

NNADAP REGIONAL NEEDS ASSESSMENT



MFNAC

MANITOBA FIRST NATION ADDICTIONS COMMITTEE

Manitoba Presentation

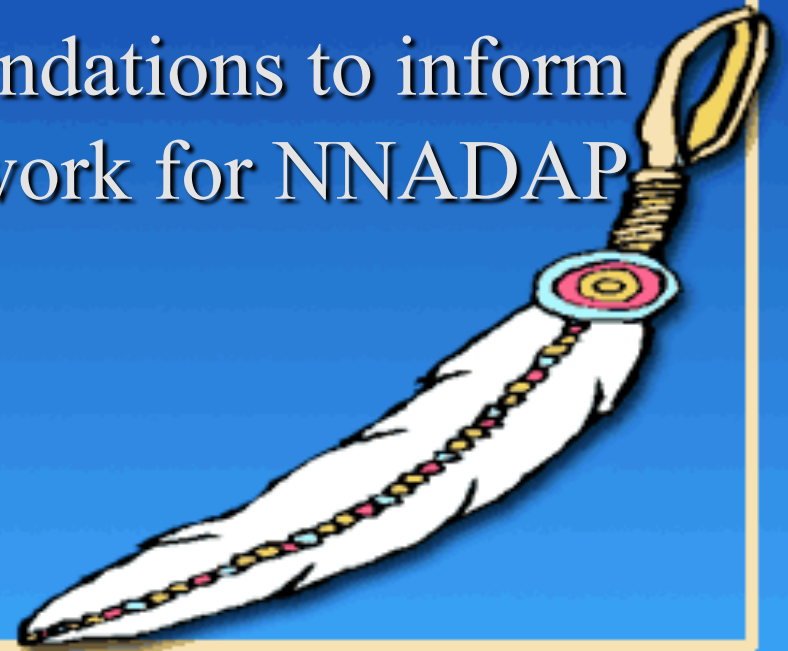
January 12 & 13, 2010

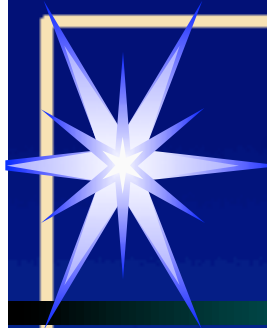




Overview

- Key unmet or emerging needs within region
- Key strengths/promising practices that can contribute to NNADAP renewal efforts
- Key Strategies / recommendations to inform Renewed Program Framework for NNADAP

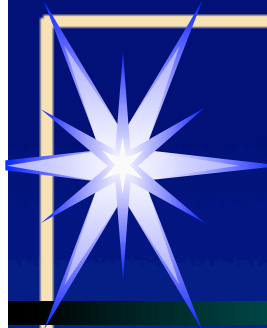




Unmet/Emerging Needs

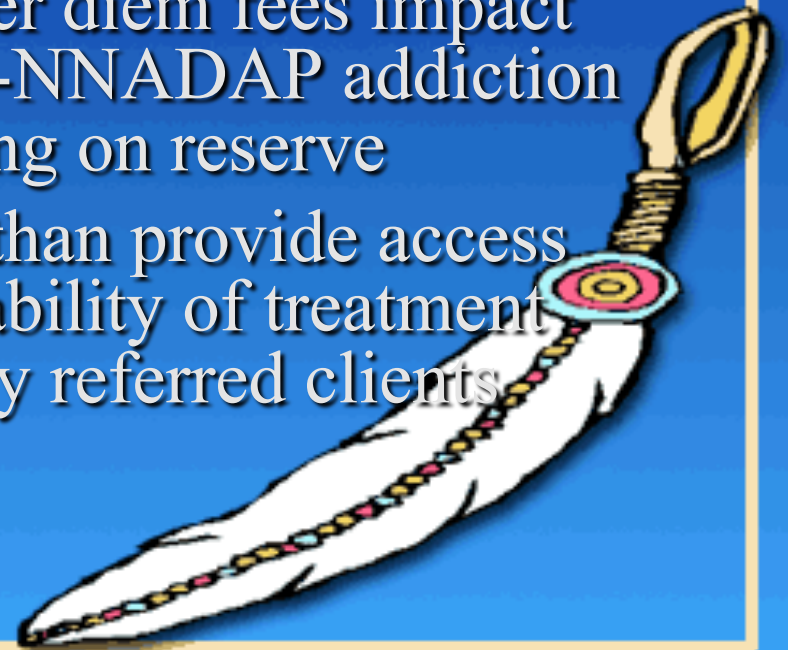
- NIHB policies make outreach programs inaccessible to persons not residing in either Winnipeg or Nelson House
- Wait times for bed space at residential treatment facilities
- NNADAP workers, health directors, tribal council coordinators all spoke about the inadequacy of NNADAP salaries and compensation for overtime and travel expenses

