



FNHA-FUNDED TREATMENT CENTRE SERVICES

**2018/19 – 2022/23
EVALUATION REPORT**



First Nations Health Authority
Health through wellness

ACKNOWLEDGEMENTS

The First Nations Health Authority respectfully acknowledges the impact of intergenerational trauma, colonialism, anti-Indigenous racism and concurrent compounding crises and public health emergencies, including the toxic drug supply crisis and COVID-19 pandemic, as underlying factors contributing to substance use concerns among First Nations in BC.

We wish to recognize the First Nations individuals and their families who have courageously reached out for treatment services, as well as those struggling with substance use and who are at an earlier stage of their healing journey.

We recognize the helpers and thank and acknowledge the boards, directors and staff of FNHA-funded treatment centres, FNHA staff, community staff, mental health and wellness providers, Elders and Knowledge Keepers for their expertise and dedication to providing culturally safe, trauma-informed treatment and supports. We recognize those who have dedicated their time and their professional lives and hearts to this work and those who chose to share their learnings and perspectives as part of this evaluation.

This report was prepared by the FNHA Evaluation Team in collaboration with Ference & Company Consulting. It includes input from FNHA-funded treatment centre directors and staff, clients of the FNHA-funded treatment centres, family members of previous clients, FNHA executives, operational and regional staff, national and provincial partners and ministry representatives, home and away-from home clinicians and navigators, staff from non-FNHA funded treatment centres and substance use researchers.

In the spirit of acknowledging the generosity and expertise of the many individuals who contributed to this evaluation, the FNHA would like to specifically name the following contributors who expressed their consent to be publicly acknowledged (listed alphabetically):

ABORIGINAL HOUSING MANAGEMENT ASSOCIATION

BRAD MORIN

COLLEEN SALTER

DAWN LEE

FREDERICK LAWAL

JIM CAMPBELL

JAMES HARRY

JEANETTE DILLABOUGH

JENELLE

KRISTIN PRICE

LAURIE BROWN

MARILYN BELLEAU

NOAH THOMAS

RICHARD JOCK

SHARI N.

YVONNE

TABLE OF CONTENTS

1. INTRODUCTION

1.1	FNHA-Funded Treatment Centres	1
1.2	Evaluation Overview	2

2. CONTEXT

2.1	Underlying Cause of Substance Use	5
2.2	Public Health Emergencies	5
2.3	Mental Health and Wellness Continuum of Care	6

3. PROFILE OF FNHA-FUNDED TREATMENT CENTRES

3.1	Objectives	11
3.2	Description of Existing FNHA-Funded Treatment Centres	12

4. PROFILE OF FNHA-FUNDED TREATMENT CENTRES PROGRAMMING

4.1	Services Offered	20
4.2	Inclusion Criteria	21
4.3	Intake Processes	23
4.4	Staffing and Clinical Services	24

5. FINDINGS: RELEVANCE

5.1	Addressing Demand	25
5.2	Providing Culturally Appropriate Care	27

6. FINDINGS: GOVERNANCE

6.1	Improving Collaboration	29
6.2	Understanding the Non-Profit Governance Model	32
6.3	Ensuring Quality Through Accreditation	33
6.4	Enhancing Accountability	34

7. FINDINGS: DELIVERY

7.1	Accessing Services	35
7.2	Meeting Demographic Needs	41
7.3	Meeting Programming Needs	47
7.4	Meeting Regional Needs	53
7.5	Aligning with Provincial and Regional Standards and Guidelines	55

8. FINDINGS: CLIENT LEVEL OUTCOMES

8.1	Improving Mental Health and Well-being	56
8.2	Increasing Connection to Culture	57
8.3	Increasing Hope for the Future	57
8.4	Breaking Intergenerational Trauma	58
8.5	Receiving Culturally Safe Services	59

