

**Ontario Regional Addictions Partnership Committee
(ORAPC)**

“Looking Back, Moving Forward”

**A Summary Report of Accomplishments, Highlights
and Future Directions
2005-2008**

**Prepared for ORAPC
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Ontario Regional Addictions Partnership Committee

Looking Back, Moving Forward

Introduction

The Ontario Regional Addictions Partnership Committee (ORAPC) has become the community and treatment centre voice of Ontario NNADAP in the area of substance use and addictions. In partnership with the Chiefs of Ontario – Health Coordination Unit, First Nations Inuit Health (FNIH) and workers from community and treatment programs, ORAPC is successfully working to meet its mandate and respond to substance use and addiction related issues and initiatives within the context of health and healing of First Nations in the province.

The report, Looking Back, Moving Forward examines:

- the context of substance use, addiction and delivery among First Nations today, highlighting the need for the strengthening and revitalization of NNADAP,
- ORAPC history, development and accomplishments including communications, conferences, training, professional certification, training needs and research, National Native Addictions Partnership Foundation, and committee evaluation.
- future strategic directions.

Substance Use and Addictions Context

The Regional Addictions Needs Assessment Guidelines (2008) describes the context of substance use and addictions as a major health concern in Canada today.

Alcohol and other substance use problems have been consistently identified as a priority health concern by First Nations communities. In light of the profound health, economic and social costs associated with substance use and addiction in these communities, the necessity for an array of services that reflect best and promising practices and are informed by evidence is essential to the health and well-being of First Nations communities.

Over the past 25 years, there has been an abundance of research and innovation on various approaches to prevent, treat, and/or minimize the harms associated with problematic substance. There has also been an increased recognition that individuals who experience substance use problems are a highly heterogeneous population, with individual differences with respect to the context and motivations in which substance use occurs, and the factors that contribute to substance use involvement. As a result, the needs of these populations vary considerably and this variability must be accounted for to effectively provide individuals with services and supports of sufficient intensity, specialization, and appropriateness. (Regional Addiction Needs Assessment Guidelines, 2008 page 1)

The climate of addictions has changed since the NNADAP program was originally conceived. Whereas at one time NNADAP services was focused on alcohol, solvents and "soft" drugs, now, in addition to these substances, prescription drugs (oxycontin, percocets, opiates etc) as well as illegal substances (cocaine, crack, crystal meth etc) are the drugs of choice.

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In the face of growing challenges and increasing stress on community workers and treatment services, NNADAP is continuing to work with limited resources, knowledge, skill levels and linkages. To keep the program vital and effective, further investment, coordination and enhancements must be brought to the program in light of need, new knowledge, approaches and opportunities. Community based and treatment addiction services are an integral aspect to the holistic health of First Nations communities.

ORAPC Mandate

In 2006, the Ontario Regional Addictions Partnership Committee was established with a commitment and dedication to facilitate change that will address needs regarding substance use and addictions issues in First Nations communities today. The ORAPC reports to the Chiefs of Ontario Office and is responsible for providing recommendations regarding addictions within the context of holistic health. Their mandate is broad in nature and guided by a terms of reference.

ORAPC Background and Organizational Development

For many years, community and treatment programs in Ontario have needed a unified voice to reflect the issues and concerns of communities and workers in the area of addictions and substance use. The National Review of the NNADAP program in 1998 resulted in a recommendation to establish national and regional NNADAP Committees. In Ontario, efforts made in 2005 and 2006 culminated in an organizational conference for NNADAP. At the conference, NNADAP workers indicated they wanted ORAPC to be the collective voice to reflect their interests and provide input to issues.

With a mandate from the Conference, an interim committee drafted a terms of reference and workplan for 2006-07. A resolution in support of ORAPC was provided by the Chiefs of Ontario in June 2006 and formal appointments to the Committee were made from the PTOs and treatment centres of Ontario.

Accomplishments and Highlights

In the short time since its establishment, the ORAPC has accomplished a great deal through the determination and commitment of Committee members and partners. These accomplishments are occurring within contexts of health and healing of individuals, families and communities, the revitalizing and strengthening of NNADAP and the changing needs of workers, treatment centres and individuals.

Guided by research findings and communications with grass roots workers and program, the ORAPC accomplishments have been focused in the following areas: Communications, Conferences and Training coordination, Worker Certification, and Research and Committee Self-evaluation.