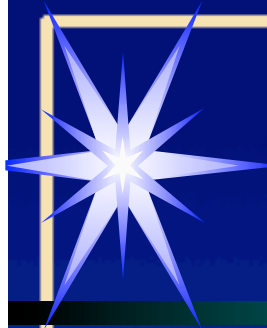




Unmet/Emerging Needs

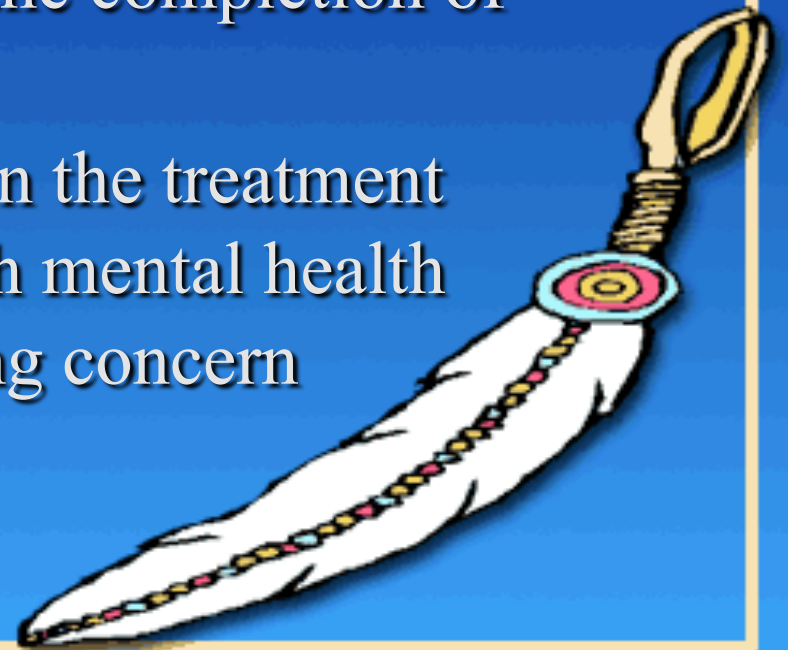
- Insufficient program funding was cited by all stakeholders in the region. Many community based workers reported paying out of their pockets for work related activities
- Transportation policies and per diem fees impact the accessibility of many non-NNADAP addiction services for First Nations living on reserve
- NIHB policies restrict rather than provide access to services by restricting the ability of treatment centres to send inappropriately referred clients home.