9. FINDINGS: HUMAN AND FINANCIAL RESOURCES

9.1	Addressing Human Resources Issues	60
9.2	Addressing Financial Resources Requirements	64

10. LEARNINGS AND OPPORTUNITIES

10.1	Opportunities to Enhance Coordination within the Continuum of Care	65
10.2	Opportunities to Enhance Service Delivery	67
10.3	Opportunities to Enhance Governance	69
10.4	Opportunities to Improve Resource Requirements and Adequacy	70

11. CONCLUSIONS AND RECOMMENDATIONS

11.1	Conclusions	71
11.2	Recommendations	72





1. INTRODUCTION

1.1 FNHA-FUNDED TREATMENT CENTRES

The First Nations Health Authority (FNHA) was established in 2013 with the transfer of BC First Nations health governance and health care delivery from Health Canada. This included the transfer of the federal government's funding stream for substance use treatment, the National Native Alcohol and Drug Abuse Program (NNADAP). This funding stream supports the delivery of community-based drug and alcohol services, treatment centre services and mental health services within treatment centres.

The National Youth Solvent Abuse Program (NYSAP) was also transferred to the FNHA for administration. NYSAP supports youth who engage in solvent use to participate in treatment focused on minimizing the effects and risks of substance use.

The FNHA currently funds 10 treatment centres that provide culturally safe, bed-based substance use treatment. These centres incorporate evidence-based clinical practices together with traditional and cultural wellness and healing practices to support First Nations individuals seeking treatment and recovery support from substance use challenges.

FNHA-funded treatment centres are one of many FNHA- and provincially funded substance use programs, services and supports that form an integral part of the mental health and wellness continuum.

1.2 EVALUATION OVERVIEW

Purpose

The purpose of the evaluation was to assess both the responsiveness and performance of the FNHA-funded treatment centre services within the system of substance use treatments and supports available to First Nations in BC. Specifically, the evaluation was intended to:

- enhance the FNHA's understanding of the alignment of current FNHA-funded treatment centre services with the needs of First Nations clients;
- identify opportunities to better respond to the needs of First Nations clients and communities and the FNHA's role as a supportive partner to treatment centres;
- inform ongoing dialogue on system transformation, including opportunities to enhance integration, coordination and complementarity with partners;
- identify opportunities to enhance the efficiency and economy of existing resources and identify additional resource requirements to address unmet needs and support desired service transformation; and
- explore client experiences and outcomes to understand and demonstrate the quality and responsiveness of the programs and services for First Nations in BC.

Scope

The scope of the evaluation included reviewing the FNHA-funded treatment centre services offered between the five-year period of April 1, 2018, and March 31, 2023. The evaluation examined the extent to which programs and services across the continuum of FNHA mental health and wellness programming and non-FNHA substance use services complemented or duplicated the services of the FNHA-funded treatment centres.

The following areas were considered out of scope:

- individual evaluations of FNHA-funded treatment centre services and their effectiveness;
- in-community NNADAP supports and programs;
- FNHA-funded treatment centres that are in the planning, design or building phase; and
- funding provided to treatment centres from external sources including regional health authorities and federal departments, such as Corrections Services Canada.

Approach

The evaluation used a systems-complexity lens and utility-focused approach and integrated the principle of Two-Eyed Seeing. The evaluation incorporated a flexible and iterative approach to engagement, trauma-informed data collection methods and strength-based inquiry. In alignment with First Nations' teachings, existing information was used as much as possible to take only what was needed and use what has been previously shared.

A guiding group, which included regional FNHA staff, subject matter experts and an Elder, provided feedback on the evaluation approach and findings.

Data Sources and Analysis



The evaluation engaged with 238 key informants through a mix of interviews, focus groups and surveys, including:

- clients who attended FNHA-funded treatment centres (n=52);
- family members of clients who have attended FNHA-funded treatment centres (n=17);
- First Nations Chiefs (n=6), Health Directors (n=22) and Health Leads (n=27) from the Northern, Vancouver Coastal and Interior regions;
- directors and staff from treatment centres and supportive recovery housing centres (n=26);
- FNHA executives, and operational and regional staff (n=38);
- federal and provincial government and partner representatives from health, housing and justice organizations (n=19);
- home and away-from-home clinicians and navigators from across the province (n=15);
- staff from non-FNHA-funded treatment centres that receive the highest number of FNHA subsidy funded clients (n=4);
- substance use researchers (n=2); and
- staff in various community roles (n=10).



