



# Ontario Health

Mental Health and Addictions  
Centre of Excellence

## Breaking Free Online Digital Self-Management Tool for Substance Use Disorder Q&A

### 1. About the provincial initiative

#### a) **What is the provincial digital self-management tool for substance use disorder (SUD) initiative?**

Timely access to substance use treatment in Ontario is limited and has been compounded due to the COVID-19 pandemic, leading to modified and/or reduction for in-person treatment. As part of the response to the impact of COVID-19, the Ontario government, in collaboration with the Mental Health and Addictions Centre of Excellence (CoE), has indicated its intention to invest in expanding mental health and addiction services to support individuals negatively affected by the pandemic due to issues such as social isolation and lack of accessibility to services. Ontario Health has received funding from the Ontario Ministry of Health to spread and scale a virtual self-management tool for SUD to help meet the need of rising mental health and addiction rates as the pandemic continues indefinitely across Ontario.

#### b) **What is the digital self-management tool that will be available throughout the province and how was it selected?**

In 2018, Ontario Health (OTN) procured vendors of record who offered digital self-management solutions for SUD. These third-party vendors were vetted by an evaluation team consisting of internal and external stakeholders for privacy/security, clinical outcomes, research, and pricing, through a rigorous request for supplier qualification process.

In 2020, when the Ministry of Health announced it had secured funds for this project, a second-level procurement was initiated, and the vendors of record were invited to apply through another request for proposal and evaluation process. Breaking Free Online (BFO) was the successful vendor of record (VOR).

#### c) **What is the evidence that supports the Ministry of Health's decision to fund this initiative?**

Data compiled from Connex Ontario and the Drug and Alcohol Treatment Information System (DATIS) suggests that many regions in Ontario are experiencing modified or suspended addictions services as a result of the pandemic.

Additionally, Nanos Survey benchmarking alcohol and cannabis consumption among Canadians during the COVID-19 outbreak (2020) revealed the following:

- 25% of Canadians (aged 35-54) are drinking more while at home due to COVID-19 pandemic; cite lack of regular schedule, stress and boredom as main factors.
- Seven in ten Canadians who report currently staying home more report their alcohol consumption has stayed the same.

- Canadians who report consuming more alcohol while currently staying home more often say it has increased due to a lack of regular schedule, boredom and stress.
- Nine in ten Canadians who report currently staying home more report their cannabis consumption has stayed the same.

Finally, the [Impacts of the COVID-19 Pandemic on Substance Use Treatment Capacity in Canada](#) report from the Canadian Centre on Substance Use and Addiction (2020) revealed:

- There was a substantial decrease in the availability and capacity of substance use treatment and harm reduction services in the early phase of the pandemic (March–June) due to closures and restrictions on the number of clients allowed at clinics and inpatient facilities.
- This decrease, along with other factors, led to many clients returning to or engaging in higher-risk substance use, and growing wait times for services.
- Access to substance use treatment services and supports has not returned to pre-pandemic levels.
- Delivery of care for substance use treatment shifted rapidly to virtual platforms, which had some positive impact on treatment access.
- Availability of virtual care is not equitably distributed, and it cannot completely replace the need for in-person treatment options.

## **2. Background and evidence**

### **a) What is BFO’s experience?**

In the UK, BFO is deployed by National Health Service Trusts and Healthcare Service Providers (HSPs) across many large geographical areas, including major urban centres (e.g., London, Manchester, Edinburgh) and expansive rural areas (e.g., Cumbria, Norfolk, Devon). Moreover, BFO has been implemented across all treatment settings and modalities, including inpatient, residential rehab, outpatient, outreach, structured daycare, harm reduction, recovery-oriented, supported housing and criminal justice services, as well as Medication-Assisted Treatment (MAT) programs. This accumulated experience is integral to the approach for implementing the tool across Ontario, and Canada more broadly.

### **b) How has BFO been deployed in Ontario?**

House of Sophrosyne: since May 2019, BFO has been utilized as an aftercare tool to support women from across Ontario. Windsor-Essex: a two-year deployment of BFO across this region is now underway, in which we are implementing a ‘hub and spoke’ model with Hôtel-Dieu Grace Healthcare as lead HSP, moving to population-wide access to the program in year two. COVID-19 initiative: from April to August 2020, Breaking Free Group has worked with Ontario Health to identify and provide free access to BFO to HSPs to help them mitigate the impact of the pandemic. Through this initiative, BFO supported multiple small, medium and large HSPs.

### **c) How has BFO been deployed in other provinces? Is this being implemented in other regions in Canada outside of Ontario?**

Since June 2019, BFO has been commissioned by Provincial Health Services Authority (PHSA) in British Columbia for their residential service, Burnaby Centre for Mental Health and Addiction, and for a multi-

site pilot by Nova Scotia Health Authority. In addition, it is about to be deployed by Health PEI at their Provincial Addictions Treatment Facility and across Newfoundland and Labrador by Central Health NL.

**d) How has BFO been deployed Canada-wide?**

Since being appointed a VOR by Ontario Health, BFO has been deployed numerous times throughout Canada. This has been facilitated by the expertise in implementing digital tools for SUD acquired in the UK since initially launching BFO there in April 2011. In June 2020, Breaking Free Group was approached by Stepped Care Solutions on behalf of Health Canada, to develop digital interventions for the 'Wellness Together Canada' portal to help prevent alcohol and/or drug use from becoming problematic. Breaking Free Group's tailored 'Breaking Free: Wellness' interventions was made available to all Canadians via the portal in December 2020.

