

## **Ontario NNADAP Funding Issues and Worker Retention Incentives**

Ontario Regional Addictions Partnership Committee  
Autumn Johnson, ORAPC Coordinator  
October 2013

### **What is NNADAP?**

The National Native Alcohol and Drug Abuse Program (NNADAP) is a “Health Canada program now largely controlled by First Nations communities and organizations. Since its origins in the 1970s, the program's goal has been to help First Nations and Inuit communities set up and operate programs aimed at reducing high levels of alcohol, drug, and solvent abuse among on-reserve populations.”<sup>1</sup>

In Ontario, there are 10 NNADAP Funded Treatment Centres and approximately 117 First Nation Communities that receive NNADAP Funding<sup>2</sup> by way of a Contribution Agreement. According to Ontario Regional Addictions Partnership Committee (ORAPC) records Ontario has 160 Community-based NNADAP Workers (does not include those workers at NNADAP funded Treatment Centres) among 117 First Nation communities.<sup>3</sup>

These workers may not be titled “NNADAP” workers. They may be called Addictions Prevention Worker, Youth Prevention Worker, Family Support Worker, Addictions Counsellor, Drug and Alcohol Counsellor, Wellness Worker, Wellness Coordinator, Wellness Case Manager, Program Coordinator, Addictions Case Manager, Community Addictions Worker, Program Supervisor, Addictions and Mental Health Worker, Healthy Alternatives Worker, etc. NNADAP began 30 years ago as a prevention program and has progressed to encompass crisis intervention, assessment and referral to withdrawal management and residential treatment, referrals to mental health and other health and social service programming, treatment planning, supportive and therapeutic counselling and therapy, both one-on-one and group models, case management, home visits, aftercare, educational presentations and workshops, community event/activity coordination, suicide education/prevention/intervention, grief work, gambling, smoking cessation, FAS/FAE, cultural programming, lateral violence, health promotion, sexual abuse, family violence, concurrent disorders, diabetes & nutrition, and the abused substances of the day. In many communities, one NNADAP worker is expected to address these many issues on their own.

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<sup>1</sup> Health Canada Website <http://www.hc-sc.gc.ca/fniah-spnia/substan/ads/nnadap-pnlaada-eng.php>

<sup>2</sup> 2013 Ontario NNADAP Directory, Ontario Regional Addictions Partnership Committee

<sup>3</sup> Ibid.

## Ontario Regional Addictions Partnership Committee

The Ontario Regional Addictions Partnership Committee (ORAPC) is an official committee of the Chiefs of Ontario, reporting through the Chiefs of Ontario Health Coordination Unit. This Committee is responsible to address the needs of Ontario NNADAP addictions services through advocacy and providing recommendations to leadership and First Nations and Inuit Health Branch of Health Canada that speak to the needs of Ontario NNADAP.<sup>4</sup>

### Issues in NNADAP

The main issue identified by ORAPC is the chronic underfunding of NNADAP. Information gathered reveals NNADAP funding in earlier years was distributed based on a funding formula. Attempts to locate the actual funding formula through Health Canada were unsuccessful.<sup>5</sup> Employees who have the historical knowledge are no longer employed with Health Canada and new database systems are used that do not hold information from those years. Memory from those who continue to work in Ontario NNADAP suggests that the funding formula took into account population size of the First Nation in those years. The practice of funding formulas was retired at some point in the 90's and the current Contribution Agreements simply give the amount of NNADAP funding provided (based on an the old formula) plus an additional 3%<sup>6</sup>.

Health Canada provides an annual 3% increase to all A based health program funding. Whether the 3% goes into delivering NNADAP services in each community is at the discretion of the individual First Nation. Four of the Ontario NNADAP funded Treatment Centres have received National Anti-Drug Strategy Modernization Funding since 2010 while the community-based programs have received no additional program monies. Both NNADAP funded Treatment Centres and Community based programs in Ontario have received the National Anti-Drug Strategy retention incentive monies for eligible certified workers since 2008 which is to be paid to each individual certified worker and is not meant to be spent on programming. The National Anti-Drug Strategy Funding comes from Justice Canada and is flowed through Health Canada. This funding is not A-based funding.

While ORAPC is pleased to see the National Anti-Drug Strategy funding flowed to four of the NNADAP funded Treatment Centres for modernization and to all Certified NNADAP workers for retention incentives, it is our respectful submission that **all NNADAP services should receive**

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<sup>4</sup> Ontario Regional Addictions Partnership Committee Terms of Reference (2013)

<sup>5</sup> Acting Manager of Addictions Programs, Mental Wellness Division, Interprofessional Advisory and Program Support, First Nations and Inuit Health Branch, Health Canada and Senior Program Officer, Addictions, First Nation and Inuit Health Branch, Ontario Region, Health Canada

<sup>6</sup> There were a few years since the 1990's where there was no additional 3% and a few years where the increase was 1.5%.