The evaluation also included seven in-person site visits to FNHA-funded treatment centres and supportive housing providers, and a document review and environmental scan.



The team conducted administrative data analysis of internal and provincial health databases including:

- quarterly reporting of FNHA-funded treatment centres;
- subsidy application database for non-FNHA funded centres;
- First Nations Health Benefit medication and medical transportation datasets;
- FNHA Virtual Substance Use Psychiatry Services administrative data;
- FNHA Regional Health Surveys; and
- health databases linked to the First Nations Client File, including the Health System Matrix, Emergency Health Services, BC Coroner's data, BC Overdose cohort and the Cascade of Care data.

Intended Audience and Beneficiaries

The primary intended audience for this evaluation is the FNHA's Board of Directors, executive leadership and staff. Learnings are expected to:

- inform program design, strategic planning and alignment with partnered initiatives and funding opportunities;
- provide insight into how the system of current service offerings aligns with geographic, demographic and service level needs in order to identify service gaps; and
- provide perspective on the FNHA's unique role going forward in meeting First Nations clients' needs

Secondary audiences are First Nations communities, leadership and health staff, FNHA-funded treatment centre staff and boards of directors, First Nations Health Council and First Nations Health Directors Association representatives, and provincial and federal government partners. Learnings are expected to:

- support accountability and transparency;
- provide insight into quality and health and wellness outcomes; and
- highlight wise practices, service models and system integration opportunities.

Limitations

Known limitations of the report include:

- partial representation from FNHA-funded treatment centre leadership and operational staff, as not all were able or willing to engage, and treatment centre board members elected not to participate in the engagement;
- gaps in reporting compliance, differences in reporting formats and inconsistent quality of quantitative data, which made it difficult to accurately rely on the treatment centre quarterly reporting data;
- limited evidence of the diverse experiences, perspective and outcomes of clients, families and community members due to lack of direct engagement and limited secondary data. No pre-post questionnaires or standard quantitative measures of client outcomes were identified during scoping. The FNHA does not receive information on the identity of the FNHA-funded treatment centre clients and thus has no ability to follow clients over time through administrative data; and
- limited engagement with clinical teams in communities and those supporting First Nations living away-from-home, and no engagement with the primary referral centre for non-FNHA funded treatment centre subsidies in the Northern or Interior regions.

Previous Reviews

Two previous reviews of the FNHA-funded treatment centres were completed in 2014 and 2016 following the transfer of responsibility of NNADAP from Health Canada to the FNHA.¹ The purpose of those reviews was to determine how the FNHA-funded treatment centres could be positioned and function as part of a mental health and wellness continuum, achieve greater integration with other related programs and services, both those funded and delivered through the FNHA, as well as those provided by community and regional organizations and partners.



2. CONTEXT

This section summarizes the context within which FNHA-funded treatment centres operate, including the root causes of substance use, concurrent public health emergencies, and the mental health and wellness continuum of care.

2.1 UNDERLYING CAUSE OF SUBSTANCE USE

The FNHA views substance use and mental health and wellness as interconnected with self-determination, connection to culture, land and language. It believes that the underlying cause of substance use among First Nations in BC stems from the negative impacts of colonialism, intergenerational trauma, removal of culture and long-standing Indigenous-specific racism. The FNHA sees substance use as a health issue, not a moral issue. This perspective is informed by First Nations teachings, values and beliefs.

2.2 PUBLIC HEALTH EMERGENCIES

In recent years, First Nations in BC have been disproportionately impacted by concurrent public health emergencies. This includes the toxic drug crisis, the COVID-19 pandemic, Indigenous-specific racism, the discovery of unmarked residential school graves and numerous climate-related emergencies, such as floods and wildfires. Together these have impacted the health determinants, mental well-being and resilience of First Nations individuals and communities.

