



# Ontario Health

Mental Health and Addictions  
Centre of Excellence

## Terms of Reference

**In effect from June 2024 to June 2026**

## Substance Use Disorders Provincial Advisory Table

### Background

[Ontario Health](#) is a health agency created in 2019 through the integration of existing provincial health agencies and programs. Ontario Health oversees health care delivery, improves clinical guidance, and provides support for providers to ensure better quality care for patients. Ontario Health will:

- Build on the same standards of excellence and global recognition developed by many existing agencies across the health care system;
- Improve clinical guidance and offer more effective support for providers;
- Ensure health care dollars are used more efficiently by removing overlap in infrastructure and administration (for example, accounting, planning and human resources);
- Advance digital-first approaches to health care, such as virtual care, and improve integration and efficiency of digital assets across the health system; and
- Support, through its Mental Health and Addictions Centre of Excellence (MHA CoE), the mental health and addictions strategy provided under the *Mental Health and Addictions Centre of Excellence Act, 2019*.

### The Mental Health and Addictions Centre of Excellence

The [Mental Health and Addictions Centre of Excellence](#) was established within Ontario Health and is the foundation on which a mental health and addictions strategy is developed and maintained. This strategy recognizes that mental health and addictions care is a core component of an integrated health care system. The Centre's role is to ensure that mental health and addictions care is:

- Delivered consistently across the province;
- Integrated with the broader health system;
- More easily accessible; and
- Responsive to diverse needs of people living in Ontario and their families.

The Centre will also help implement the [Roadmap to Wellness](#). The Centre will enable and drive the effective implementation of the roadmap's four pillars:

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1. Improving quality;
  2. Expanding existing services;
  3. Implementing innovative solutions; and
  4. Improving access.

This document sets out the terms of reference for the **Substance Use Disorders Provincial Advisory Table**.

## Mandate

The Substance Use Disorders (SUD) Provincial Advisory Table will provide recommendations to the MHA CoE for the development of a standardized, evidence-based and high-quality provincial SUD clinical program. The provincial SUD clinical program will oversee and coordinate the management and continuous quality improvement of this clinical area. The SUD Provincial Advisory Table will ensure standardized, high quality care services for people who use substances are available to address the needs of Ontarians.

## SUD Clinical Program Goals

- Improve the health and well-being for and with people who use substances through increased access to and delivery of high-quality, evidence-informed care that is respectful, trauma-informed, and compassionate.
- Enhance primary, acute, and community care services, and integrate mental health, addictions, and medical care in order to improve client and system outcomes.

## Objectives

The SUD Provincial Advisory Table will:

- Provide strategic direction and vision to create an accessible, high quality, and integrated system for people who use substances in Ontario;
- Offer expert clinical and system perspectives for improved substance use disorders care across the lifespan;
- Oversee the work and deliverables of supporting program task groups;
- Ensure program structures, services and deliverables are in alignment with goals and objectives of the Mental Health and Addictions Centre of Excellence;
- Champion quality improvement initiatives of the Mental Health and Addictions Centre of Excellence.
- Make recommendations on:
  - The population(s) of focus and eligibility criteria for evidence-based substance use and substance use disorders programs;
  - Services and care pathways that are client-centred, integrated, and accessible;
  - Minimum standards for high-quality substance use and substance use disorders services; and

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- Models for substance use and substance use disorders service delivery; and
  - Performance measurement and continuous quality improvement.

## Term

This Terms of Reference will be in effect **June 2024 to June 2026 (2 years)**. At the end of this term, the Terms of Reference, and membership, will be reviewed and updated, as appropriate.

## Membership

- **Chair**, Provincial Clinical Lead, Substance Use Disorders
- **Members:** Representation from supporting Advisory Committees and Tables (1 per)
- Representatives from service provider sites (11-12)
- Persons with lived or living experience with substance use disorders (4-5)
- **Ex-Officio:** Clinical VP, MHA CoE; Director, Clinical Programs, MHA CoE; Manager, Clinical Programs, MHA CoE; Ontario Health Region representative (1-2); Table secretariat

The above membership will be selected in consideration of:

- Geographic representation from across the province;
- Balance of community service; public health; outpatient, emergency department, and inpatient addiction medicine; and primary care providers;
- Balance of bed-based and non-bed-based substance use disorders treatment programs;
- Balance of system-level leadership, management, and frontline providers;
- Representation of health care equity perspectives; and
- Representation of clients and people with lived or living experience perspectives and family members and caregivers who provide or have provided support.

## Meetings

- The SUD Provincial Advisory Table is expected to meet once per month. As work proceeds, meeting frequency will be reviewed;
- Relevant meeting materials (e.g., agenda, previous minutes, meeting slides) for each meeting will be circulated 3 business days in advance;
- Quorum is necessary for each meeting to occur and is defined as 50% or more of the membership;
- **Members are expected to attend at least 75% of the meetings;**
- Members unable to attend meetings should review meeting minutes and supplemental materials and connect with other SUD Provincial Advisory Table members. Due to the ongoing nature of program discussions, alternate or delegate members are not allowed to attend meetings if members are unable to attend unless this has been previously agreed upon by the Chair(s);
- Members may have the opportunity to participate on smaller working groups, and Communities of Practice as needed;

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- Meetings will typically be one hour in length and will be held primarily via teleconference; and
  - One face-to-face, half or full day meeting may be scheduled during the term as the Table determines necessary.

## **Decision-Making Process**

Decisions will be made by consensus of the members. If there are any issues on which consensus cannot be achieved, the decision-making approach will be decided upon by the Chair in consultation with Ontario Health leadership. Decisions are to be recorded in the meeting minutes and labelled as such. These will be considered recommendations to the MHA CoE. Individuals not supporting the decision may be named in the minutes if they so desire.

## **Accountability**

The SUD Provincial Advisory Table is accountable to Ontario Health senior leadership through the Ontario MHA Clinical Council.

## **Conflict of Interest**

The SUD Provincial Advisory Table members must ensure that any actual or potential conflicts of interest in regard to any matter under discussion by the SUD Provincial Advisory Table are drawn to the attention of the Chairs. The Chair will decide what action, if any, is required arising from the conflict of interest and will take appropriate action, including but not limited to requesting the member absent him or herself from participation in discussion of the matter. Members will be required to complete a Conflict of Interest Declaration upon joining the SUD Provincial Advisory Table.

## **Confidentiality**

Unless it is generally available to the public, all data and information acquired or prepared by or for the SUD Provincial Advisory Table should be treated as confidential. Members should keep these data and information confidential and not directly or indirectly disclose them during or subsequent to their term as a member of the SUD Provincial Advisory Table. Members will be required to complete a Confidentiality Agreement upon joining the SUD Provincial Advisory Table.

## **Expenses**

Travel expenses incurred by meeting participants will be reimbursed in accordance with the policies of Ontario Health, including the need for prior approval.

## **Honorarium**

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Honorariums and expenses will be in alignment with the Ontario Health Honorarium Policy [OH Honorarium Policy](#)