practices grounded in professional codes of conduct and aligned with the core values of cultural safety and equity.
- Uphold clinical integrity by ensuring staff operate within their professional competencies and participate in ongoing supervision and training.
- Maintain professional boundaries to protect therapeutic relationships and prevent harm.
- Respect the dignity, uniqueness, and confidentiality of all individuals while honoring diverse cultural traditions and community needs.
- Foster diversity, equity, inclusion, and belonging through anti-racist, anti-oppressive, and recovery-oriented approaches to care.

CRITERIA

1. CCP staff must remain within their scope of practice and adhere to their professional code of ethics (e.g., social work, psychology, nursing, etc.) or, where no specific code exists, follow the GNWT Code of Conduct.
2. Staff regulated under a professional body (e.g., Canadian Counselling and Psychotherapy Association, Canadian Association of Social Workers) must maintain active registration and provide documentation to the CCP via their Manager/Supervisor and/or Human Resources.
3. CCP staff must engage in clinical supervision to ensure accountability, professional development and clinical growth, and adherence to ethical practice.
4. CCP services must prioritize evidence-based and clinically effective practices while incorporating cultural and community-specific approaches.
5. The inclusion of ethical and clinical checks as a part of HSSA file review processes to ensure compliance with CCP standards as well as the integration of feedback from CCP Staff and those who access services.

STANDARD 2:

DIVERSITY, EQUITY & INCLUSION

INTRODUCTION

While government counselling programs have historically valued and reinforced colonial, eurocentric worldviews and values, the program today endeavours to move away from this approach and to demonstrate value for the culturally rich and diverse landscape of the NWT while maintaining access to clinical services. The CCP recognizes the paramount importance of fostering an environment that values diversity, promotes equity, embraces inclusion, and actively opposes racism and discrimination.

The CCP is committed to providing culturally responsive and equitable clinical care that honours the unique identities, experiences, and needs of all individuals and communities within the NWT.

PURPOSE

- Ensure that all aspects of care demonstrate cultural humility and actively engage in practices that promote diversity, equity, inclusion, and anti-racism.
- Cultivate a therapeutic space that honours the unique identities and experiences of each individual.
- Facilitate equity in the access to, and provision of, quality care, including acknowledging and addressing systemic barriers.

CRITERIA

1. CCP Staff actively engage in self-reflection, ongoing education, and modifications to care approaches to address potential biases and create a therapeutic space that honours the unique identities and experiences of each individual.
2. Maintain approaches that are sensitive to the person's capacity, perspective, sociological context, and cultural background.
3. Uphold principles of respect, dignity, fairness, and equity by actively refraining from engaging in discrimination or participating in practices that disrespect the rights of individuals and communities.
4. Individual and group discussions are regularly integrated into clinical supervision and team meetings fostering reflection and action among CCP Staff on the inadvertent perpetuation of racism and discrimination in all aspects of service delivery, including policy, programming, and practice.

STANDARD 3:

INDIGENOUS CULTURAL SAFETY, CULTURAL HUMILITY & ANTI-RACISM



INTRODUCTION

The CCP acknowledges the significance of Indigenous cultural safety and anti-racism in all aspects of care. Recognizing the profound and detrimental effects of anti-Indigenous racism, systemic discrimination, and broader societal and health inequities, the CCP is dedicated to confronting and dismantling systemic racism.

Through a commitment to address racism, cultural sensitivity and humility, the program actively endeavors to cultivate collaborative and culturally informed care that prioritizes the well-being and dignity of Indigenous peoples.

PURPOSE

- Demonstrate cultural humility and build racial stamina to identify, address, prevent, and eliminate Indigenous-specific racism.
- Ensure that all care is rooted in dignity, respect, and inclusivity of Indigenous peoples.

CRITERIA

1. Engage in education and self-reflective practices that focus on Indigenous health care, cultural safety, cultural humility, and anti-racism.
2. Acknowledge and incorporate Indigenous cultural rights, values, and practices into all aspects of care (e.g., Traditional healing practices such as healing circles, storytelling, on-the-land programming).
3. Implement proactive measures to address discrimination and uphold principles of respect, dignity, fairness, and equity within the CCP. Facilitate regular staff discussions to identify and address instances and/or impacts of inadvertent perpetuation of anti-Indigenous racism in policies and practices.