The COVID-19 pandemic and associated restrictions also contributed to social isolation, loss of connection to family and community, loss of ceremony and traditional practices, economic insecurities and disruptions. The impact of declining health determinants and the elevated rates of anxiety, depression and grief experienced by many First Nations people are reflected in increased substance use and the significant increase in toxic drug deaths during this period.²

In addition, the public release of documented Indigenous-specific racism in the 2020 In Plain Sight report, the 2021 discovery of unmarked residential school graves and the July 2022 papal visit evoked memories of complex intergenerational trauma for many First Nations individuals and families.

²FNHA. (2021). First Nations toxic drug deaths doubled during the pandemic in 2020. Accessible from: www.fnha.ca/about/news-and-events/news/first-nations-toxic-drug-deaths-doubled-during-the-pandemic-in-2020

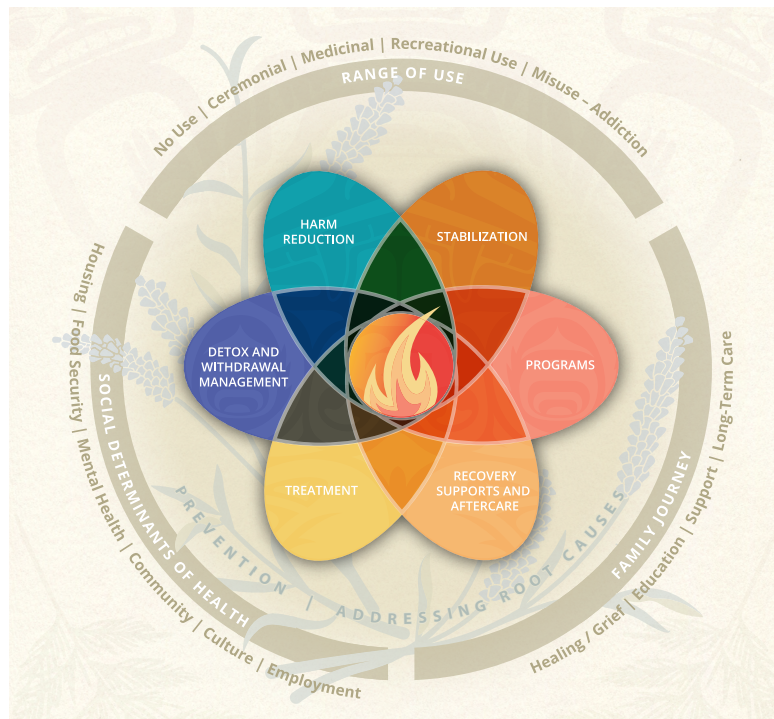
2.3 MENTAL HEALTH AND WELLNESS CONTINUUM OF CARE

A wide range of service functions, platforms and supports are available to First Nations in BC along a continuum of mental health and wellness services provided by multiple health system partners. These are funded and delivered by partners that include the FNHA, the former Ministry of Mental Health and Addictions (MMHA),³ the Provincial Health Services Authority (PHSA) and regional health authorities.

Services and supports span from mental health and wellness programs for stabilization, harm reduction, detox and withdrawal management, to treatment and aftercare. These services are delivered by FNHA-funded treatment centres, First Nations communities, provincially funded treatment centres, non-profits and private or contracted health service providers.

The FNHA works with health care partners to offer a variety of mental health and wellness supports reflecting the wide spectrum of programs and services needed to meet people where they are at in their healing journey.

The FNHA's services and supports uphold First Nations harm reduction and self-determination principles and go beyond typical detox and treatment services. The visual below, sourced from the FNHA's All Paths Lead to Wellness harm reduction resource, depicts the range of supports available for people who use substances.⁴ FNHA-funded treatment centres are one part of this broader continuum of care.