Communications

The ORAPC is responding to the requested need to maintain direct communications with community programs and treatment centre members in order to provide information, support and feedback. In addition, the ORAPC provides input at the regional level for agenda setting and planning. This has been accomplished through:

- 13 ORAPC teleconferences, 3 Regular ORAPC meeting (2006-07)
- 8 ORAPC teleconferences, 5 regular ORAPC meetings (2007-08)
- Maintenance of a NNADAP contact database for the region
- Communications to NNADAP community workers and treatment centre members – Conference reports, approved minutes and other documents are shared through Committee representatives with general members according to PTO and treatment centre, ORAPC updates to delegates at the conferences.
- Providing advice/ guidance/ recommendations to partners and leadership.

Conferences

The ORAPC has hosted an initial organizational conference (2006), and two regional training conferences (2007). Training conferences emphasize accredited training and gathering research data. They are designed to address training needs, provide networking opportunities and support the movement toward certification and wage parity of NNADAP and Treatment centre workers. The events welcome all addiction workers from rural, remote and urban community programs and treatment centres.

- March 20 - 21, 2006 Thunder Bay, ORAPC and Nishnawbe Aski Nation "Building and Honouring Our Partnerships Addictions Conference "
Approximately 64 participants attended the conference with 45 from community based programs and 15 from treatment centres.
- February 19 - 22, 2007 Toronto, ORAPC "Building and Honouring our Partnerships Conference"
102 participants attended the conference - 89 NNADAP Workers from community based programs and treatment centres, 13 Students
- November 26 - 29, 2007 Toronto, "Building and Honouring Our Partnerships Conference".
Attendees registered totaled 93 – 70 participants, 55 community-based and 15 treatment centre workers plus resource people.

Training Delivery

Certified training has been the focus of the two 2007 conferences as well as situational training being offered through ORAPC. The training is geared to increasing worker competencies and the preparation of workers for certification.

- The March 2006 Conference offered training Workshops:
 - Care for the Caregiver (18 participants)
 - Prescription Drug Abuse (35 participants)
 - Crystal Meth (29 participants)
 - Youth Suicide Prevention (32 participants)

- The February 2007 Conference offered 5 types of certified training through 2 day concurrent sessions in the following area:
 - Basic Counseling Skills - Anishinabe Education Institute (pre-registered 27)
 - Case Management - Anishinabe Education Institute (pre-registered 23)
 - Fundamental Concepts in Addictions – Toronto Advanced Professional Education, University of Toronto (pre-registered 25)
 - Introduction to Bereavement and Grieving – Toronto Advanced Professional Education , University of Toronto (pre-registered 14)
 - Suicide Intervention, Nadmadwin Clinic, Wikwemikong Unceded Indian Reserve (pre-registered 25)

- The November 2007 Conference offered 2 one day certified training sessions through the Centre for Addictions and Mental Health (CAMH). This included manuals.
 - Structured Relapse Prevention Training - 70 participants
 - Strengthening Families for the Future Training – 70 participants Structured Relapse Prevention and Strengthening Families

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- Situational Training
The conference focused training has been complemented by ORAPC support for individual worker training and First Nations and Inuit Health (FNIH) training initiatives.
 - On-line accredited training made available. (January 2007)
 - Provided funding for Choice Theory Training for one worker.
 - Health Canada subsidized a number of NNADAP workers to Prescription Drug Abuse Conference (November 2007)
 - Methadone Treatment Awareness Training is being planned by Health Canada developed by CAMH (2008)

Professional Certification

Where possible, the ORAPC provides support and direct training to increase worker competence as part of the certification process and to address community and client needs. The ORAPC recognizes the certification of workers is an important part of the strategy to move NNADAP workers toward salary parity with other workers who possess the same core competencies. To address the area of professional certification ORAPC has:

- Conducted a preliminary baseline survey of certified and uncertified workers (Canada Drug Strategy Certification Survey April 2007)
- Identified options for certification of NNADAP workers (2007-08)
- Facilitated an additional 49 treatment centre and community workers certification applications with the First Nations Wellness Addictions Counselors Certification Board in March 2008.

Accreditation

The ORAPC includes representation from the NNADAP funded treatment centre in Ontario. With regard to accreditation, three of the 8 treatment centres have previously received accreditation status and this past year, an additional 4 treatment centres have entered into the process. It is clear that Addictions Treatment services in Ontario Region will be at the best quality of service available. The two solvent centres in Ontario Region continue to maintain their Accreditation status.

Training Needs and Research

The ORAPC is engaged in evidence-based information gathering to aid stakeholders, including the Chief of Ontario and First Nations and Inuit Health (FNIH), with decision making and agenda setting. The ORAPC recognizes that in order to move forward with confidence, make informed decisions and set directions, reliable data is required in addition to anecdotal and personal perspectives.