**additional A based funding to improve addictions services in Ontario First Nation communities** and better meet the needs of our communities.

As stated in Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada:

*“[V]arious systems of care are faced with increasingly complex needs: new drugs; more people reporting associated mental health issues; a rapidly growing First Nations youth population; and growing prescription drug abuse concerns in some regions and communities. These factors have dramatically changed the landscape upon which systems were designed.”<sup>7</sup>*

Ontario NNADAP Workers have taken on increased responsibilities and roles requiring increased qualifications while the funding has not increased to meet these changes. For example, more Ontario NNADAP workers have achieved their post-secondary education since the 1990’s and many have achieved their addictions counselor certification, unfortunately NNADAP funding has stayed the same not allowing increases in salary or programming. Additionally, many communities are responding to addictions by using culture, land-based and community-based treatment programming with no new monies to sustain those programs or properly compensate our traditional knowledge keepers.

Anecdotal reports estimate 10% of our First Nations people who are accessing services for their Addictions problems attend a residential treatment program. If this number is accurate it means the remaining 90% are accessing their addictions services from our underfunded community-based NNADAP services. Additionally, these workers are doing prevention work in the community and reaching not only those who are experiencing addictions problems, but also those who are at risk for developing addictions in the future.

To illustrate the level of under-funding consider the following:

- One community-based NNADAP Worker has reported that after salary, the budget is left with \$700 for programming, travel, professional development, supplies, etc. This particular Community-Based NNADAP program must attempt to access funds from other budgets such as Building Healthy Communities. It makes it very difficult to offer programs, access training, purchase resources and simply operate.
- Another worker reported after salary the NNADAP budget is left with \$1000 which is usually absorbed by the First Nation for rent of her office.

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<sup>7</sup> Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada, National Native Addictions Partnership Foundation, page 1.

Often when ORAPC states NNADAP is chronically underfunded, a common response is “so are our other programs”. While ORAPC recognizes most programs operating within First Nation communities are underfunded as well, ORAPC’s focus and mandate is specific to Ontario NNADAP.

NNADAP funding, at least since the 1990's has not accounted for population growth, epidemics such as prescription drug abuse and increased need for addictions programming, higher cost of living and increased capacity of our workers and our programs.

Issues created by the underfunding include under paid workers, high worker turnover rates and difficulty providing programming to the communities.

**NNADAP Wage Parity**

The National Native Addictions Partnership Foundation (NNAPF) reported, “In most regional needs assessments, salaries were found to be one of the most important barriers to hiring and retention.”<sup>8</sup>

In March of 2009, ORAPC drafted the following proposed NNADAP wage ranges based on job descriptions.

<u><b>NNADAP Position</b></u>	<u><b>Salary Level</b></u>
Secretary/Receptionist	\$26,000 - \$32,000
Prevention Worker (does only support/light counselling)	\$32,018 – \$41,284
Intake Worker	\$32,018 – \$41,284
Addictions Counsellor	\$35,437 – \$47,130
Case Manager	\$40,637 - \$52,130
Supervisor/Director/Administrator	\$60,000 - \$80,000

NNAPF has gathered information to develop a standardized salary scale for certified NNADAP Addictions Counsellors Levels I to III as well as a comparative wage analysis. Below is NNAPF’s table of Proposed NNADAP/NYSAP Addictions Counsellor Salary Range and the latest Ontario Public Service Wage rates.

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<sup>8</sup> Ibid at page 67.

Position Title/Classification	Base Salary	Ontario Institutional and Health Care Bargaining Unit (2012)
Addictions Counsellor Level I	\$35,437	\$47,736 – \$51,064
Addictions Counsellor Level II	\$41,283	\$50,273 – \$53,955
Addictions Counsellor Level III	\$47,130	\$53,268 - \$57,304

Information collected from Ontario NNADAP Workers at the 2012 Ontario NNADAP Conference indicate 19% were paid 25,000 or less, 24% fell in the 25,001 – 30,000 range and 27% fell in the 30,001-35,000 range. This would mean that 43% are making \$30,000 or less and 70% make \$35,000 or less which is over \$10,000 below the Ontario Public Service Wage rates.

### **NNADAP Worker Retention**

The ORAPC keeps an up-to-date Ontario NNADAP Worker Directory. Retaining NNADAP Workers is a large issue in many First Nation communities. Over the past 6 years the average annual turnover rate of Ontario’s Community-based NNADAP Workers has been about 15% on average. Approximately 54% of the Ontario community-based NNADAP positions have had to be filled at least once in the past 6 years. Information collected by ORAPC from Ontario NNADAP over a number of years indicates issues such as lack of resources, low programming budgets, high case loads, often being on call 24/7, being the sole addictions worker in the community, high stress, high crisis, not enough pay for the nature of the work and non-competitive salaries in NNADAP positions.