All Paths Lead to Wellness

³The MMHA was dissolved following the creation of a new cabinet after the 2024 BC election, with relevant services now under the BC Ministry of Health. The MMHA was an active partner during the evaluation period and is referred to throughout this report.

⁴FNHA. (2022). All Paths Lead to Wellness. Accessible from: www.fnha.ca/Documents/FNHA-Harm-Reduction-All-Paths-Lead-to-Wellness.pdf

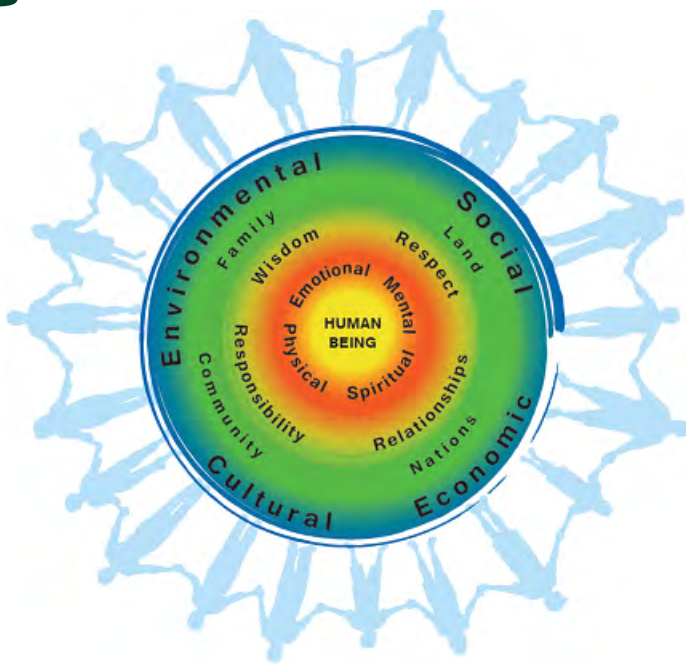
FNHA Mental Health and Wellness Supports

The FNHA views mental health and wellness as interconnected with self-determination and connections to land, culture and language.

The FNHA wholistic view of health and well-being is guided by the *First Nations Perspective on Health and Wellness*, takes a wellness, rather than a sickness perspective, and grounds services within a wholistic understanding of life and connection.⁵

The FNHA's *Policy on Mental Health and Wellness* is designed to ensure that all First Nations people have access to a culturally safe, comprehensive and coordinated continuum of mental health and wellness approaches that affirm, facilitate and restore the mental health and wellness of First Nations people and that contribute to reconciliation and nation building.⁶ The FNHA is also responding to the toxic drug crisis through *A Framework for Action*⁷ to capture a system-wide response to slow and stop toxic drug death and a *Harm Reduction Policy*⁸ that supports people who use substances where they are at on their healing journeys.

The FNHA provides a range of mental health and wellness programs and clinical consulting services and works in partnership with regions and provincial partners in the area of mental wellness programming. Programming and initiatives include culturally safe and trauma-informed services, land-based healing, treatment centres and in-community NNADAP supports and programs, First Nations-led primary health care centres, and virtual services such as First Nations Virtual Doctor of the Day and First Nations Virtual Substance Use and Psychiatry Services.



⁵FNHA. *First Nations Perspective on Health and Wellness*. Available from: <https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness>

⁶FNHA. (2019). *FNHA Policy on Mental Health and Wellness*. Available from: www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Policy-on-Mental-Health-and-Wellness.pdf

⁷FNHA. *A Framework for Action: Responding to the Toxic Drug Crisis for First Nations*. Available from: www.fnha.ca/Documents/FNHA-Overdose-Action-Plan-Framework.pdf

⁸<https://www.fnha.ca/Documents/FNHA-harm-reduction-policy-statement.pdf>

In addition, a *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* was signed in 2018 by the First Nations Health Council, with the FNHA as a supporter, and the federal and provincial governments. The memorandum of understanding is intended to transform mental health and wellness services and improve outcomes through the development and implementation of community-driven and nation-based approaches that address social determinants of health. An investment of \$30 million over 2019-2022 provided support to Nations and/or aggregations of First Nations in BC to plan, design and deliver a full continuum of culturally safe and relevant mental health and wellness services. It also included a \$60 million investment in infrastructure to replace six existing and build two new First Nations treatment centres in BC, with the province providing a further \$35 million in 2023 to support the completion of the remaining projects.