STANDARD 4:

PERSON- AND FAMILY-CENTRIC CARE & CONSENT



INTRODUCTION

Grounded in respect for individual autonomy and the fostering of meaningful therapeutic relationships, CCP Staff will ensure a culturally safe, person- and family-centric approach that is centered around the individual's unique and changing needs and goals, considering the distinct context of their family and community.

PURPOSE

- Acknowledge that an individual's identity within their family and community is inherent to Indigenous worldview and ways of being and co-create approaches with people that respect and uphold these aspects to promote cultural safety.
- Foster a collaborative relationship in which the individual's input is acknowledged, valued, and integrated into all aspects of care.
- Promote autonomy and acknowledge the rights of individuals, families, and groups to independently make decisions and provide mutual care and support.
- Promote anti-racism, cultural sensitivity and responsiveness, acknowledging and respecting the diverse cultural backgrounds, beliefs, and practices of individuals and their families.

CRITERIA

1. CCP Staff will provide comprehensive information about CCP services, the individual's rights, and available alternative services, as part of obtaining informed consent.
2. Consent for the start, continuation, modification and/or withdrawal of CCP services is unique to each person. This may include written, verbal, or implied consent. There is no minimum age of consent to receive counselling services according to the *NWT Health and Information Act* (HIA). Legally, consent is considered valid when the care provider can reasonably determine that the individual understands the decisions they are making.
3. CCP Staff will collaborate with individuals, and if they wish, their family/care team, to develop personalized care plans that reflect the unique strengths, needs, challenges, and goals of each individual.

STANDARD 5:

PRIVACY & CONFIDENTIALITY

INTRODUCTION

In accordance with the commitment to privacy and confidentiality, CCP Staff acknowledge and respect the rights of individuals regarding their personal and health information. All information shared during care including, but not limited to, referrals, documentation from sessions, and any contact, is considered confidential and protected.

CCP Staff uphold the protection of privacy and confidentiality, as mandated by applicable legislation, ethical standards, and professional/organizational guidelines.

CCP Staff ensure the maintenance of confidentiality and seek explicit consent from individuals before collection, use or disclosure of their information to any external individual, service, or organization.

The CCP recognizes the importance of preserving confidentiality while fostering collaboration for effective care. We aim to engage individuals in identifying their preferred methods for controlling what happens to their information, while also welcoming partners who contribute to enhancing their well-being. Additionally, at leadership levels, strategies to overcome existing barriers that hinder effective collaboration between formal and informal support systems will be examined.

PURPOSE

- Ensure the protection of individual's privacy and confidentiality.
- Foster an environment of safety and trust.
- Promote open communication and collaboration to enhance the effectiveness of care.

CRITERIA

1. CCP Staff will provide individuals with information about their rights to privacy and confidentiality, including the circumstances under which information may be disclosed without their consent (e.g., risk of harm to self or others).
2. Information collected, used, and disclosed is limited to only that which is required for care and to maintain files.
3. Informed consent is obtained from individuals prior to the use or disclosure of information to any individual, service, or organization not involved in the person's care, except in cases mandated by law.

STANDARD 5: PRIVACY & CONFIDENTIALITY

4. HSSAs are required to implement a process designed to address instances where an individual's file is subject to a subpoena and when an individual seeks access to their personal records. These processes should be established in accordance with regulatory standards, legal requirements, and organizational policies to ensure efficient and compliant handling of such requests while upholding confidentiality and privacy standards (including the immediate reporting of privacy breaches and other privacy standards and processes through the HIA).

STANDARD 6:

COLLABORATIVE PREVENTION & PROMOTION



INTRODUCTION

Recognizing the foundational role of prevention and promotion in fostering mental wellness and community wellbeing, the CCP underscores the significance of collaborative efforts with communities and organizations.

The CCP is dedicated to proactive strategies, prioritizing active community engagement, and fostering partnerships to implement comprehensive mental health initiatives. This encompasses participation in community events, supporting on-the-land programming initiatives, promoting community wellness endeavors, conducting outreach activities, collaborating with community organizations on service delivery initiatives and supporting communities when invited to collaborate on Community Wellness Plans. Through community-driven approaches, CCP Staff seek to empower individuals, families, and communities to address oppression, promote mental wellness, and collectively address mental health challenges.

