

Summary

Care Pathways for Healing Journeys: A Systems Model to Support NNADAP Renewal

A. Introduction

The National Native Alcohol and Drug Abuse Program (NNADAP) Renewal Process is a comprehensive, culturally relevant and evidence-informed review of NNADAP. The renewal process aims to systematically enhance, renew and validate on-reserve prevention and treatment services by engaging First Nations communities, service providers, representative organizations and other stakeholders. Ultimately, the renewal process will lead to the development of a strategic vision to guide program planning and service delivery for the next 5 to 10 years. Critical to that strategic vision will be the development of a culturally relevant conceptual model of a continuum of care for a system of NNADAP prevention and treatment services.

This discussion paper takes some first steps toward mapping out such a model. It presents and outlines a conceptual model that reflects and is informed by the realities of First Nations communities and at the same time explores potential bridges with Canada's National Treatment Strategy.

B. Foundations

The preparation of this paper was guided by an earlier review of the literature, including the system-level challenges that emerged from that review, and by other documents developed for the NNADAP renewal process. Particular attention was paid to the findings of recent NNADAP regional needs assessments conducted across the country. Thirteen priority areas emerged from these assessments. Most of these priority areas are concerned with specific elements in the continuum of care, while others address the need for a renewed workforce. Perhaps most significant, from a system perspective, are those priorities relating to a more comprehensive framework for NNADAP renewal that includes culture and tradition, and that extends the scope of the system to community development, prevention and health promotion, while including the need to be able to monitor and improve the system and have effective systems governance and coordination. Taken all together, the priority areas provide anchor points around which NNADAP renewal can emerge and coalesce.

Also in keeping with the First Nations' cultural emphasis on community, the paper has assumed that it is the place of each community to negotiate and define culture in ways that are its own, including the ways that different kinds of cultures or cultural practices might be brought together or kept separate from each other. This is reinforced by the strong consensual finding of the needs assessment process that culture, tradition and spirituality are integral to NNADAP renewal.

The National Treatment Strategy (NTS) provides a general set of system-level principles and key concepts for building a comprehensive continuum of care focused on addressing broadly defined risks and harms related to substance use. The NTS central guiding concepts reflect a growing view that addiction services and supports need to move to a more comprehensive design that responds to the needs of all people adversely affected by substance use, rather than only the most severe cases of chemical dependence.

The paper identifies emerging perspectives and points-of-view from the literature review and regional needs assessments that are very similar to NTS in spirit, in the language used, in core issues identified and in proposals advanced. The NTS approach includes, for example, a central emphasis on community-based prevention and treatment initiatives, including engagement of families; an emphasis on access, flexibility and matching of individuals to the services and supports they need at a given point in their care journeys; and greater integration of services and supports across the broad continuum of care; as well it builds on the view that early prevention or treatment interventions are more likely to be cost-effective and successful than those implemented after problems become more severe; and. Finally, the NTS underscores the need to build networks that can be conduits for knowledge exchange, as well as the need for infrastructure that can support program and system monitoring and evaluation.

C. Visualizing Care Journeys and Pathways

This section describes how the information shaping this renewal process allowed for thinking and planning that is derived from and responsive to the strengths and weaknesses, opportunities and challenges that are particular to the First Nations context in Canada. It proposes a shape within which system priorities identified in the regional needs assessments can be placed, bringing prevention and early intervention into the picture and allowing aftercare to be understood within a framework of continuing care to bridge the formal treatment system and the communities they serve. This model requires that family and community be seen as integral to the process of renewal and that culture be recognized as foundational. It also calls for a broader approach that is not just professionally based, but holistic in its viewpoint and in its direction.

While both continuity of care journeys and the constant presence of community are very much part of the NTS intended vision, the NTS tiered framework does not capture the continuing and open-ended nature of healing journeys nor does it make clear the principle that family and community remain essential parts of the journey.

The model this paper presents has two central ideas. First, *the model is for a continuum of care that responds to the needs to of all individuals put at risk or adversely affected by substance use at a given point in their lives or care journeys*—rather than only those struggling with severe chemical dependence. Second, *the five elements in the model are differentiated from each other primarily by the range of people requiring their services and supports*. In other words, the elements are defined by the different populations and their different needs. The relative number of people needing different services and the

costs of offering those services can thus be taken into account during program planning and resource allocation.

The paper presents two circular representations of the continuum of care. The first maps out the segments of community requiring distinct responses to their substance use risks and harms; the second takes this maps the general kinds of services and supports required for each population-defined element. These concepts are described in greater detail in a table and background provided.

D. Implementation Considerations

Continuum of care decisions – The diversity among First Nations means communities cannot just be given a standard recipe for making critical choices. Instead, this paper provides a sequence of questions for each community to answer for itself in the course of making decisions concerning its own continuum of care. It is important for communities to answer each question for each distinct function, since how a community determines the appropriate handling of one function may be quite different and independent from how it addresses another function.

Supporting the linkages – An important part of any continuum of care is the building and sustaining of linkages. Linkages between components both within and across elements in a continuum of care need to occur at different levels, and involve relationships between people participating in different roles.