Honouring Our Strengths states:

*“A qualified workforce plays a vital role in the quality of care clients receive. A comprehensive strategy for human resource management supports hiring and recruitment and offers practical options for professional development. It sets the stage for employee satisfaction and retention.”<sup>9</sup>*

### **Certification of Addictions Workers**

We want our Addictions Workers to be competent in providing the best and most appropriate addictions services and contribute to better outcomes for our First Nations people. Provincial, Federal and International agencies require their addictions workers to be certified to ensure

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<sup>9</sup> Ibid at page 66

clients are receiving the best and most appropriate addictions services and ensure the best possible outcomes to their clients.<sup>10</sup>

Certification is one way to ensure that addiction workers have and maintain the skills and competencies necessary to effectively support individuals with substance use issues. The process to obtain certification requires a significant commitment by both employees and employers. Through certification, workers build awareness of the latest developments in the field of addictions and gain access to targeted training opportunities that strengthen their skills and competencies as a counsellor, community-based worker or clinical supervisor. Additionally, maintaining certification requires continual training and re-certification application every 2 years keeping workers up-to-date on the latest issues, approaches, best practices and resources. Certification demonstrates a worker's expertise in the addictions field.<sup>11</sup>

*“Ongoing training and/or education is a requirement in the addictions field because of work complexity at the community level and the ongoing developments in the fields of prevention and treatment. With greater challenges and more diversity in services and programs, the capacity of service providers must also evolve. Specialized training, cultural competency, and multidisciplinary training are becoming more important if not necessary to help inform the workforce of emerging addiction and mental health issues. For specific or special needs groups, such as youth and women, workers often require targeted training and education to meet client needs.” – Honouring Our Strengths*

It is difficult to obtain certification and re-certification as many hours are spent training and gaining experience. It is very difficult for NNADAP Workers to obtain certification as they are chronically underfunded and overworked. If we want the best and most appropriate services for our people then we need to get our workers certified and keep them working in our First Nations communities by compensating them accordingly. ORAPC is finding we are losing certified Ontario NNADAP Workers to mainstream agencies and organizations that can offer competitive salaries, lower caseloads and reasonable operating budgets. We need to retain our trained workers to ensure we are adequately equipped to deal with the constantly changing addictions needs and issues.

### **Retention Incentive for Certified NNADAP Workers**

Advocacy work has been done to bring Ontario NNADAP Worker salaries up to par with mainstream addiction workers, retain NNADAP workers and increase access to certified addictions training.

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<sup>10</sup> National Native Addictions Partnership Foundation Certification Document

<sup>11</sup> Ibid.

A recommendation made to the Chiefs of Ontario in February 2007 regarding wage parity was: “ORAPC will work with Leadership who will advocate and lobby FNIHB to provide ample resources that will offer high quality training, appropriate Wage Parity, an immediate 3% increase as a means of showing good faith to retain workers while working towards an appropriate wage grid and funding for the Pre-Development Work for the Comprehensive Five Year Strategic Training Plan.”<sup>12</sup>

An announcement regarding a Retention Incentive for certified NNADAP Workers through the National Anti-Drug Strategy Funding was released by Health Canada in May 2008. It identified Certification of First Nation Addictions Workers as a key activity of the funds. Other key activities included strengthening the NNADAP system and enhancing worker retention by increasing the number of certified workers, increasing worker access to certified training and increasing funding for salaries to certified workers through Contribution Agreements.<sup>13</sup> The announcement made it clear that the money provided for certified workers was meant for salary enhancement.

*“The issue of attracting and retaining trained skilled workers in the addictions field is recognized as an ongoing challenge for NNADAP treatment centres and communities. The NADS certification funding is intended to help address this by providing support for communities and treatment centres to retain these workers through salary incentives. Funding will provide for training opportunities towards certification, and once achieved, for salary enhancement.”<sup>14</sup>*

Passed at the 2008 November Special Chiefs Assembly, Chiefs of Ontario Resolution 08/72 states that “immediate attention is required for the following issues: wage parity, training, and resources allocation”. The resolution states that NNADAP workers receive wages “far below comparable salaries” and recognizes NNADAP is inadequately resourced to the point of requiring workers to fundraise to ensure delivery of services. The resolution states that “the Chiefs in Assembly support the initiatives of the Ontario Regional Addictions Partnership Committee” and “direct First Nations and Inuit Health to provide ample resources to support wage parity for the NNADAP community based workers and Treatment Centres, accredited training, and appropriate programming and service delivery in Ontario including additional workers.”

Two years later, the following recommendations were made by ORAPC to the Chiefs of Ontario through a briefing note dated February 16, 2010.