PURPOSE

- Create a community-oriented approach to actively dismantle discriminatory practices and promote equity and accessibility.
- Individuals and communities are supported to increase control over and improve their well-being.
- Raise awareness and understanding of mental wellness, substance use/addictions recovery through both western and Indigenous worldviews and approaches.

CRITERIA

1. Deliver mental wellness and substance use/addictions recovery programming that raises awareness, provides education, fosters skill-building, and recognizes each person's inherent capacity, knowledge, and skills to support their own recovery and well-being.
2. Work collaboratively with community organizations to facilitate and support community wellness through tailored outreach, education, and awareness campaigns.
3. Ensure documentation of prevention and promotion initiatives is consistently maintained and updated for tracking and quality assurance purposes.

STANDARD 7:

ACCESS TO CARE

INTRODUCTION

Mental health is a basic human right for all people. Access to mental health services is crucial for upholding this right and promoting well-being and resilience in individuals and communities.

The CCP prioritizes equitable access to CCP Services for all individuals, families, and communities, considering factors such as geographic remoteness, cultural diversity, and socioeconomic disparities. The provision of services may be in-person and/or distance-based (i.e., virtual care, including telephone or video). Measures shall be implemented to address barriers to access, including but not limited to language barriers, transportation limitations, and technological constraints.

PURPOSE

- Ensure that CCP services are accessible in all communities and regions throughout the NWT irrespective of geographical location, demographic characteristics, or socio-economic status.
- Promote inclusivity, equity, accessibility, and quality care for individuals seeking support.
- Recognize and respect the inherent knowledge within Indigenous communities, fostering a collaborative relationship ensuring that support is community-led and culturally appropriate.

CRITERIA

1. Ensure that the following CCP services are available in all NWT communities:
 - A. Counselling (including same-day, in person, and distance-based services)
 - B. Prevention and promotion programs/activities
 - C. Referral to facility-based addictions treatment programs and other community and land-based programming
 - D. Aftercare planning and supports
 - E. Other mental wellness, substance use/addictions recovery, and family violence supports

STANDARD 7: ACCESS TO CARE



2. When there is a disruption in service all HSSAs must report the disruption immediately to the Director, Mental Wellness and Addictions Recovery Division, DHSS or designate.
 - A. A disruption in service means –
 - when no service is available for any period of time (e.g., no service provider available in-person or virtually) and,
 - CCP offices/HSSAs cannot arrange coverage internally or externally.
 - B. To report this disruption in service email Director, Mental Wellness and Addictions Recovery Division, DHSS or designate.
3. Report data on the provision of services to the DHSS, as per the Data Reporting Standard.
4. Acknowledge the crucial role of other services and partners within communities, recognizing that Indigenous communities are best positioned to identify their unique needs and that collaboration is key to a comprehensive approach to mental wellness.

STANDARD 8:

VIRTUAL CARE & DIGITAL TECHNOLOGY

INTRODUCTION

Integrating virtual care and digital technology represents a transformative evolution in CCP services. It enhances accessibility, efficiency, and equity in care delivery, enabling clients to access services in ways that align with their preferences and geographical realities while maintaining the integrity and quality of care.

PURPOSE

- Promote inclusivity by respecting individuals' preferences for accessing care and addressing barriers to equitable service delivery.
- Enhance access to mental health and wellness supports across the NWT, including remote and underserved areas.
- Ensure that virtual care aligns with principles of safety, efficacy, person- and family-centric care, and ethical best practices.
- Foster innovation in response to the evolving needs of service users and communities.

CRITERIA

1. The CCP offers virtual and distance-based services via telephone and video platforms as a part of the service delivery approach.
 - A. CCP staff connect individuals with e-mental health resources, wellness tools, and applicable platforms as standalone supports or to be used in combination with other in-person or virtual supports based on their unique needs.
 - B. CCP staff receive ongoing training in virtual care delivery options and modalities.
 - C. CCP staff deliver virtual services in a manner that respects cultural and linguistic diversity, accessibility needs, and the principles of person- and family-centric care, cultural safety, and anti-racism.
2. HSSAs must have policies and procedures that outline the use of secure and vetted virtual care platforms (such as Zoom for Healthcare) and the adherence to privacy and confidentiality standards (e.g., NTHSSA Virtual Care Privacy Best Practices).