Research data has been gathered through a series of assessments conducted at the annual training conferences. (See Appendix "A") The following highlights findings from the ORAPC 2007 Training Assessment.

- 80% of workers had **completed college or university**.
- 40% of workers have not received **pay increases** in the last 2 years,
- The vast majority of community workers, indicated they were the **only NNADAP worker** in their community.
- **Length of service** 1-5 years - 30%, 16-20 years - 30% and 16-20 year - 20%
- Almost all **work environments** include access to a computer, the internet and own office.
- Approximately 60% **feel supported** as a NNADAP worker in his/her community and most indicate that they have sufficient supervisory support.

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- Over half of the respondents have indicated the need to access other **additional resources** for programming and about 1/3 engage in fundraising initiatives to enhance their programming.
- Most of the workers provide **service to all ages** of clients.
- The top three **substance training topics**: Prescription Drugs, Concurrent Disorders, Methadone maintenance,
- **Other training topics** are: Grief Recovery, Assessment Tools training, Medicine Wheel teachings, Post traumatic Stress
- Important **Cultural and traditional approaches**: Traditional teachings, ceremonies and culturally-based treatment approaches
- 49 workers have applied for **certification in March 2008** and the majority of workers indicate a willingness to become certified
- The top three **major challenges** identified by workers were: Lack of funding, Lack of leadership or community support, Lack of training and resources. About 45% have clients on a waiting list
- The top three **rewards** of being a NNADAP worker: Helping others, Witnessing success and Working with Clients/Community

National Native Addictions Partnership Foundation (NNAPF)

The NNAPF is the national organization created through the NNADAP Review. Based upon direction from the Chiefs of Ontario, ORAPC has maintained a relationship with the organization with "observer status" for information gathering purposes and participation in training initiatives sponsored by NNAPF. (National Aboriginal Workforce Development Forum, 2008)

The NNAPF is seeking clarification regarding criteria that will be used to make a determination regarding change of status from observer to full participation in organization.

Committee Self Evaluation

In 2008 the ORAPC conducted a Committee self-evaluation process to assess progress and improve Committee performance. One of the significant challenges facing ORAPC members is the substantial levels of time and energy spent on ORAPC business in addition to regular full-time jobs.

Areas that the committee is doing well in: (Rating excellent)

- Committee commitment to the success and continuation of ORAPC
- Committee members working together in a spirit of trust and collaboration
- Meetings characterized by open communication and discussions in a fair manner.
- Committee meeting regularly
- Committee reviews and adopts its annual operating workplans and budgets

Areas requiring improvement: (Rating good)

- An effective Committee member orientation process and/or package.
- Committee members are accountable to its member First Nations by maintaining consistent communication with them about ORAPC news.
- The Committee has effective audit and financial review processes – Verbal financial updates

Future Directions

In keeping with ORAPC's current trajectory of success, ORAPC future directions include the following initiatives to support the health and healing of individuals, families and communities.

- The NNADAP contact information data base will be maintained and used to continue communication with community based, treatment centre, solvent abuse centre workers and partners.
- Funding for an ORAPC website will be sought to enhance communications with members, partners and the public.
- The ORAPC will plan and deliver another conference in 2008-09. Worker competencies will be increased as part of the certification process and the movement to wage parity.
- ORAPC will participate in a regional needs assessment with the Health Coordination Unit and First Nations and Inuit Health. The results will inform the ORAPC 5 year training strategy.
- ORAPC will develop a vision and strategic plan.
- ORAPC will conduct more frequent regular meetings. Current work load requires additional meetings to make informed, representative decisions and plans.
- Organizational effectiveness and efficiency will be increased by building ORAPC capacity and infrastructure. Funding will be sought for personnel to fulfill the functions of coordination, program development, research and support.
- ORAPC will continue to facilitate and promote the professional certification of workers and the movement towards wage parity.

