

NNADAP REVIEW

Purpose of this Document

The purpose of this document is to highlight the major findings and conclusions of the NNADAP Review. It can be considered an Executive Summary of all elements of the Review. Readers are encouraged to familiarize themselves with the NNADAP Review, Literature Review, Financial Review, Terms of Reference and the Worker Questionnaire Frequency Report.

While there are many challenges which have been identified as a result of this Review, the Review also identified a number of models currently in operation that have been successful in dealing with various aspects of management of the program. Many of these models can be found in the NNADAP Review.

The Steering Committee hopes that you will validate the findings of this report, and support and work to implement the conclusions. Discussions will need to occur within each MSB Region on the findings and conclusions. Priorities and regionally specific action plans will need to be agreed upon by all stakeholders and implemented.

FINDINGS AND CONCLUSIONS

1. Introduction

The key elements of a successful review were openness, the sharing of information and input by First Nations and the Inuit.

A review of the NNADAP program was undertaken in order to ensure that the needs and challenges of today's clients were being met in a timely and comprehensive fashion. Under the direction of a National Steering Committee the NNADAP program was reviewed by team of outside consultants. The NNADAP Review Steering Committee was composed of the following individuals:

Deanna Greyeyes	Co-chair, former Executive Director of the Society of Aboriginal Addictions Recovery and
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appointed by a
SOARR

Paul Glover Co-chair, Director
General of the
First Nations and
Inuit Health
Programs
Directorate,
Health Canada

Lindsay Kaye Member, former
Member of the
Chiefs Committee
of Health
appointed by the
AFN

Elsie Casaway Member, Senior
Policy Analyst for
the Health
Secretariat of the
AFN

Paul Kyba Member, Associate
Director of
Medical Services
Branch, British
Columbia
representing
Health Canada

Ronald Linklater Member, former
NNADAP Regional
Consultant, MSB
Manitoba Region
Health Canada and
currently with the
Addictions
Foundation of
Manitoba

2. Methodology

Through a competitive process a contract to Richard Jock and Associates was awarded via the Aboriginal Procurement Policy of the Government of Canada. The Review was conducted in the following manner:

Approximately 50 interviews of key informants were conducted to determine major issues.

A series of 5 written questionnaires (NNADAP Workers, leadership, health workers, social services workers and treatment centers) were mailed to all First Nations communities and NNADAP treatment centers. The overall response rate was 37 percent.

Field visits were carried out to 37 First Nations communities across the country.

Ten focus groups were held in each MSB Region plus the N.W.T.

Field visits to seven NNADAP treatment centers were conducted. One in every MSB region.

The results of the Review form the basis of this discussion paper which is intended to indicate areas to focus future activities upon.

*The original
mandate of the
NNADAP program*

3. NNADAP Mandate

The mandate that defined the NNADAP program was "to support First Nations

*should
continue.*

*and Inuit people and their
communities establishing operating
programs aimed at arresting and
offsetting high levels of alcohol,
other drugs, and substance abuse
among the target population living on
reserve".*

Since the establishment of the program in 1987 significant change has occurred particularly in the nature of addictions and substances involved. The program has evolved somewhat but is faced with a bewildering array of new challenges. The original assumption, which remains valid to this day, is a belief that effective community programs will, in time, decrease the need for inpatient treatment services.

The Steering Committee agreed that the original mandate of the NNADAP program should continue as there was a continuing need for extensive programming in this area.

4. Findings

Surveys indicate that alcohol and drug abuse continues to be one of the major health concerns among First Nations. It was encouraging to find that the program has significant support with First Nations and their leaders across the country.

*There is
recognition
that various
forms of
addiction
including
alcohol,
illegal drugs,*

It is clear that there is a large existing workforce that has great devotion to the program. It is also clear that First Nations have a sense of ownership as the programs provide culturally sensitive solutions that

prescription drugs, bingo and gambling remains a serious problem at the community level.

are not offered or available from other sources. However it is now evident that the benefits and attributes of a series of treatment centres and prevention programs working as a network have not been realized with this program. It is important to have a series of complementary treatment and prevention capacities that ensure that the interests of all potential clients are met. This can only occur if joint planning and cooperation occurs.

Community Based Programs

There is a high level of importance assigned to NNADAP by the leadership.

The community-based program of NNADAP is one of the largest funded by Medical Services and features approximately 729 funded positions across Canada making the breadth of the program one of the most comprehensive offered by Health Canada. A total of 24.9 million dollars is spent annually in contribution agreements and this amount is supplemented by funding provided by transfer agreements. The total funding for this prevention activity is therefore nearly 30 million dollars annually.