**e) What is the clinical evidence for BFO?**

Central to Breaking Free Group's approach is the systematic program of research and evaluation they undertake in collaboration with colleagues at academic institutions in the UK, Canada and US, including the University of Oxford, University of Manchester, King's College London, University of Toronto, Carleton University (Ottawa) and the Center for the Study of Addictions and Recovery (New York).

This research is guided by the UK Medical Research Council's framework for developing and evaluating complex healthcare interventions. As well as demonstrating the clinical effectiveness of the BFO program in a diverse range of treatment settings (e.g., community-based addiction services, dual diagnosis services, eTherapy services, and prisons) and with different clinical populations, the evidence base for the program includes studies that explore its mechanisms of action and explain the behavioural science that underpins it.

At the time of launch of the Ontario provincial initiative, the evidence base for BFO consists of 36 peer-reviewed studies. A full list of these publications, with links to the abstracts, can be found on Breaking Free Group's [research page](#). Anyone wanting copies of any of these studies can contact Dr Sarah Elison-Davies (Research Director) at [selison@breakingfreegroup.com](mailto:selison@breakingfreegroup.com)

Several other major studies are currently underway, including three clinical trials – one of which is being funded by Canadian Institutes for Health Research (CIHR) and conducted in collaboration with Centre for Addictions and Mental Health (CAMH), the Community Addictions Peer Support Association (CAPSA), and the University of Toronto – and a study with Ohio Department of Rehabilitation and Correction.

As part of the Ontario initiative, Breaking Free Group intends to undertake studies of the utilization of BFO by Franco-Ontarian services and First Nations services.

**f) During this process, have you consulted with people who use substances?**

For the original procurement of BFO in 2017 as a vendor of record, a consumer with lived experience was part of the evaluating committee. Community Addictions Peer Support Association (CAPSA) has also been a strong supporter of BFO in Ontario. In addition, the voices of consumers with lived experience will be strongly involved in the design of the direct-to-consumer strategy for Ontarians.

### **3. How BFO works**

#### **a) How does BFO help those struggling with substance use problems?**

BFO can be used as an online tool and is augmented by a supporting smartphone app. It is available 24/7, 365 days a year to provide support to individuals with substance problems either with or without support from an addictions service provider. BFO has seen much of its usage occur outside of business hours when services are often not available. In general, for digital self-management, these tools often have the best impact when they are combined with face-to-face treatment as an adjunct to treatment.

BFO's database shows that 46% of all activity on the program occurs outside of standard service operating hours – i.e., outside of 9 a.m. – 5 p.m., Monday through Friday.

#### **b) How can BFO support Ontarians struggling with a substance use problem during COVID-19, when in-person treatments have been reduced?**

The BFO program is routinely used by HSPs as a waitlist management tool. The program can be used very effectively in a self-directed way due to its user interface design, intuitive user journey, voiceover accompanying every screen, and the way it delivers treatment instructions. It can therefore be offered to prospective clients at the point of referral, engaging them in treatment, giving them immediate access to interventions (e.g., to manage cravings), and helping them to get motivated and 'treatment ready'.

Additionally, the solution is a powerful adjunct to in-person treatment due to its inherent flexibility. The range of potential delivery models mean that HSPs can allow clients to use the BFO program as a self-directed tool to augment whatever psychosocial interventions they provide; or they can deliver it as computer-assisted therapy (CAT) in either one-to-one or group work formats. This CAT approach can be delivered through a 'virtual care' model using videoconferencing technology, or via a 'telehealth' model using telephone check-ins.

A major strength of the BFO program is its ability to prevent client relapse, recidivism, and re-presentations to healthcare services. It places a strong emphasis on relapse prevention and contains behavioural change techniques (BCTs) such as 'recognize-avoid-cope', which guides clients to identify and cope safely with high-risk situations, and utilizes geofencing technology if the program is used in conjunction with the Breaking Free Companion Canada App. The program also contains BCTs such as 'urge surfing' that can support clients whilst waiting to start Medication Assisted Treatment, or during the titration and stabilization stage to help them stop using illicit substances on top of substitute medications.

#### **c) What substances are covered in the BFO Tool?**

The BFO program is designed to help clients self-manage a broad spectrum of substances. It allows clients to address their difficulties with over 70 different substances, including alcohol, cannabis, opioids, stimulants, new psychoactive substances (NPS), and a range of prescription medications. Published research demonstrates the program is effective in supporting clients to address each of these substances and provides valuable insights into how different BCTs in the program work for different substance using populations, people with concurrent mental health difficulties, and people involved in the correctional system.

#### **d) How does BFO help people who experience a mental health or substance related crisis?**

BFO is not intended as a crisis support tool. However, there are safeguards and protocols built into the tool to alert the user and their clinician if risk is detected and can direct them to find assistance.

One of the key strengths of the program is that it provides enhanced support for clients to enable them to self-manage risk. On the program entry screen, where clients sign up/log in to their account, they are advised to call 911 if they are in immediate danger or need urgent medical support. Crucially, the program gives clients access to a range of BCTs that are specifically designed to address mental health issues, including 'cognitive restructuring' to help them escape from negative thinking patterns, and mindfulness-based interventions to help them deal with heightened emotional states.