STANDARD 9:

CRISIS RESPONSE & SUPPORT

INTRODUCTION

The CCP plays a vital role in supporting individuals and communities during times of crisis. Crisis situations, whether natural disasters, public health emergencies, loss of life in communities or other significant events, can profoundly impact the mental health and well-being of individuals.

The CCP recognizes the importance of timely and effective support in crisis situations. All HSSAs must have a comprehensive crisis response protocol to address emergency and crisis situations within their jurisdiction.

PURPOSE

- Ensure the availability of timely and empathetic mental health support during crises, fostering resilience and promoting recovery.
- Facilitate coordinated efforts and collaboration with relevant stakeholders, including government agencies, non-profit organizations, and community leadership, to optimize crisis response efforts.
- Foster resilience, recovery, and community cohesion in the aftermath of crises through targeted interventions, psychosocial support, and community-based initiatives.

CRITERIA

1. All HSSAs must have a crisis response protocol that includes:
 - A. Roles and Responsibilities of CCP Staff
 - B. Crisis Response Guidelines
 - C. Reporting Procedures (i.e., Clinical Supervisor, Management, Healthcare Practitioners, Law Enforcement, Community Leadership, DHSS)
 - D. Recovery and Post-Crisis Support

STANDARD 10: LIFE PROMOTION & SUICIDE RISK EVALUATION



INTRODUCTION

The CCP embraces a commitment to fostering life and mental wellness by providing compassionate care to individuals experiencing mental health challenges, including those at risk of suicide. The CCP recognizes the critical importance of effectively assessing and intervening in cases of suicide risk.

All HSSAs must have processes in place to guide suicide risk assessments and life promoting interventions that contribute to the prevention and meaningful response to suicide ideation and/or attempt.

PURPOSE

- Provide CCP Staff with standardized protocols to support individuals, families and communities who are impacted (directly or indirectly) by suicidal risk, ideation and/or attempt.
- Implement compassionate and holistic approaches that prioritize immediate safety and well-being, affirming the individual's worth and reinforcing the availability of ongoing support.

CRITERIA

1. All HSSAs must implement comprehensive suicide intervention protocols that include:
 - A. Roles and Responsibilities of CCP Staff
 - B. Risk Assessment Procedures
 - C. Crisis Response Guidelines
 - D. Reporting Procedures that align with HIA (i.e., Supervisor, Management, Healthcare Practitioners, Law Enforcement, Community Leadership, DHSS)
 - E. Recovery and Postvention Support

STANDARD 11:

RECOVERY & AFTERCARE SUPPORT FOR SUBSTANCE USE/ADDICTIONS



INTRODUCTION

The journey towards recovery is multifaceted and requires a comprehensive support system to address the diverse needs of individuals seeking assistance. With a holistic approach centered on staff training, referral support, supporting readiness, and aftercare planning, the CCP aims to provide a supportive framework for individuals seeking recovery and support for substance use/addictions in the NWT.

As stated in the introduction, all the standards outlined in this manual are deemed essential and crucial approaches to care in the realms of recovery, and aftercare support for substance use/addictions.

PURPOSE

- Empower staff with the requisite knowledge and skills to promote sustained recovery and harm reduction outcomes.
- Ensure that individuals navigating substance use/addictions recovery & support receive personalized care at every stage of their journey (e.g., harm reduction, community or land-based care, facility-based treatment programming, aftercare).

CRITERIA

1. All HSSAs must have policies and procedures to guide CCP Staff in supporting recovery which include:
 - A. Roles and Responsibilities of CCP Staff.
 - B. Comprehensive knowledge and exploration of support options within the community, the NWT, and outside of the NWT (e.g., clinical based supports, cultural and land-based supports, informal supports, other community-based programs).
 - C. Guidelines surrounding NWT Facility Based Treatment Options for Addictions.
 - D. Transitional Support (e.g., virtual facility tours, travel requirements, financial considerations, addressing cultural safety needs, family needs, childcare, housing).
 - E. Aftercare Planning (based on individual and community needs).

STANDARD 12:

CLINICAL SUPERVISION

INTRODUCTION

Clinical supervision is an essential component of the CCP, providing guidance, support, and professional development opportunities for CCP Staff. It plays a vital role for continuous learning, meaningful growth, reflection, and supports the provision of culturally safe, meaningful, and effective care.