The Review highlights a number of successes achieved by the NNADAP program. These range from spectacular community wide impacts to individual success stories relayed anecdotally to the review team across the country. By any measure the successes achieved are priceless.

It is very clear that there exists a lack of program integration with treatment centers and other community

based health programs and this may have resulted from a number of different factors. Most obvious is the lack of a well defined national or regional strategy for dealing with the problems posed by addictions. In many areas this was interpreted to be the result of a lack of program direction. Other sources cited the lack of information to make program decisions as the salient factor. Regardless of cause, it is clear that the lack of a defined strategy has had a number of negative impacts.

There is generally a high level of commitment and dedication by the NNADAP workers both to the field of addictions and to the community.

The most obvious of these is the subsequent high turnover of staff that has resulted from the isolation of workers, in itself a result of inconsistent access to training, particularly in remote areas. Another major factor cited was the perception that funding has been severely limited in the past number of years. This has resulted in competent trained staff being recruited by other Aboriginal employers. Many perceive that the NNADAP program serves simply as a training ground or stepping stone for other opportunities. Evidence exists to support this contention.

Treatment Centers

Medical Services Branch currently funds 50 NNADAP treatment centers in a variety of locations across Canada. A total of 695 treatment beds are operated in the centers and funding for them totals \$23.8 million in contribution agreements. Additional funding is available for the three transferred centers.

*Addictions patterns
and challenges
have changed
and NNADAP
must respond
to these
changes.*

The review team found that most NNADAP centers operate on an extremely cost-effective basis with an average per day cost of approximately \$100 per client, representing good value for money. The value and quality of programming is being recognized by other agencies, departments and governments in the form of joint ventures and other synergistic activities.

Treatment centers suffer as do community-based programs from a lack of integration with a National system of treatment. As with community-based services the lack of the network is clearly evident. Many centers offer the same types of services using the same approaches for the same clients as do others. This has resulted in a lack of specialization or differentiation of services. Thus many potential client groups are unable to access services within the network.

Due to financial constraints, the viability of many centers is in question and indeed continued survival of smaller centers is dependent on subsidies from the viable centers that have managed to attain economies of scale. The funding freeze that has been in place over the past number of years has resulted in a decline in the number of trained personnel available for the treatment centers. A high turnover of staff has occurred creating major difficulties in many centers.

5. The System of the Future

Principles:

- *Sustainability*
- *Viability*
- *Effectiveness*
- *Responsiveness*

The landscape has changed since the NNADAP program was established and, in fact, changes have occurred more rapidly within First Nation and Inuit communities. Addiction patterns and challenges are different and in many cases the NNADAP program does not reflect these changes.

To ensure that the status quo changes, it is essential to have a system that allows funds to move to areas of greatest need and to provide incentives for changing programs to respond to these changing needs. For example; if programming for males 25 to 40 is underutilized, capacity should be reconfigured in order to accommodate services for women or other unserved groups.

To accomplish specialized and differentiated programming, it is essential to ensure that timely information systems are available on which to base both program decisions and future planning. To achieve quality assurance, it is necessary to ensure that quality is an integral part of program from the initial client assessment to the accreditation of the program itself. Research will also be required to ensure that the best practice approach is used in the NNADAP program.

To ensure that the NNADAP system meets the challenges of the future, it is vital that the following principles guide all activities:

Sustainability

The NNADAP network cannot continue to lurch from financial crisis to financial crisis. Decisions need to be made that ensure that the system of the future is able to plan and operate on a sound basis within funding parameters. To achieve this principle, decisions will need to be taken that resolve program issues with issues of costs.

Viability

It is clear that many spokes in the NNADAP system are not viable in their present form. Decisions regarding resources in these extreme examples will need to be made. It is clear from the Financial Review that a number of Treatment Centers; in particular are not viable at current funding levels. It will be beneficial to examine these situations with a view to reconfiguration in order to meet local needs within funding parameters.

Effectiveness

As funding is limited, it is vital to spend funds in the most effective manner possible. It is clear that outcome measurement will be the best means of facilitating necessary decision making.

Responsiveness

First Nations communities and challenges have changed since the inception of the NNADAP program. For the NNADAP Network to remain relevant, the Network must be proactive in offering programs that meet emerging needs.