APPENDIX "A"

ORAPC RESEARCH SUMMARY

2006 ORAPC Training Assessment

- 45 Community Workers and 15 Treatment Centre Workers
- 67% of respondents have **College or University**
- **Reported salary** minimum was \$15,600 and maximum was \$42,000 with an average overall salary of \$29,500.
- Annual salary among Treatment Centres was generally higher than Community Prevention programs.
- Over 50% of respondents reported not having received a **pay increase** over the last 2 years.
- 62.5% of Community Programs reported **not receiving increase** over the last 2 years as compared to Treatment programs (20%).
- 87% or 52 respondents indicated they did not belong to a professional **certified Addictions worker/counselor association.**
- Almost 50% of respondents indicated **training has been inadequate.** Responses by Treatment (50%) and Community Programs (45%) indicated similar responses regarding inadequacy of training.
- Ranking in order of **importance for training** "prescription drugs" "alcohol and crystal meth" "concurrent disorders and cocaine".
- **Training Topics Priorities**– Prescription Drugs, Concurrent Disorders, Crystal Meth, Methadone Maintenance, Cocaine
- Ranking highest in the area of **specialized Counseling training** were addictions, sexual abuse, relapse prevention and suicide.
- In terms of **Program Management training** was "client assessment and "case management" highest followed by "teaching methods".

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- **Cultural traditions** were named as important to community services including: sharing and healing circles; teachings ceremonies and workshops for cultural knowledge, growth and healing including Sweat Lodge, land based activities, language and medicines.
- **Cultural Traditional Knowledge** by importance General Traditional Teachings, sweat Lodge Teachings, healer/spiritual leader/Counselor; Ceremonies ie moon, water, vision quest
- **Treatment Approaches** by importance: Culture Based, Choice Theory, Reality Therapy
- A preliminary **Scope of Duties** assessment was conducted

2007 November ORAPC Training Assessment

- Sixty four workers completed the survey. Of the respondents, 67% were community-based workers, 19% were treatment centre workers.
- More than 80% percent of the respondents reported being a **college or university graduate**,
- 40% of respondents had **not received a pay increase** in the last two years.
 - 4% indicated a salary range between \$20,001-\$25,000.
 - 27% indicated a salary range between \$25,001-\$30,000.
 - 26% indicated a salary range between \$30,001-\$35,000, and
 - 15% indicated a salary range between \$35,001-\$40,000.
- Although the workers **length of service** ranged from under 1 year to over 25 years, the two largest 5-year categories were 1-5 years and 16-20 years of service with 30% in the 1-5 year range and 20% in the 16-20 year range.
- For the vast majority, they indicated that they were the **only NNADAP worker** in their community. Most of the workers provide service to all ages of clients.

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- 92.3% of the workers indicated as part of their **scope of duties** that they provide substance abuse and addictions services, 60% coordinate prevention programs and prepare prevention workplans, 94.8 % provide individual counseling and the majority conduct initial assessments, provide referrals, arrange for transportation of clients, provide aftercare services and maintain records.
- Of 49 of the respondents, 26 indicated that they were acquiring **classroom studies** on their own. Of 36 that responded to this question, "cost" is the **main barrier** which prevents those from acquiring new knowledge.
- 14 persons indicated that they were **certified** as an addictions worker, 13 were in the process of becoming certified, and another 36 are interested in applying for certification.
 - If they were registered, almost all indicated that they would adhere to a code of ethics, commit of ongoing professional development training as required and most indicated that they would meet core competencies for certification, namely: screening and assessment, intake, case management, counseling, referral, crisis intervention, record keeping, ethics, treatment planning, group facilitation, interviewing approaches, knowledge of addictions, outreach and prevention, relapse prevention, client progress evaluation, as well as understanding family and social support issues, awareness of issues facing Aboriginal peoples and have the ability to use First Nations values and culture in service provision.
- **Training needs**:-the top three "substance training topics" are 1. Prescription Drugs, 2. Concurrent Disorders, and 3. Methadone maintenance,
- **Other training topics** are 1. Grief Recovery, 2. Assessment Tools training, 3. Medicine Wheel teachings, and 4. Post traumatic Stress

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- **Cultural and traditional approaches:** traditional teachings, ceremonies and healer or spiritual leader counselor and culturally-based treatment approaches are important to meet the needs of their clients.
- 30.6% indicated that in the last 5 years **increasing trends** in prescription drug use and crack/cocaine use to which they use education/awareness and training as strategies to address.
- Almost all workers have in their **work environment** access to a computer, the internet and their own office.
- Approximately 60% feel **supported** as a NNADAP worker in his/her community and most indicate they have sufficient supervisory support.
- Just over half of the respondents indicate that they access **additional resources** for their programming and about 1/3 engage in fundraising initiatives to enhance their programming.
- The top three **major challenges** identified include: 1. Lack of funding, 2. Lack of leadership or community support and 3. Lack of training and resources. About 45% have clients on a waiting list.
- The top three **rewards** of being a NNADAP worker are 1. Helping others, 2. Witnessing success and 3. Working with Clients/Community.