PURPOSE

- Foster a collaborative and supportive supervisory relationship based on mutual respect, trust, and confidentiality.
- Facilitate the professional growth and development of staff, including cultural and clinical competencies.
- Encourage self-reflection, critical thinking, and skill enhancement to promote continuous improvement in delivering care.

CRITERIA

1. All HSSAs must have policies and procedures to guide a developmental model of clinical supervision which includes:
 - A. The support of CCP staff growth, ethical practice, competencies, and exploration of unique strengths to refine clinical technique and service delivery approach.
 - B. The use of goal-oriented, collaborative clinical supervision that honours the needs of the supervisee and the clinical demands.
 - C. The integration and modelling of decolonized, trauma-informed, anti-racist and culturally appropriate approaches.
 - D. The provision of ongoing goal setting and feedback (e.g., through the GNWT Performance Appraisal System).
 - E. Ongoing professional development specific to the provision of clinical supervision (i.e., training, peer consultations, communities of practice, mentorship, self-directed learning).

STANDARD 12: CLINICAL SUPERVISION



2. All HSSAs must have policies and procedures to guide the frequency and documentation of clinical supervision which includes:
 - A. CCP Staff meet with a designated supervisor/manager for the purpose of clinical supervision at least once per month.
 - B. Clinically relevant consultations involving specific individuals are documented in that individual's file. (e.g., details of the case discussion, supervision recommendations, feedback, and/or direction).
 - C. The clinical supervisor will maintain a record of CCP staff clinical supervision which includes the CCP staff name, CCP position, date, time, and summary of occurrence.

STANDARD 13:

DOCUMENTATION & RECORDS MANAGEMENT



INTRODUCTION

Effective documentation and record-keeping practices are integral to delivering quality care, ensuring accountability, and promoting continuity of services.

CCP Staff uphold the highest standards of integrity in maintaining written and virtual (i.e., Greenspace) records of all therapeutic interactions including, but not limited to, sessions, consultations, measurement-based care assessments and case conferences. Staff will ensure protection of all stored information and comply with relevant legislation, ethical guidelines and professional/organizational standards related to records management, retention, privacy, and confidentiality, at all times.

PURPOSE

- Ensure all aspects of care are accurately recorded and communicated among multidisciplinary teams fostering continuity and upholding quality of care while maintaining accountability and transparency.
- Provide a reliable historical record of care to support quality assurance, health system planning, internal management, and evaluation purposes.
- Protect the confidentiality and integrity of stored information, guarding against unauthorized access, disclosure, or any form of misuse.

CRITERIA

1. All HSSAs must have policies and procedures for documentation, which is consistent with relevant legislation, ethical guidelines and professional/organizational standards related to privacy and confidentiality.
2. All paper-based files must be stored in a locked file cabinet/storage inside of a locked room (i.e., use a double lock system).
3. HSSAs must have a Records Inventory detailing the location of all counselling records. A current copy of this Records Inventory must be provided to the DHSS as a part of the audit process.
4. HSSAs must have policies and procedures to ensure the integrity and privacy of individual's information when files must be transferred between locations.
5. HSSAs must have an approved GNWT Records Schedule (a prescribed timeline that governs the life cycle of a file through creation to disposition which was approved by the HSSA head, NWT Archivist and Director of Enterprise Information Management). Files must only be destroyed in adherence to the approved Records Schedule.

STANDARD 14:

DATA REPORTING

INTRODUCTION

The CCP is committed to providing high-quality care to individuals and communities across the region. Central to this commitment is the effective collection, documentation, and reporting of data that enables informed decision-making, program evaluation, and continuous quality improvement.

Recognizing the importance of data as a valuable resource for understanding needs, assessing service utilization patterns, and measuring program outcomes, the CCP recognizes the importance of accurate and timely data reporting as an essential component of maintaining transparency, evaluating program effectiveness, and informed evidence-based decision-making.

PURPOSE

- Support evidence-based decision-making processes within the CCP, ensuring that program strategies and interventions are guided by relevant and reliable data.
- Ensure consistency and transparency in the reporting process, making data accessible to relevant stakeholders while upholding confidentiality and privacy.
- Foster a culture of data-driven excellence and responsiveness to emerging mental health challenges and community needs.

CRITERIA

1. HSSAs will provide timely monthly data reports to the DHSS using the most up to date guidelines and templates provided by DHSS.