Moreover, clients can also access an evidence-based risk management BCT called 'Managing your risky situations: Recognize-avoid-cope'. This guides them to anticipate high-risk situations and plan, in advance, what coping methods they will employ to mitigate those risks. For clients using the Breaking Free Companion App in conjunction with the online program, geofencing technology allows clients to receive an alert notification reminding them of the coping method they should use whenever they approach any of their identified high-risk situations.

**e) Has the language and drug options been adjusted to what is common in Ontario?**

The BFO program has been localized for Canada but contains no Ontario-specific dialect or vernacular because it is also being utilized in other provinces outside Ontario. The portfolio of substances targeted by the program is very extensive and continually evolving. So, if HSPs in Ontario identify that a particular substance not currently included is becoming problematic, the program will be updated to accommodate this.

**f) Why is Suboxone listed as a "problem area"?**

Clients can select Suboxone during the BFO assessment if, for example, they are wanting to self-monitor their substance consumption while accessing services at a Medication Assisted Treatment or RAAM clinic.

**g) Are there efforts or considerations are being made to have this tool include those who identify with Process Dependencies (e.g., Gambling, Gaming, Internet, Shopping, and Sex/Porn Addiction).**

The BFO program is specifically designed to help clients overcome substance dependence and support their long-term recovery, hence it currently targets (1) alcohol, (2) drugs, and (3) poly-use of alcohol and drugs. However, the evidence-based behaviour change techniques contained in the program could be adapted to address other forms of dependency and addiction, and this is currently under consideration by the BFO team.

**h) Is there an option to track method of use as an indicator for those who may be working towards harm reduction?**

The BFO program does not capture method of use and is not therefore able to demonstrate the transition to less harmful methods of substance consumption (e.g., moving from injecting to smoking heroin). However, on their personal dashboard, clients can track their use of up to four substances, including substitute medications such as methadone. This means they can see their progress, in a very visually impactful way, in transitioning from problem drug use to managed/stable treatment on medication.

**i) Can this be used for Mental health conditions as well or only substances? (BPP, Bi-Polar, schizophrenia, depression etc.)**

The BFO program is specifically designed to address substance use disorders and comorbid low-to-moderate mental health difficulties such as anxiety or depression. It contains behaviour change techniques that help clients, for example, manage heightened emotion such as anxiety or anger, and escape from negative thinking patterns. For this reason, the program can also potentially benefit clients experiencing other mental health conditions if their symptoms are being managed – e.g., if they have been stabilized through medication and are being supported by services etc.

**j) What measures are used to capture depression and anxiety?**

Depression and anxiety are measured in BFO using the Patient Health Questionnaire-4 (PHQ-4). In addition, the program includes the Recovery Progression Measure (RPM), a clinically validated measure of six domains of biopsychosocial functioning including thoughts and emotions.

**k) When accessing "risky situations" are you able to put more than one reason as to why the area may be risky or is it limited to one? Is the Google map option available for all communities in Canada?**

The 'Managing your risky situations: Recognize-avoid-cope' strategy integrates Google Maps and enables clients to identify high-risk locations on a map of their local neighbourhood. This is available to all communities in Canada. Although clients can pinpoint on their map as many locations as they wish, they are guided to identify for each location the principal reason why it is risky for them and select a coping method they can use to mitigate that risk. If clients are using the Companion Canada app alongside the BFO program, they will receive an alert notification when they approach any of these locations, reminding them of the risk and which coping method they planned to use to stay safe.

BFO does not store clients' geo-location information other than the locations they choose to enter in the 'Managing your risky situations: Recognize-avoid-cope' strategy. This data is used solely to alert the client when they are within twenty meters of a location they have identified on this strategy as being risky for them. Clients are under no obligation to use this strategy, or to enter any location data in it.

**l) Is there any research on community support workers/case managers assisting clients by encouraging them to engage with the program or holding clients accountable?**

Research has shown that a case management/keyworking approach is a very effective way to deliver BFO and can increase program adherence. To facilitate this, the Operational Toolkit contains a set of eLearning modules and manuals to train clinicians and practitioners in how to deliver BFO as Computer-Assisted Therapy, either as a one-to-one keyworking intervention or a structured groupwork program. To further increase motivation and accountability, HSPs may want to consider using approaches such as Contingency Management alongside BFO.

**m) What is the evidence and qualitative experiences of folks with regards to harm reduction or abstinence as the best match for BFO?**

BFO is a highly person-centred program which allows clients to set their own goals during the initial assessment and then helps them to track their progress towards achieving those goals on their personal dashboard within the program. In practice, BFO is used by clients in a wide range of treatment settings and at different stages of the treatment process, hence their goals can be controlled drinking and/or drug use, moderation, or abstinence.

**n) How will clinicians in an HSP interact with and support their clients who use BFO?**

HSPs will be able to access training resources on how to implement Computer Assisted Therapy (CAT), so staff can understand the different ways they can support clients, including via Telehealth approaches, one-to-one keyworking or Groupwork delivery models. Clients can consent to share their granular-level data to a clinician in their service; or they can also share their latest work, 'progress report' and certificate with that clinician, so giving them a valuable overview of the client's progress to date. This is undertaken by clients adding their Support Network to the 'settings' area of their account, meaning they can email their work at distance.