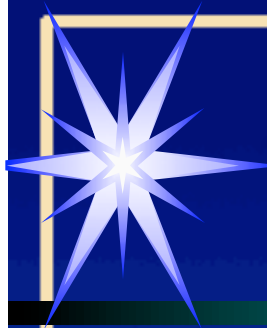




Unmet/Emerging Needs

- Inefficiencies in referral processes strain already overburdened systems and create financial hardships for those clients who are required to pay for medical assessments and the completion of assessment forms.
- Lack of clinical support within the treatment centre context, for clients with mental health issues has been a long standing concern

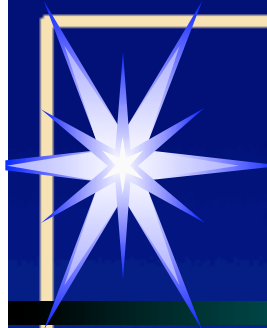




Unmet/Emerging Needs

- The interpretation of privacy legislation has restricted the ability of NNADAP community based and residential treatment centre staff to provide holistic, client centered care.
- NNADAP prevention and treatment both reported lack of or limited access to detoxification and withdrawal management services in Region





Key Strengths/Promising Practices

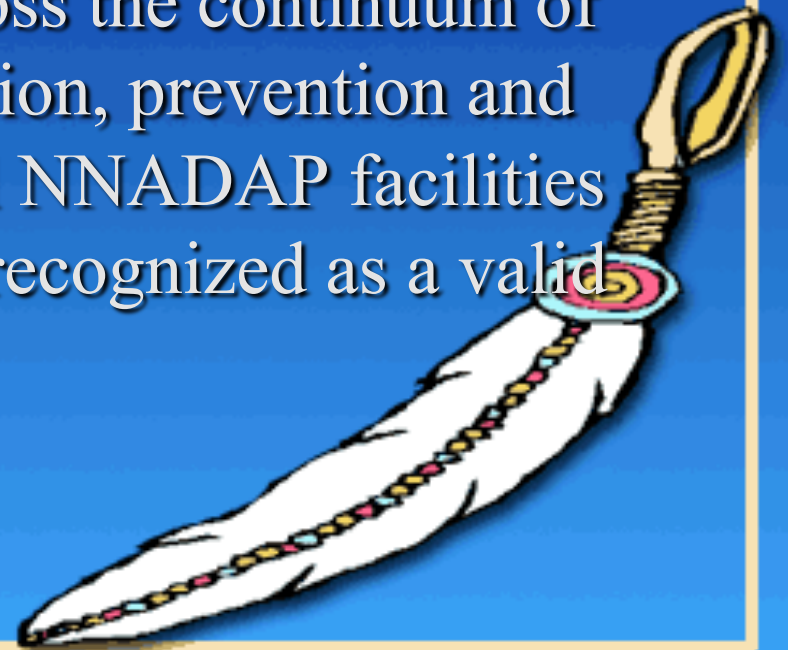
- Facilitate the completion of standardized screening and assessments at the community level prior to clients leaving the community.
- Implement effective case management practices that involve all community services that have clear roles and responsibilities

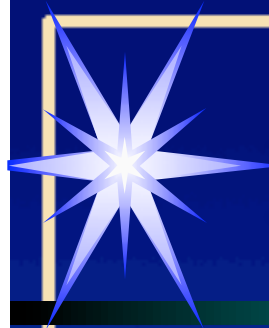




Key Strengths/Promising Practices

- Streamline referral process, explore and implement a system for on-line booking
- Indigenous cultural practices were identified as the most promising practices across the continuum of care. This model of intervention, prevention and treatment is offered within all NNADAP facilities although it is not funded nor recognized as a valid tool.





Key Strengths/Promising Practices

- Treatment Centre staff and clients spoke about how their ability to remain connected with the centre upon completion of residential treatment aided the journey of recovery and lifestyle change