The structural factors shaping working relationships fall into four general areas: commitment, understanding, accountability and resources. Service and support relationships between providers and their organizations or communities along the continuum are likely to be stronger when a sense of mutual commitment has been nurtured; when the stakeholders share an understanding of the problems and definition of the solutions; when there is both sense and practice of mutual accountability, mechanisms such as letters of understanding or protocols through which distributions of control and responsibility are agreed upon and made explicit; and finally, there must be an investment of resources. It takes time and infrastructure to set up such a structure and to maintain it.

Knowledge exchange – There is a need for an innovative strategy through which promising practices are adapted to an indigenous cultural context with a view to evaluating them and, if findings are positive, disseminating them to other First Nations communities. In this strategy, knowledge exchange becomes an exchange of lessons learned among people engaged in prevention and treatment work in the First Nations communities of a common region, along with the opportunity to ask each other questions about any forms of evidence they consider relevant and necessary. This sharing of experiences would ideally lead to a validation of basic principles and established practices, to knowledge and skill transfer across communities and practitioners, and provide the impetus to explore innovative prevention and treatment strategies for addressing unmet needs.

The regional treatment centres, NNADAP regional consultants and the Regional Addictions Partnership Committees (RAPCs) could play pivotal roles in bringing these

regional conversations together and fostering changes in practice based on the emerging insights. They might also provide a two-way link between the local knowledge base and researchers. With respect to the workforce development, the role of the RAPCs and NNADAP's regional treatment centres could be enhanced to serve as sources for ongoing training support to addiction workers in the region.

Community development – Strong social networks and communities are important not only for prevention and social support, but to also provide a community-based foundation for all aspects of the continuum of care.

Community development needs to be seen as a fundamental part of universal prevention. This may range from supporting community efforts in health promotion to addressing the vestiges of colonialism. Such an approach to health promotion and prevention derives from community development that starts at the ground level and takes into account and organizes [recognizes?] local realities, aspirations and goals.

The sharing of lessons learned about engaging in applied local community development may lead to the emergence of useful regional knowledge exchange. In turn, it is through the sharing of experience, needs, and aspirations across regions that a national perspective may be designed and built.

This does not mean abandoning or leaving communities alone to do their work nor does it mean subjecting them to intrusive strategies that are driven by rules, values and goals external to those particular communities. Rather, important resources can be provided at the national and regional levels in the form of secretariat support to emerging regional and national collaborations.

Community development is important ultimately because it requires the approaches taken to be more reflective of the social determinants of health and it underscores the need to develop linkages between the social determinants of health—how they are impacted by and how they influence each other and the problematic substance use. Community development seeks to bring an awareness of the social determinants of health and the need to link services to the community at large, and it builds understanding of how each has a role to play in addressing problematic substance use (including partnerships with services from outside the community). Finally, it acknowledges explicitly that these roles need to be coordinated through a systematic community-defined approach.

The Role of NNADAP – It is evident that some of the directions recommended in the regional needs assessment reports and the NNADAP Renewal National Forum (January 2010) could be realized through decentralized administrative models in which critical elements are controlled by each community to reflect its own values and cultural approach. As well, many aspects of prevention, pre-care, assessment, referral and aftercare might be managed by the community more directly. Similarly, some communities may want to shift toward a more community-based rather than region-based residential treatment model.

The role for NNADAP may then become more focused on providing financial resources, expertise, and other supports to tackle issues identified by the specific communities.

Regardless of process changes, NNADAP should continue to support community identification of problems and solutions, both regionally and nationally; provide further funding for training and set up regional standards for training certification; provide advice on policies, research, and models of best practices; provide linkages to and liaise with mainstream institutions, including federal departments and provincial governments.

D. Summary

It is necessary to underscore that communities have decisions to make for each function in the continuum of care, concerning questions about providers, settings, approach and links. Such decisions would have implications for which of level of resources will be required in a given situation, and in turn how to strategically allocate those resources in support of functions all along the continuum of care.

The paper has tried to convey a central and respectful place for indigenous culture and traditional practices, while still recognizing the diversity among indigenous communities. In addition, it has emphasized the sovereignty of each First Nations community to make choices about how to configure its own continuum of care.

While most of this paper has focused on a system of services and supports for people, families, and communities affected by problems related to substance use, it is important to emphasize that these problems do not occur in isolation. Instead they are related to and linked with other health and social problems. The most obvious connection is between addiction and mental health. The roles of intergenerational trauma, of childhood development, of disadvantage and discrimination—all contribute to the likelihood that substance use problems among First Nations people will need to be understood within the context of complexity. That complexity extends beyond mental health to physical health, and then further on to issues around higher rates of legal involvement, incarceration, and recidivism.

The complex problems and challenges that underlie substance use problems for many people mean that a system approach to addictions needs not only to improve specific strategies for preventing, identifying, treating and maintaining care for people with these problems, but also has to extend across the range of services that offer support to people with health, social, economic, legal, leisure, educational, vocational and employment issues. Renewing the addiction treatment system for First Nations requires strategies that go beyond just improving the continuum of care for addictions prevention and treatment to explore these problems in a broad socio-historical context that requires an understanding of complexity and an active ability to engage and work effectively with multiple diverse systems.

There is no doubt that as First Nations explore their potential in this regard, other jurisdictions in Canada will have much to learn from them. And, most importantly, the goals of NNADAP renewal—communities, families, and individuals flourishing, enriched by culture and tradition, creating hopeful lives, motivated by promising futures, unburdened by problems related to substance use—will be realized.