**o) Do clients receive a certification of completion of the BFO program?**

At any time, clients using BFO can generate a progress report which has a certificate attached to it. The certificate shows the cumulative amount of time they have spent on the program working on their recovery and the number of sessions (i.e., treatment episodes) they have had on the program. As well as being a powerful way to demonstrate to others their commitment to addressing their problems with alcohol or drugs, anecdotal evidence suggests the certificate can be motivating and very validating, particularly for those clients who have had a negative experience of education.

**p) What is the clinical model of treatment?**

BFO primarily employs a cognitive behavioural model of substance use treatment. In addition, the tool supports the model of change and motivational interviewing. Clients can select whether they prefer abstinence, maintenance or reduction.

**q) Is this tool intended to replace clinicians or reduce existing services?**

No. As stated above, this solution is intended to supplement care that is already being provided. In regions where service has been suspended and or modified this can benefit Ontarians who are isolated.

**r) What type of analytics and reporting will be available through BFO?**

BFO will provide a provincial dashboard for reporting purposes. This will enable Ontario Health to view real-time data for the entire province and to stratify these data by region, providing comprehensive oversight of program engagement and client outcomes from across Ontario. These dashboards will also allow clinicians, regions and Ontario Health to generate PDF reports on demand that will capture all the data analytics. These can be circulated to relevant stakeholders to support effective implementation and resource and performance management.

**s) How is BFO linked to my organization - so my agency has access to the dashboard?**

Each HSP in Ontario will be assigned a Service Code that is specific to that organization. The Service Code will be given out to clients to enrol them on the BFO program and used by staff to access the Operational Toolkit. In addition, each HSP will receive an online dashboard that will allow them to monitor in real-time the aggregated, anonymized data from their clients using BFO via a set of 22 charts. These metrics demonstrate **engagement**, including uptake, demographics, language, substance profile, usage patterns; and **outcomes**, including attrition and retention rates, reductions in substance consumption, maintenance of abstinence, strengthening of recovery capital, and improvements in substance dependence and mental health.

## 4. How to use BFO

### a) **How will Ontarians access BFO?**

There are two ways in which BFO will be made available to Ontarians:

- Through an Addictions Service Provider who adopts BFO and offers it to their clients to self-enrol and use it as CAT.
- Ontarians who are without an addiction services provider can access the solution by entering their postal code and take advantage of the Breaking Free Companion App.

### b) **Which age group is BFO intended for?**

BFO is typically used for those 16 years of age and older.

### c) **Are there any plans for the development of a more youth-specific version of BFO?**

Ontario Health is currently exploring a refresh of our Vendors of Record for Substance Use Disorder. Youth focused digital solutions will be considered.

### d) **Is there an aftercare aspect to BFO?**

One of the key strengths of BFO is its ability to provide aftercare. Since clients can access the program for up to two years after creating their account, it provides continuing care when they exit structured treatment (whether successfully or in an unplanned way), or when they transition between different treatment modalities or parts of the treatment system, or if they move to a new location.

### e) **Are there any gender specific aspects of the program?**

The content of the BFO is gender neutral. However, in Canada, the UK and US, there is a high uptake of the program by women compared to the proportions of female clients accessing standard in-person treatment provision. Research is currently being undertaken to examine the reasons for this consistent trend, and the findings will be made available as soon as the study is published.

### f) **Does this program collect and report race-based and other equity focused data? Do you have other socio-demographic information around participation and completion? e.g., ethnicity, race, income?**

The BFO Outcomes Dashboard, which is provided to every HSP, includes a section on demographics. This contains charts/metrics highlighting the age, gender, ethnicity, and language of the clients who are using the BFO program.

Breaking Free Group's ongoing program of research continues to examine socio-demographic factors. To view a list of published research, visit the [research page](#) of their website.

### g) **What sort of evaluation has been done that looks at how accessible and effective the program is for people who are also experiencing homelessness?**

The following studies explore the utilization of BFO by people experiencing homelessness:



Neale J, Stevenson C. (2014). Homeless drug users and information technology: A qualitative study with potential implications for recovery from drug dependence. *Substance Use and Misuse*, 49(11), 1465-1472.

Neale J, Stevenson C. (2014). Positive and negative features of a computer assisted drug treatment program delivered by mentors to homeless drug users living in hostels. *Journal of Substance Abuse Treatment*, (4), 258-264.

Neale, J. Stevenson, C. (2014). The use of computer-assisted therapy by homeless drug users living in hostels: An explorative qualitative study. *Drugs: Education, Prevention, and Policy*, 21(1), 80-87.

**h) Is this program possible for someone with an eating disorder as disordered eating is often comparable to an addiction?**

The BFO program is specifically designed to address substance use disorders and associated mental health difficulties, not eating disorders. Clients with other forms of addiction could potentially benefit from some of the evidence-based behaviour change techniques included in the program. But they should seek support from specialist services to address their specific clinical needs.

**i) Can BFO be used in a post-secondary setting in a peer support model?**

HSPs utilizing BFO have access to a comprehensive Operational Toolkit. This contains resources that will help them identify the best ways to implement the program and how they can use it to help clients transition between services and treatment modalities.

The implementation of BFO as part of a peer support model is strongly encouraged. It is inspiring for clients to see graduates of BFO acting as visible recovery champions within services. Moreover, facilitating the program provides a focus for peer mentors; and research has shown that it increases their own resilience and strengthens their recovery. A clinical trial, funded by the Canadian Institutes of Health Research (CIHR), is currently underway in Toronto to examine the additional benefits of peer support alongside the delivery of BFO. This study is a partnership between Breaking Free Group, the Centre for Addictions and Mental Health (CAMH), the Community Addictions Peer Support Association (CAPSA), and the University of Toronto.