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<sup>12</sup> Wage Parity Briefing Note Recommendation, ORAPC, February 2007

<sup>13</sup> Health Canada National Anti-Drug Strategy Announcement, May 2008

<sup>14</sup> Ibid

1. Actively advocate for Wage Parity for NNADAP workers marked as a strategic priority in the 2009 Ontario Region First Nation Addiction Services Action Plan result findings from the Ontario Regional Needs Assessment exercise.
2. Advocate increases in budgets for NNADAP Community Programs and Treatment Centres that are expected to achieve and maintain accreditation status; similar to provincial counterparts.
3. Disburse retention incentive amounts directly to NNADAP workers who have achieved addictions certification.
4. Support and advocate for the Ontario Regional Addictions Partnership Committee in securing funding for an adequate operational budget; i.e., coordinator and office space.

In June of 2013, Resolution 13/07 was passed by the Chiefs in Assembly as follows:

"THEREFORE BE IT RESOLVED that we, the Chiefs in Assembly:

1. Endorse the development and implementation of the annual workplan and the pay equity strategy that is being championed by the NNADAP Treatment Centre Directors of Ontario and the Ontario Regional Addictions Partnership Committee.
2. Direct that the outcomes of this initiative shall be presented at the AOCC 2014."<sup>15</sup>

### **Difficulties with Retention Incentive Disbursement to NNADAP Workers**

In Ontario, some of our certified Community-Based NNADAP Workers have been experiencing difficulties in receiving their retention incentives from their employer First Nation.

There were 20 Community-Based NNADAP Workers who were eligible to receive the incentive in 2012/13. ORAPC spoke to 18 of those workers and found:

- 10 received their incentive (4 of them received it with their salary meaning benefits and deductions reduced the amount received)
- 7 did not receive their incentive (4 were told the money went back into the NNADAP budget for programming, 1 was told it could be spent on the worker's training but it was so late in the fiscal year no training was found and the worker is not sure where the money went, 1 worker was told there was no way the employer could pay the money to the worker because other workers in the community were not receiving it)
- 1 received half of the incentive (the other half was to be added to the worker's training budget)
- 2 of the workers were not reached

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<sup>15</sup> Resolution 13/07, 39th Annual All Ontario Chiefs Conference, June 25-26-27, 2013

NNAPF reports that many of the First Nations feel the retention incentive interferes with their salary grid/scale.<sup>16</sup> ORAPC has found this is a common difficulty for First Nations in disbursing the retention incentive as well. Ontario NNADAP Workers report being told their employer cannot disburse the retention incentive to them because it is not available to all of their employees although these other employees do not have certification opportunities in their field of work.

NNAPF states the following in their certification document:

*“While certification investments have been valuable, they have not met the chronic salary shortages. First Nation employers have argued against wage increases despite the incremental increases to their budgets because they are not able to provide the same salary increase to other employees in other programs and services.”*

*“Although certification bonuses are not a salary increase, they are an acknowledgement of the workers progression of skills and knowledge. In these instances, there have been challenges with employers being able to support the certification bonus because they have been left out of the conversation on worker certification and their bonuses.”*

The difficulty with certified Ontario NNADAP Workers receiving their retention incentive is almost entirely isolated to community-based workers. The majority of NNADAP funded Treatment Centre workers receive their full retention incentives with no issues. The exception to this is Dilico Adult Treatment Centre where the Dilico organization employees are unionized which stops them from receiving the retention incentive unless all employees receive the same.

Honouring Our Strengths states the following about retention of workers:

*“Retention is the result of having appropriate human resource measures in place. It also depends on whether an organization can create a positive and supportive work environment. Although many factors can have a direct impact on retention rates, staff satisfaction with their job, a healthy relationship with a supervisor and competitive wages are often said to be the most important factors. For supervisors, both paying recognition to staff and engaging workers in policy development/decision making may also encourage retention.”*

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<sup>16</sup> NNAPF Certification Document

Many certified Ontario NNADAP Workers have experienced conflict with their supervisor and/or leadership over the retention incentive. They have had to justify why they should receive it and have come away from such discussions feeling undervalued and unsatisfied. The retention incentives issue has, in some cases, contributed to NNADAP Workers' decisions to leave their positions due to non-disbursement of the funds to the worker.

### **Conclusion**

All Ontario NNADAP services should receive **additional A based funding** to improve addictions services in Ontario First Nation communities and better meet the needs of our communities.

It is ORAPC's position that **retention incentives are not "bonuses"** they are recognition of a workers qualification and skill level and a short-term step to achieving wage parity for Ontario's NNADAP Workers.

ORAPC recommends that **retention incentives be disbursed directly to NNADAP Workers** until a long-term wage parity strategy is developed.