STANDARD 15:

FEEDBACK & QUALITY IMPROVEMENT

INTRODUCTION

The CCP values the perspectives and experiences of all individuals as integral components in ensuring quality care and continuous improvement.

As a commitment to continuous quality improvement, the CCP has implemented a comprehensive strategy aimed at gathering valuable feedback and supporting ongoing quality improvement initiatives.

By prioritizing feedback, the CCP aims to refine care delivery, address concerns promptly, and cultivate meaningful connections with communities across the NWT.

PURPOSE

- Foster a culture of accessibility, transparency, accountability, and responsiveness while enhancing care quality and satisfaction.
- Assess program performance, address areas of improvement and execute targeted interventions to elevate care delivery and quality.

CRITERIA

1. All clinical CCP staff (i.e., counsellors, wellness workers) integrate measurement-based care (i.e., PHQ-4, BR-WAI) into every therapeutic encounter, inviting individuals to take an active role in the care process. People may choose to accept or decline participation at each invitation.
2. All HSSAs must have a formal process in place that outlines how CCP Staff will receive and address feedback that is accessible, transparent, accountable, and responsive.
3. Policies and procedures must include how individuals will be informed of:
 - A. their rights to submit confidential feedback
 - B. the feedback submission process
 - C. how the feedback will be used to improve the quality of care
4. CCP Staff will follow the feedback policies and procedures of their respective HSSA.

APPENDIX A:

ABBREVIATIONS

ABBREVIATION	EXPLANATION
CCP	Community Counselling Program
DHSS	Department of Health and Social Services
HSSA	Health and Social Services Authority
HIA	Health Information Act
NWT	Northwest Territories
GNWT	Government of the Northwest Territories
TRC	Truth and Reconciliation Commission of Canada
SC2.0	Stepped Care 2.0

APPENDIX B:

GLOSSARY OF TERMS

AFTERCARE: The essential care provided to a service-user after they have participated in a treatment program or other service. Aftercare is designed to maintain outcomes achieved through other services, provide support and knowledge, and assist individuals in meeting their ongoing needs.

ANTI-OPPRESSIVE: Challenging and dismantling systems and structures that perpetuate discrimination, prejudice, and oppression.

ANTI-RACISM: Refers to ongoing action to identify, address, and prevent racism in all its forms.

ANTI-RACIST: Opposing racism and discriminatory practices, actively working towards creating equitable and inclusive environments.

AUTONOMY: Recognizing and respecting an individual's capacity and right to make independent decisions about their care and well-being.

BELONGING: Fostering a sense of acceptance, connection, and ownership among individuals within a community or organization.

CCP SERVICES: Services provided by the Community Counselling Program. This may include counselling services, referrals, prevention, and promotion activities, etc.

CCP STAFF: Individuals who work for the Community Counselling Program. This may include counsellors, clinical supervisors, managers, wellness workers, administrative assistants, etc.

CLINICAL BEST PRACTICES: Refer to the methods, techniques, and approaches that are widely recognized as the most effective, ethical, and evidence-based for treating individuals in a therapeutic setting. These practices are grounded in research, expert consensus, and established standards within the mental health profession, ensuring that service users receive the highest quality care.

COLLABORATIVE CARE: A proactive approach to promoting mental wellness and resilience that involves partnerships and engagement with communities and organizations, fostering a collective effort to address mental health challenges.

CONFIDENTIALITY: The ethical and legal obligation to safeguard sensitive information shared within the context of a professional relationship, ensuring that it is not disclosed to unauthorized individuals or entities.

CULTURAL AWARENESS: Cultural awareness is the recognition and appreciation of the diversity of cultural backgrounds, values, and perspectives among individuals and communities. It involves understanding how one's own cultural identity influences interactions and being open to learning about and respecting differences.

CULTURAL COMPETENCY: Refers to the skills, knowledge, and attitudes of staff members and reflects the process of building effective relationships with Indigenous peoples.

APPENDIX B:

GLOSSARY OF TERMS

CULTURAL HUMILITY: A lifelong commitment to self-reflection, learning, and openness to understanding diverse perspectives and experiences. It involves recognizing one's limitations, biases, and power dynamics, and actively engaging in respectful dialogue and collaboration with others.

CULTURAL SAFETY: All people, regardless of age, gender, sexual orientation, occupation and socio-economic status, ethnic origin, migrant experience, religious or spiritual beliefs and disability, feel respected and safe.