The FNHA also received support to develop a network of healing houses in response to the Truth and Reconciliation Commission 21st Call to Action. The call is to address the need for mental health and wellness supports for First Nations that focus on healing and wholistic wellness.

Ministry of Mental Health and Addictions Mental Health and Wellness Supports

In 2017, the BC Ministry of Mental Health and Addictions (MMHA) was created in response to identified systemic challenges and to find a better way to support people living with mental health and substance use challenges. Due to inconsistent service delivery from a patchwork of service providers, it was also created to develop an effective continuum of care for substance use support and treatment.

In 2019, the MMHA released a provincial strategy *A Pathway to Hope* that set out a 10-year vision for mental wellness, improved mental health care and the establishment of an effective substance use prevention, addictions treatment and recovery system for the province. This strategy includes four pillars, one of which supports Indigenous-led solutions, including expanding First Nations-run treatment centres and land-based cultural and healing services.⁹

In December 2022, the MMHA released the *Adult Substance Use System of Care Framework*, which articulates a shared vision for what an improved, modernized system of care could be. It outlines the foundational elements and services required to build an adult substance use system of care and further identifies priority opportunities for how those elements can come together to ensure that the system of care meets the diverse needs of people across British Columbia, including First Nations.¹⁰

The MMHA created a *Core Services Model* that articulates principles and building blocks for a coordinated and interdisciplinary substance use system along with definitions of system functions, service delivery platforms and specific supports and activities.¹¹

⁹Government of BC. *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*. Available from: www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/mental-health-and-addictions-strategy/bcmentalhealthroadmap_2019web-5.pdf

¹⁰Ministry of Mental Health and Addictions. *Adult Substance Use System of Care Framework*. Available from: www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/substance-use-framework/msha_substanceuseframework_dec2022.pdf

¹¹Ministry of Mental Health and Addictions, *Core Services Model*. Available from: www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/substance-use-framework/msha_substanceuseframework_appendixb_dec2022.pdf

Bed-Based Treatment Services Available for First Nations in BC

Bed-based treatment services are one component within the mental health and wellness continuum of care. They deliver a range of programs and services to support people who are looking to reduce their use of, or abstain from, substances and/or reduce harms associated with substance use. These programs vary in length, model of care and service depending on the treatment centre. Individuals typically access treatment centres following a period of withdrawal or detox. First Nations individuals seeking bed-based treatment services are triaged among a number of centres or facilities.

FNHA-FUNDED TREATMENT CENTRES

The first and primary option for First Nations individuals seeking bed-based treatment services are FNHA-funded treatment centres. These treatment centres offer a variety of cultural and clinical interventions and support to First Nations in BC. There are currently 10 FNHA-funded treatment centres for First Nations clients, both Status and Non-Status.

PROVINCIALY FUNDED TREATMENT BEDS

Provincially funded treatment beds are the next option for addiction treatment if an FNHA-funded treatment centre bed is not available. The Province is responsible for all per diem payments in licensed and/or registered treatment facilities off-reserve for individuals who are eligible for income assistance.¹² First Nations can access provincially funded addiction treatment facilities and programs on the same basis as other British Columbians. Applications are reviewed by provincial or regional health authority centralized support and coordination tables, which include representatives from the FNHA. No First Nations application can be denied without being reviewed by FNHA staff.