5 Key Strategies/Recommendations

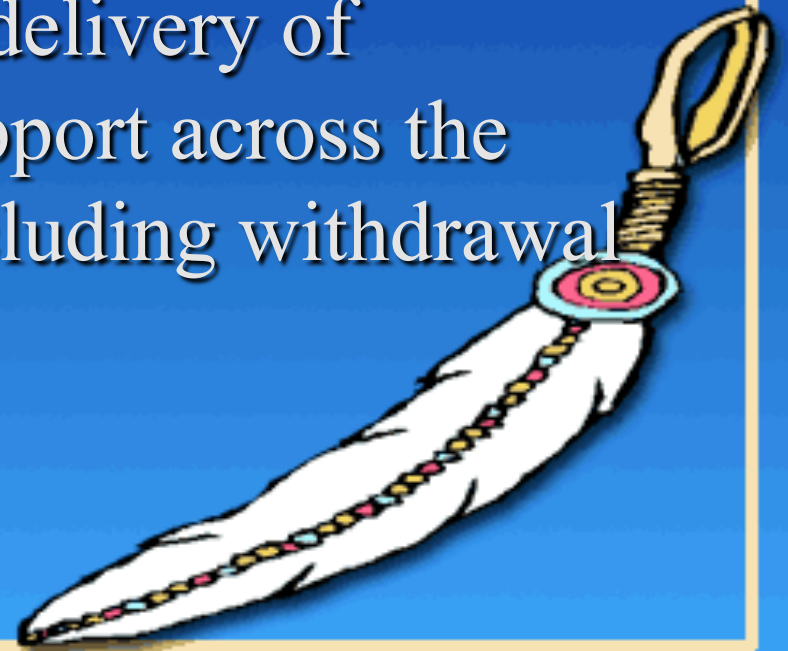
1. Establish a process for community prevention workers to implement an effective case management process that involves all community services with clear roles and responsibilities. Further, that standardized assessments are completed prior to clients being sent for residential treatment.





5 Key Strategies/Recommendations

2. Ensure program authorities address salary scales comparable to other addictions services providers; and that there is sufficient support for the delivery of addiction services and support across the full continuum of care including withdrawal management services





5 Key Strategies/Recommendations

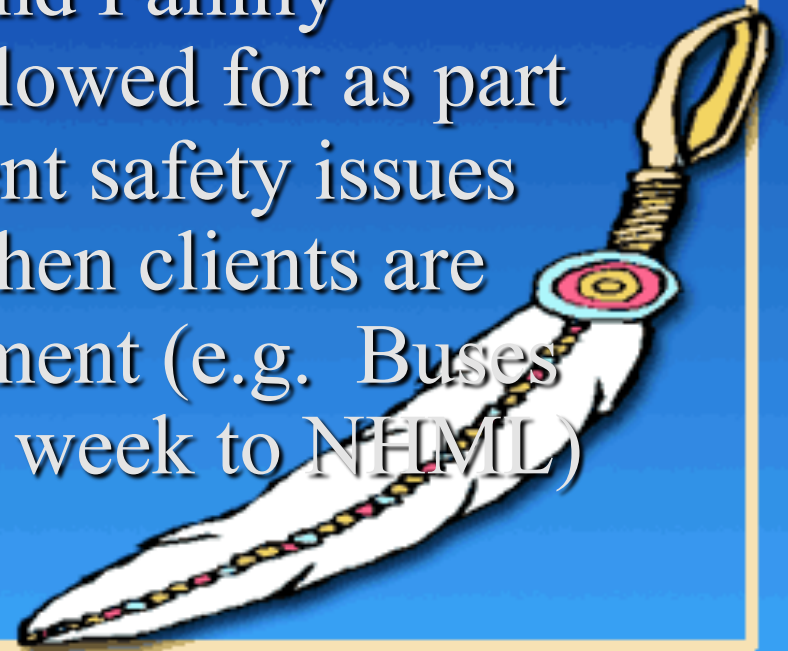
3. Streamline referral process to include a system for on-line booking for residential treatment beds.





5 Key Strategies/Recommendations

4. Transportation policies should be supported at rates comparable that of other service providers. Further, that family participation at YSAC and Family treatment facilities be allowed for as part of healing journey. Client safety issues need to be considered when clients are leaving residential treatment (e.g. Buses only travel three times a week to NHML)





5 Key Strategies/Recommendations

5. Enhance budget allocations to facilitate implementation of identified best practice, traditional, cultural and spiritual approaches.