**j) Can people change their mind and modify their 3 support people emails?**

Yes, clients can at any time change the nominated supporters with whom they share their progress reports and certificates and summaries of the behaviour change strategies they complete on the BFO program. They can do this quickly and easily by going to the 'My supporters' section of 'My settings', which is accessed via the main menu.

**k) Does BF address resistance and/or low motivation?**

As well as the intuitive client journey, clear treatment instructions and visually impactful user interface, the BFO program has many motivational elements built into it. These include, for example, the use of strengths-based language, motivational videos, empathic voiceover accompanying every screen to guide and encourage clients, visual and verbal reinforcement for completing behaviour change strategies, gamification elements to reinforce program engagement, awarding of certificates, and alert notifications (i.e., 'nudges') that are delivered via the Companion Canada app.

However, staff can play a vital role in engaging clients whilst enrolling them on the BFO program and continually promoting it and motivating clients to keep using it. The Operational Toolkit contains resources to assist this, including posters and leaflets that explain to clients some of the key benefits of the program.

**l) Is there a cost to addiction service providers, their clients or the public?**

The Ministry of Health is funding the solution so there is no cost to providers or the public.

**m) Once BFO is rolled out how does one access it? Is it exclusively through a health services provider?**

BF will be made available to Ontarians in two streams:

- Through HSPs who will obtain a service code from BF to offer to their clients to enrol.
- Through direct-to-consumer. Ontarians not attached to an HSP can also access BF by inputting their Ontarian postal code to self-enrol.

**n) When will the direct to consumer be available to Ontarians?**

Launch is targeted for June 7, 2021.

**o) Can you provide additional information on how independent, community-based physician practices can support their patients who are receiving their care outside of a publicly funded HSP? Is this tool restricted to use/access for publicly funded addiction treatment service providers or is it also available for Private Practice operators?**

There are two streams of BFO Implementation 1: HSP Implementation for Ministry of Health funded providers 2) Direct to consumer for all Ontarians. Stream 2) is more appropriate for private or independent practitioners to offer to their patients.

**p) If an Ontario Health Teams (OHT) or organization is interested in implementing this, who is the best point of contact? and cost?**

There is not cost for BFO in Ontario as it is fully funded by the provincial government. OHTs are very welcome and encouraged to take a lead role in promotion of BFO. Please contact:

Steve Mathew, Senior Business Lead Ontario Health  
[Stephen.mathew@ontariohealth.ca](mailto:Stephen.mathew@ontariohealth.ca)

**q) Is the program appropriate to use with patients in acute inpatient settings with short length of stay? If a clinician registers a client during their hospitalization, do they need to continue to track that client after discharge?**

BFO can be used very effectively in an inpatient care setting as it contains numerous behaviour change techniques that can help clients, for example, to regulate their emotions and manage cravings and urges post-detox. In this scenario, the HSP would enrol the client on the program while they are in treatment. Then, if the client continues within that service as an outpatient, their progress can still be tracked if they agree to share their progress reports with the clinicians via the functionality within the program that enables this (and is accessed via the 'My supporters' section of the client's personal settings). The BFO program is certainly appropriate for clients in short-term treatment. Once a client has created an account, they can access the program for up to two years, so it can provide continuity of care for clients upon discharge. Clinicians do not need to continue tracking clients thereafter, but the option is available if they and the client agree that this should happen.

**r) Will there be consideration for allowing front-line Therapists/Addiction Counsellors who are not part of the College of Registered Psychotherapists of Ontario (CRPO) or the Ontario**

**College of Social Workers and Social Service Workers to provide CBT to their respective clients. At present, certified members of the Canadian Addiction Counsellors Certification Federation or the Canadian Problem Gambling Certification Board are restricted from using this evidenced based therapy due to it being a regulated practice.**

BFO is not internet-based cognitive behavioral therapy. It is digital self-management for addictions that is based on a CBT Model. It is a client-focused self-help in nature. There is no interactive therapy occurring between a therapist and a client within the solution itself. The solution is intended to support or supplement traditional addiction therapy or counselling.

**s) Estimated time to onboard organizations, i.e., staff training?**

The Breaking Free Operational Toolkit is designed to give HSPs all the resources they will need to operationalize BFO and identify the most effective ways to deploy it to augment and strengthen their treatment system, cascade the training in the potential delivery models to their staff, and make their clients aware of the availability of the program.

The Toolkit is divided into three components:

- i. **Implementation Resources for organizational leads and service managers**, including video demonstrations of the BFO program and Companion Canada app and Outcomes Dashboard, as well as presentations and other downloadable resources, including some that can be used to prepare for launch.
- ii. **Training Resources for clinicians and practitioners**, including video demonstrations of the BFO program and Companion Canada app and Outcomes Dashboard; a comprehensive set of eLearning modules with integrated videos and voiceover throughout; case studies; and manuals that provide detailed, step-by-step guidance on how to deliver BFO as Computer-Assisted Therapy, either as a one-to-one keyworking intervention or a structured groupwork program.
- iii. **Promotional Resources for marketing and communications teams**, including printable and customizable posters and leaflets that explain to clients how the program can help them address their difficulties with alcohol and drugs, a video that can be used to engage clients, and social media assets.