*Action is required
in 4 areas:*

- *Coordination/
integration*
- *Quality and
specialization
of care*
- *Information
management*
- *Sustainability*

6. Action

In order to achieve the goals identified in the NNADAP Review, action will be required in 4 distinct areas.

- Co-ordination/integration
- Quality and specialization of care
- Information management
- Sustainability

Co-ordination/Integration

To achieve and facilitate co-ordination, planning between various program components is essential to establish structures to broker discussions regarding planning and strategy development. It is recommended that Regional Partnership Committees be established to address a variety of issues including:

- co-ordination
- integration issues
- differentiation of service and evaluation

It is recommended that Regional and National Partnership Committees be established.

The composition of the Partnership Committees will be dependent on the current governance structures in each region and on the extent transfer.

The Partnership Committees on a practical basis will review client information, including recidivism and trends and patterns in the addictions field. The Committees may also coordinate and target all new expenditures to ensure that the system remains relevant to and meets the needs of the communities it is intended to serve. The Regional Partnership Committees will also facilitate quality assurance activities as well as program reviews.

To support regional work it is further recommended that a National Partnership Committee be formed comprised of regional members and other partners. The National Partnership Committee will focus on activities such as:

- program innovation
- research and continuity
- program direction in macro terms
- development of accreditation standards.

A national accreditation program should be established.

Quality and Specialization Care

NNADAP must provide a full range of services based on the continuum of care and on a case management philosophy. The services must be consistent and easily accessible. Case management with other agencies and interested parties should be

common practice and a network of programs and services should have flexibility to adjust to new services as needs are identified.

The NNADAP network should be providing a complete range of different community-based treatment approaches and delivery methodologies recognizing that not all clients respond in a similar fashion to specific approaches. Treatment programs should therefore be available for distinct target groups such as children, youth, couples, family and female clients. To ensure that this occurs, links must be maintained with prevention or community-based programs.

It is essential that quality be recognized as important and formalized in as many different manners as is possible. It is therefore recognized that accreditation is likely the quickest and most efficient manner to establish credibility for the network as a whole. Peer review leading to formal recognition of program quality will establish the NNADAP network in the forefront of the addictions world.

A new information system must be developed that will serve users needs.

Information Management

The existing treatment activity reporting system (T.A.R.S.) has outlived its usefulness and must be replaced. In the short-term a substance abuse reporting system will be installed that will enable treatment centers to collect useful information for both analytical purposes as well as for local

management issues. A new information system must be developed that will serve users' needs both in terms of program development and utilizing available capacities efficiently. The primary motivation for such a system should be to ensure that the case management approach is taken to maximize benefits for all clients interfacing with the system and to collect data necessary to substantiate program resources. This will enable program decision-making to be based on the collected evidence and experience of all treatment centers within Canada.

This approach fits well with the Health Information System (HIS) currently being developed in partnership between First Nations and Medical Services Branch. All systems contemplated for the NNADAP network should be compatible with the Health Information System (HIS) and should be an integral portion of the larger information system under development.

*Funding parameters
should be
stabilized.*

Sustainability

To develop a viable and sustainable long-term Network integrating preventative and treatment programs, it is essential to stabilize the financial parameters within which the program operates. To achieve this goal, it is vital to ensure that effectiveness can readily be demonstrated. The resolution of items noted for attention by the Partnership Committees are essential in providing a solid foundation for future planning and stabilization of programs.

Only by resolving basic issues will it be possible to identify the stable base that will serve to meet the

needs of clients for future. Once basic resolution has been attained, it will be possible to address many long-standing funding issues.

To stabilize staffing salaries must be competitive with other potential employers. In most cases salaries follow regional patterns and as a result solutions should also be devised by Regional Partnership Committees. Performance and training are key components in any potential salary resolution. It is clear that creativity will be required.

Strong capacities should be strengthened and weak components de-emphasized.

Strategies must be developed which strengthen strong capacities and de-emphasize the weaker components of the system. It is quite likely that the end product will be a better functioning but smaller system. The timing is now as there exists the potential at present to reconfigure centers in other roles. When the restructured system is in place it will be possible to evaluate accurately the long-term financial requirements that will be appropriate for the system of the future.

7. What's Next

1. Release the NNADAP Review to all stakeholders.
2. Facilitate discussions to discuss findings and develop strategies to address findings and conclusions of the Review, with particular emphasis on the establishment of Regional and National committees.
3. Implement the NNADAP accreditation program.

4. Develop and implement, in conjunction with First Nations, a new and improved information management system.