

BC REGIONAL NNADAP NEEDS ASSESSMENT

The First Nations Health Council administered the BC Regional Needs Assessment with the support of FNIH BC Region.

The process included: phone interviews, on-line surveys, focus groups, group interviews, individual interviews and site visits. Approximately 125 individuals participated in the data collection process.

- 12 Health Directors
- 12 treatment centre staff representing 6 treatment centres
- 62 individuals - community members Courtworkers, youth workers, parole and probation workers, support programs, First Nations, Aboriginal organizations, Provincial program
- 47 NNADAP workers

The Needs Assessment was overseen by a steering committee comprised of community members, as well as representatives from:

- Association of BC First Nations Treatment Directors,
- Health Authority representative
- Treatment Centre Directors
- NNADAP community counsellor
- Aboriginal and Community Relations, Representative for Child and Youth BC
- Elder
- Youth

Ad hoc members of the committee were:

First Nations Health Council; NNADAP, Health Canada; Consultant, Mostly Salish Consulting

Good Practices: (all of them have elements of culture)

Association of BC FN Treatment Programs

BC Association of Friendship Centres

Circle of Life – Terrace, Kermode Friendship Centre – Birth to Three Project – open to First Nations women who are within child bearing years and are affected by Foetal Alcohol Spectrum Disorder (FASD), or have a family member who is. It is also open to women who are currently using alcohol and/or drugs or have a history of alcohol or drug misuse and/or who have previously had a child with a FASD. Each woman in the program has a peer mentor or mentor, who understands and support them in maintaining healthy life choices.

Tribal Journeys – canoe families from up and down the West Coast join together in a drug & alcohol free 2 or more week journey to a host community, has profound therapeutic value and promotes a healthy lifestyle, not a NNADAP program but NNADAP workers from many communities use the journey as a forum for their client populations to experience healthy, sober activity as prevention, intervention and aftercare.

NNADAP Worker Success Stories – forming/developing relationship building that is client centered and often includes an education component and culture is a significant aspect.

Recommendations:

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Health Canada:

- Recognize Traditional Healers and healing approaches that are different from the western philosophies.
- Create and maintain a comprehensive list of NNADAP workers.
- Enhancement Funding for training and the Canadian Drug Strategy dollars for research and networking flow through the ABCFNTP.
- **Training:**
 - Provide resources to establish standardized accredited training for all Band health staff such as NNADAP workers and MH workers for the purpose of protecting and sanctioning Aboriginal world views and blending western philosophy in their services, offered more than one time per year.
 - Support the First Nations Wellness Addictions Counsellor Certification Board in their efforts to develop certification standards for Elders and traditional/spiritual healers.
 - Begin training HC employees in community-based living and mental health, training be accredited, offered more than one time per year and utilize cross cultural pedagogy.
 - HC and INAC provide funding at the community level that includes vocational counselling; literacy training; physical health training and social skills involved in aftercare delivery.
 - a survey of NNADAP workers to see what their specific training needs are.
- **Non-Insured Health Benefits:**
 - Explore options where First Nations traditional and spiritual healers can be utilized by community members and be paid at the same rates as their mainstream colleagues. Consider adding some Elders to list of service providers.
 - Review and discuss travel policy; delivery and administration of the policy is consistent; return travel arrangements be allowed at the beginning of treatment, especially for detox and treatment centres along Highway 16; appeal process is timely for patients.
 - An overall policy and planning to support mental wellness and treatment – can be supported by patient travel.

First Nations Leadership:

- Establish and support Mental Health programs to address substance abuse and support work of NNADAP workers.
- Spearhead an adult mental health and substance abuse plan in partnership with Federal, Provincial and First Nations agencies.
- Provide leadership in implementing addictions programming for First Nations people.
- Lobby with all governments to increase funding for addiction services and training
- Recognize and celebrate all community and individual efforts toward recovery that can include culture and education.

First Nations Communities:

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- Community programming include culture and language, in particular in smaller communities who are likely to have little or no access to human services agencies.
- Recognize and celebrate all community and individual efforts toward recovery.

Expansion of services:

- Expansion of family treatment beds and more on-the-land programs for families.
- Northern Health region look at implementation of “Wet-beds” where clients experience controlled drinking.
- Alcohol and drug counselling be cross-jurisdictional.
- Support long term supportive housing with specific regard to FASD.
- Support the continued funding of programs for high risk pregnant mothers such as the Circle of Life Program in Terrace, and Sheway in Vancouver.
- Encourage culturally based parenting and child care initiatives such as the Lytton First Nation and the Coast Salish Employment and Training language CD.

Wage parity:

- For NNADAP workers and treatment centres that matches their academic and traditional education to levels on par with their provincial counterparts.

Funding:

- Recruiting initiative to bring awareness of opportunities in the addiction field, bursary sponsorships and for recruiting materials and participation in career fairs.

Partnerships:

- Embrace partnerships where possible – between education programs and health.
- Partnerships with academic programs, specifically looking at Indigenous research by Indigenous researchers on Indigenous people.

Knowledge sharing:

- Treatment Centres who have long term success provide their knowledge to the world and to have research capacity.
- Mentorship opportunities are made available.

Research:

- Studies are done into the cultural therapeutic models employed at most First Nations treatment centres.

Treatment Centre Reprofitting: (recommended 3 areas be prioritized for reprofiling)

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- One treatment centre in BC be adequately funded and trained to receive pregnant women into treatment – have access to appropriate medical services, close to hospital facilities, HC policy be waived (not allowed to travel for health reasons while in treatment)
- Piloting four-week treatment programs – track the clients in both the 6 week and 4 week models to determine short and longer term client outcomes allowing for NNADAP to gather evidence specific to Aboriginal treatment duration.
- A treatment centre with additional training in cocaine and cannabis use.