This allows all stakeholders to work through the resources in their own time, at their own pace and at their own convenience during the onboarding process. It also means new staff members can quickly get up to speed when they join an organization.

HSPs can access the Toolkit by going to [www.breakingfreeonline.ca/toolkit](http://www.breakingfreeonline.ca/toolkit) and entering the Service Code they have been allocated.

**t) How will the licenses for BFO be distributed? Does an organization have to apply for a licence?**

BFO uses an unlimited licensing model. Any addictions service provider that adopts the solution can enrol as many clients as they wish. This means every client can be systematically offered the intervention.

**u) If a client is receiving treatment from more than one service provider, are they both able to access the clients information?**

Yes, the client is in control and can opt to add the email addresses of up to three nominated supporters, which could be clinicians or practitioners from different service providers. These supporters will then receive the client's progress reports and summaries of the behaviour change strategies they complete on the program.

**v) Who is considered an HSP?**

The HSP Implementation stream includes Ministry of Health funded providers that have a mandate to provide addictions treatment or support services.

**w) Would it be helpful for HSP clinicians to try the solution themselves first?**

It is strongly recommended that all clinicians and practitioners who will be enrolling clients on BFO and/or delivering it as Computer-Assisted Therapy, either one-to-one or in groups, should set up a training account to familiarize themselves with the program's functionality and clinical content. Instructions on how to do this can be found in the Operational Toolkit.

**x) How does an HSP request to use BFO for their organization and clients?**

An email can be sent to Nicholette Smith at Breaking Free [nsmith@breakingfreegroup.com](mailto:nsmith@breakingfreegroup.com) to request a service code for their organization. This service code can be given to the clients who are attached to an HSP to self-enrol in BFO. This same service code will allow access to the Operational Toolkit which contains all the required onboarding, orientation and training resources to successfully implement BF within an HSP.

**y) How does our organization sign up for BFO to access the dashboard option?**

Each HSP that utilizes BFO will receive their own online dashboard that allows them to monitor in real-time the aggregated, anonymized data from their clients using the program via a set of 22 charts. These metrics demonstrate **engagement**, including uptake, demographics, language, substance profile, usage patterns; and **outcomes**, including attrition and retention rates, reductions in substance consumption, maintenance of abstinence, strengthening of recovery capital, and improvements in substance dependence and mental health.

An HSP can access its own Outcomes Dashboard by going to [www.breakingfreeonline.ca/dashboard](http://www.breakingfreeonline.ca/dashboard) and using the login credentials that will be provided to them by Breaking Free Group.

Instructions on how to access the demonstration version of the BFO Outcomes Dashboard can be found in the Operational Toolkit. This allows staff to explore the 22 charts/metrics it contains.

**z) What is the "service code" people require?**

Each HSP in Ontario will be assigned a unique Service Code that is specific to that organization. The Service Code is used in two specific ways:

1. Clients are given the Service Code at enrolment and use it to create their personal BFO account at [www.breakingfreeonline.ca](http://www.breakingfreeonline.ca)
2. Staff use the Service Code to access the Operational Toolkit at [www.breakingfreeonline.ca/toolkit](http://www.breakingfreeonline.ca/toolkit)

Every HSP will also be provided with login credentials to access their own Outcomes Dashboard at [www.breakingfreeonline.ca/dashboard](http://www.breakingfreeonline.ca/dashboard). This will report aggregated and anonymized data resulting from program activity linked to their Service Code, via a set of 22 charts/metrics showing client engagement with the program and the outcomes they are achieving.

**aa) Do clients have privacy options - i.e. decline sharing all or certain info with the organization/provider?**

BFO is a confidential program that gives clients a high degree of control over their information and how this is shared, or whether it is shared at all. At sign-up, they can decide whether to share their data for the purposes of evaluation. Whilst using the program, they can decide whether to share their progress reports and summaries of completed behaviour change strategies with nominated supporters. They can also access all the data they have inputted into BFO and purge their data at any time via automated self-service tools which are built into the program and accessed via the 'My data' section of the main menu.

**bb) What happens at the end of the one-year pilot? Will people lose access to their profile and supports entirely? How will province wind the pilot down? I'm guessing there should be a cut off for when new users can be introduced to the program if it's going to end.**

At the end of the year BFO will be evaluated with a possibility of extension for another year. If the decision is made to discontinue BFO then at that point no new enrolments would take place however those already using BFO will not be cut off. They will continue to have access to BFO for an additional year.

**cc) What kind of IT infrastructure or hardware is required to adopt BFO?**

The solution is software-based and does not require the purchase of additional hardware or enhancement of existing IT infrastructure. BFO is compatible with both Android and IOS platforms and can be used on desktop and laptop computers as well as portable devices such as tablets and smartphones.

**dd) Will the government be working with agencies to provide funding for technology? Also, is there an alternative for people who don't have access to technology at this time? Can you say more about how to use this with people you referred to as "digitally excluded"? What proactive strategies are being taken to mitigate the digital divide for those who don't have access to technology/internet?**

Ontario Health is currently exploring technology inequity in various regions of Ontario and is participating at several tables to address this issue.