CULTURAL SENSITIVITY: Recognizing and respecting cultural differences while interacting with individuals from diverse backgrounds. It involves being mindful of cultural norms, traditions, and communication styles to ensure interactions are respectful and inclusive.

DIGITAL TECHNOLOGY: Tools and platforms, including software applications, digital devices, and communication networks, used to facilitate the delivery of healthcare services and support, enhance communication, and streamline processes.

DIVERSITY: The recognition, acceptance, and celebration of the variety of identities, backgrounds, cultures, and perspectives among individuals and communities.

EMERGENCY AND CRISIS SITUATIONS: Typically, unforeseen circumstances in which a community or individual requires immediate care. These situations include natural disasters, suicide, homicide, traumatic deaths, accidents, and other extreme circumstances.

EQUITY: The fair and impartial distribution of resources, opportunities, and treatment to ensure equal access and outcomes for all individuals, regardless of their differences.

GREENSPACE: A digital platform designed to improve the quality and efficiency of mental health treatment. Greenspace has simplified the process of implementing measurement-based care and the creation of an effective evaluation framework.

HOLISTIC APPROACH: Comprehensive strategies that address the physical, emotional, social, and spiritual aspects of well-being, recognizing the interconnectedness of these domains in recovery and support.

IMPLIED CONSENT: Consent that is inferred or understood from the actions, behaviour, or circumstances of an individual, rather than explicitly stated verbally or in writing.

INCLUSION: Creating an environment that embraces and welcomes individuals from diverse backgrounds.

INDIGENOUS CULTURAL SAFETY: An outcome where Indigenous peoples feel safe and respected, free of racism and discrimination, when accessing health and social services programs and services.

INFORMED CONSENT: Consent given by an individual after receiving comprehensive information about the nature, risks, benefits, and alternatives of a proposed service or activity, enabling them to make well-informed decisions.

APPENDIX B:

GLOSSARY OF TERMS

MEASUREMENT-BASED CARE: The routine collection and use of individually reported progress measures throughout a person's treatment to guide clinical decision making.

MULTIDISCIPLINARY TEAM: Group of people from various disciplines who collaborate to address complex issues, solve problems, or provide comprehensive care.

PERSON- AND FAMILY-CENTRIC: An approach to healthcare and support services that recognizes and prioritizes the unique needs, preferences, and goals of individuals and their families, fostering collaborative decision-making and respectful relationships.

POSTVENTION: Support and interventions following a traumatic event, especially suicide, aimed at healing, preventing harm, and supporting coping and recovery.

PRIVACY: The right of individuals to control the access and use of their personal information, ensuring that sensitive details remain confidential and protected from unauthorized access or disclosure.

PSYCHOLOGICAL SAFETY: refers to an environment where individuals feel comfortable expressing themselves, taking risks, and being vulnerable without fear of negative consequences such as ridicule or punishment.

READINESS ASSESSMENT: Evaluation of an individual's preparedness and willingness to engage in the recovery process from substance use.

RECOVERY-ORIENTED: A recovering-oriented approach is based on the belief that recovery is a deeply personal process and that each person has the right to determine what works for them. Recovery is about being able to live a meaningful and satisfying life, whether there continues to be ongoing symptoms or limitations caused by mental health problems, illnesses, or addictions.

SAFE PRACTICE: Ensuring the well-being and security of individuals, families, and communities during care.

SERVICE-USER: The individual who is receiving services from the Community Counselling Program (previously referred to as the client).

SOCIOECONOMIC DISPARITIES: Differences in access to resources, opportunities, and quality of life experienced by individuals and communities because of socioeconomic factors, such as income, education, employment, and social status.

STEPPED CARE 2.0 (SC2.0): Model of care delivery designed to offer person- and family-centric, recovery-oriented, and culturally safe approaches to mental wellness and addictions recovery. It emphasizes collaborative decision-making, expanded care options, and minimal barriers to access, allowing individuals to choose the level and intensity of care that best meets their needs.

VIRTUAL CARE: The delivery of healthcare services remotely using digital communication technologies, such as teletherapy platforms, video conferencing, and digital messaging, to facilitate access to care and support (e.g., apps, telephone-based supports).

APPENDIX C:

VERSION CONTROL



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