**ee) What the literacy level is for the app/website?**

The content of the BFO program and Companion Canada app is written for a reading age of 12 upwards. However, there is voiceover accompanying every element of every screen of the program to assist clients with lower levels of literacy. There is also the option to deliver the program as Computer-Assisted Therapy (CAT), where a client is supported to engage and work through the program content. Building digital literacy and increasing digital inclusion through this process can play a valuable role in helping clients move out of the treatment system and into employment, training or education.

**ff) For clients who have not device or internet access. Can the agencies involved provide the opportunity at their location to go online?**

Yes, clients can log in to their personal BFO account on any device in any place with internet access. This could be within services of the HSP that enrolled them on the program, or at the home of a friend or relative, a public place such as a library, or at a hostel, Women's Aid, mental health services, employment, training or education services etc.

**gg) Is the companion app fully functional as well for clients to use, or do they always have to have computer/tablet to access? Can a clinician assist a client setting up their account online with their computer, as long as the app provides all the functionality as well? Many clients can access a smartphone - but not necessarily a computer.**

Clients can access the main BFO program via the browser on any internet-enabled device (i.e., desktop, laptop, tablet, smartphone) at [www.breakingfreeonline.ca](http://www.breakingfreeonline.ca). As the program is responsive, it sizes and configures automatically to the device on which it is being viewed. This means clinicians and practitioners can enrol clients on BFO on any device, including a smartphone.

Once clients have created their account on the main BFO program, those with an iOS or Android device can also download the Companion Canada app by using the links on the BFO entry screen or searching for 'Breaking Free Companion Canada' on App Store or Google Play. To use the Companion Canada app, they must already have set up their account on the BFO program, so they can login to the Companion Canada app with their email address and password.

The Companion Canada app augments and synchronizes with the main BFO program and allows clients to benefit from additional functionality that enhances their user experience and strengthens the relapse prevention capabilities of the program.

For example, the Companion Canada app allows clients to set up alert notifications that will prompt or 'nudge' them to:

- Use the positive coping methods they have selected in the 'Managing your risky situations: Recognize-avoid-cope' strategy to help them stay safe if they approach any of the places they have identified as being high-risk (i.e., geo-location alerts)
- Carry out the positive and purposeful activities they have scheduled in the 'Planning your time positively' strategy (i.e., calendar alerts)
- Take the next step towards their life goal that they have planned in the 'Achieving your life goals' strategy (i.e., calendar alerts)

As well as delivering these alert notifications, the Companion Canada app gives clients instant access to mindfulness-based techniques to help them stay calm and relaxed or manage cravings and urges without needing an internet connection.

**hh) Could you please tell us how strong a bandwidth would be required for someone to use this program? Does the program require high speed internet access?**

To use the BFO program, clients will not require high speed internet access. But they will need an internet connection with a download speed of at least 512 kbps and an upload speed of at least 100 kbps.

**ii) Can the information and interventions also be accessed without internet connection?**

The main BFO program is accessed via the browser at [www.breakingfreeonline.ca](http://www.breakingfreeonline.ca) on any internet-enabled device (i.e., desktop, laptop, tablet, smartphone), and so does require an internet connection. However, clients can download and print out summaries of all the behaviour change strategies they complete on the program and then use these to help them apply the techniques they have acquired from the program in real-world settings.

Moreover, the accompanying Companion Canada app, which is for Android and iOS devices, contains mindfulness-based videos to help clients manage heightened states of emotion (e.g., anxiety, frustration or anger) and cravings and urges. These videos are embedded in the app so clients can access them at times requiring immediacy, with no need for an internet connection.

Although the program requires internet connectivity, clients can download completed strategies and utilize them offline. They can also use the Breaking Free Companion Canada App to instantly access the strategies for 'Shifting your focus' and 'Surfing your cravings' interventions without needing an internet connection.

**jj) Has BFO incorporated techniques to address the tendency of people to get fatigued by or lose interest in a digital application over time? What is BFO's upgrade schedule to integrate advancements in the tool based on the latest evidence and to integrate novel or interesting content for users?**

As a well as an intuitive client journey, clear treatment instructions and visually impactful user interface, the BFO program has many motivational elements built into it. These include, for example, the use of strength-based language, motivational videos, empathic voiceover accompanying every screen to guide and encourage clients, visual and verbal reinforcement for completing behaviour change strategies, gamification elements to reinforce program engagement, awarding of certificates, and alert notifications (i.e., 'nudges') that are delivered via the Companion Canada app.

Breaking Free Group continually collects feedback from all stakeholders, including end users of the BFO program, clinicians and practitioners, peer mentors, service managers, organizational leads and commissioners. Their research team also reviews the evidence base for SUD treatment on an ongoing basis. Upgrades and improvements are made to the program periodically in response to consistent trends that are identified in the feedback that is collated or a significant advancement in the research literature.

**kk) How much data does the app use? Cell phone data programs in Canada are alot more expensive than in the UK and client's may not be able to afford data plans.**

The Breaking Free Companion Canada app, which is available for iOS and Android devices, uses very little data. The mindfulness videos do not need to be streamed because they are built into the app; and each of the three types of alert notification delivered by the app can be turned on and off within it, giving clients a high degree of control over their data usage.

**ll) How do I know that information is kept private and secure in the solution?**

BFO has undergone a full Privacy Impact Assessment (PIA) and Threat Risk Assessment (TRA) to ensure compliance with Personal Health Information Protection Act (PHIPA) standards.

**mm) In the last 10 years, have there been any data breaches? Will you (BFO) have access to Ontario Health's BFO free data?**

Breaking Free Group has never had a data breach. Also, they successfully completed a Privacy Impact Assessment and Threat Risk Assessment conducted by independent privacy and security specialists on behalf of Ontario Health.

Breaking Free Group is a health information custodian (HIC) and will therefore have access to Ontario Health's data from the BFO program.

**nn) Where is the personal health data and service user information stored? Is the data collected from the use of location bases used for any other purposes?**

All personal health information provided by clients using the BFO program is stored on secure servers in Greater Toronto.

**oo) Who ultimately will have ownership over the information gathered and how will it be controlled/used/stored?**

Breaking Free Group is considered a health information custodian (HIC) and is therefore eligible to store client data. It has sole control over the data, which is stored on secure servers located in Canada, and acts as data custodian on behalf of users of the BFO program. However, each individual user has a high degree of control over how their data is used. They decide whether to share their data for the purposes of evaluation, and whether to share their progress reports and summaries of completed behaviour change strategies with nominated supporters. They can also access all the data they have inputted into BFO and purge their data at any time via automated self-service tools which are built into the program and accessed via the 'My data' section of the main menu.

**pp) Has any health equity analysis occurred, in terms of access, appropriateness and outcomes?**

No formal analysis has been done however the provincial roll out will take equity into strong consideration in the form of ensuring that the appropriate channels for French speaking Canadians and Indigenous are engaged.

**qq) How does BFO serve French speaking Ontarians?**

The entire BFO solution, including all components designed for clients and HSPs, is provided in French. For clients, the BFO program and the Companion Canada app are available in French, and every screen of both of these components is also accompanied by a voiceover recorded by a professional Québécois voiceover artist. For HSPs, the BFO Outcomes dashboard and the Operational Toolkit (including all implementation, training and promotional resources) are available in French. A specialist was consulted to ensure that the end-to-end experience is customized to Franco-Ontarians including all text and voiceovers. Customer support will be provided via a 24/7 Help Desk operated by AnswerPlus, a company that specializes in providing bilingual support, ensuring all communications with clients and HSPs will be available in French.

**rr) Are Indigenous communities in scope for this project? Can individual such as clinicians adapt the visual representations in the solution to share in a medicine wheel model?**

In addition to Francophones, BFO will be made available to all Ontarians which includes Indigenous communities however the solution is not yet developed to encompass cultural safety or full integration with Indigenous health traditions. Ontario Health is committed to a "nothing for us without us" approach to Indigenous communities meaning that feedback from use of BFO can be used to inform future development of Indigenous experience and content.



**ss) How long can a person use BFO?**

Each client has access to their program account for 24 months (or longer on request). This means that if they experience a worsening of their symptoms, they can log back in and access their resources stored in the 'recovery toolkit', and then continue to access the BCTs contained in the program. For these reasons, BFO is an exceptionally powerful aftercare tool, and as such is often utilized by HSPs to strengthen continuing care approaches.

**tt) How does a client using BFO measure their progress and see changes?**

To facilitate self-monitoring of the client's own level of SUD, the BFO program contains an assessment comprising of standardized psychometric measures substance dependence, mental health, quality of life and biopsychosocial functioning.

The program prompts clients to complete a 'progress check' assessment every two weeks and then gives them instant feedback on their progress in a visually impactful and readily understandable form via their personal dashboard. This dashboard allows them to track their substance use, emotional wellbeing, resilience, quality of life, program engagement, and progress towards their personal goals, and is augmented by a 'recovery clock' that shows the client how much time they have invested in building recovery capital on the program. The information on the client's personal dashboard is also designed to provide positive reinforcement, as is the certificate that forms an integral part of their 'progress report'. This certificate provides tangible evidence of their progress, and can be shared with their support network, professionals involved in their care, and agencies such as housing authorities or social services if necessary.

Client assessment data feeds through to the BFO Outcomes Dashboard, which is provided to each HSP. This dashboard provides each HSP with aggregated-anonymized real-time data on how clients interact and engage with the program and the outcomes they achieve via 21 metrics/charts, including:

- (1) account activations by month
- (2) account activations by service
- (3) selected intervention pathways: alcohol/drugs/poly-use
- (4) main problem substance: alcohol or drugs
- (5) main problem substance: drug profile
- (6) age profile
- (7) gender profile
- (8) ethnicity profile
- (9) times of day when interventions are accessed
- (10) days of week when interventions are accessed
- (11) program activity outside of standard HSP operating hours
- (12) active engagement in interventions
- (13) measurable reductions in substance use
- (14) maintenance of abstinence
- (15) strengthening of recovery capital
- (16) substance dependence profile at baseline assessment
- (17) improvement in substance dependence
- (18) clinical change in substance dependence
- (19) mental health profile at baseline
- (20) improvement in mental health,
- (21) clinical change in mental health. This outcomes dashboard is customizable for each HSP, allowing them to select different data points to produce bespoke reports – e.g., by specific service, or by time-period.

**uu) Is the organization that links the individual to BFO able to access this data?**

Through the privacy and security assessment it was recommended to minimize the amount of organizations or stakeholders who would require access to the dashboard. De identified and high level data will be collected to reflect the province and Ontario Health Regions. In addition, individual HSP clinicians will also be able to see aggregated data of their own client's use with BFO. Current efforts are being undertaken for HSP's to access their own client's data for program development and evaluation purposes.