NON-FNHA TREATMENT CENTRES

Funding support to access a non-FNHA-funded treatment centre is considered based on the need for specialized treatment services for concurrent disorders, longer-term treatment, ineligibility due to complex health conditions, or the unavailability of FNHA-funded residential treatment services or a provincially funded treatment bed when the client is ready for treatment. The FNHA offers a subsidy of \$40 a day for a maximum of 90 days to cover attendance.¹³ Applications to private or non-profit centres are reviewed by FNHA staff against eligibility criteria, and once approved the subsidy is paid directly to the centre chosen.

¹²In order to be licensed, services that offer support to people with higher substance needs must follow the legislation set out in the [Community Care and Assisted Living Act](#) and the [Residential Care Regulation](#); Services that offer support to people with lower substance use needs or have previously completed an intensive treatment program are registered by [MoH Assisted Living Registry](#), which also falls under the *Community Care and Assisted Living Act*.

¹³Non-FNHA funded Treatment Centre Application Process.
<https://treatment.fnha.ca/Home/Help>

RAPID ACCESS BEDS

If a Status First Nations individual is at high risk of harm or death, there is a limited funding stream to provide rapid access beds. Established in 2023 in response to escalating toxic drug poisonings and deaths, high demand and long waitlists, FNHA funding is used to provide access to a certain number of beds in private centres. There are four rapid access bed centres in the province: [Sage Health Centre](#), [Cedars](#), [Turning Point Recovery Society](#) and [Trinity Recovery House](#).

TIER 3 SPECIALIZED BEDS SERVICES

Individuals with complex concurrent mental health and substance use disorders are referred to provincial Tier 3 facilities, which are defined by the PHSA as a focused health service.¹⁴ These centres provide both mental health services, such as psychiatric services, and substance use treatment services, such as addictions medicine. Applications are reviewed by a regional health liaison table, which includes FNHA representatives, and decisions are provided to the PHSA. There are three Tier 3 centres: [Redfish Healing Centre for Mental Health & Addiction](#), [Heartwood Centre for Women](#) and [Phoenix Society](#).

Accessing Services without Support from the FNHA

First Nations individuals, communities or employers in BC can arrange and pay for treatment at a private treatment centre without support from the FNHA. Fees vary across private centres, but on average cost approximately \$30,000 for a six-week stay. Some First Nations communities have contracts in place with private treatment centres and pay bulk rates for their members' access

¹⁴PHSA Tiers of Service, Available from:

<http://www.phsa.ca/health-professionals/tiers-of-service>



3. PROFILE OF FNHA-FUNDED TREATMENT CENTRES

This section provides an overview of the 10 FNHA-funded treatment centres operational at the time of the evaluation, including their objectives, description of program offerings, governance and funding. This section also describes FNHA funding to other treatment services, new facilities and capital projects.

3.1 OBJECTIVES

The objectives of the 10 FNHA-funded treatment centres, as defined under contribution agreements, are to:

- provide evidence- and strength-based treatment to support First Nations communities in treating and reducing the use of alcohol and other substances among First Nations;
- provide culturally sensitive treatment to First Nations;
- provide equitable access to treatment for First Nations from across Canada;
- strengthen the links between the residential treatment and the community-based prevention components of NNADAP, and other health services to ensure that client needs are met before, during and after treatment; and
- make appropriate and regular investments in evidence-based or certified training for treatment staff in direct addiction treatment counselling roles with clients.

3.2 DESCRIPTION OF EXISTING FNHA-FUNDED TREATMENT CENTRES

FNHA-funded treatment centres are run primarily as residential treatment and outpatient centres offering substance use support services such as cultural and clinical interventions and support for concurrent mental health and substance use disorders. They place culture and traditional practices at the centre of the healing process, emphasizing culture as medicine and focusing on spirituality and recovering identity.

The FNHA currently funds 10 treatment centres in four of the five regions across the province, with no centres currently available in the Vancouver Coastal Region. The centres are all located within First Nations communities, with the exception of the Kackaamin Family Development Centre in Port Alberni.

At the time of the transfer of health care delivery and governance from Health Canada to the FNHA in 2011, there were 12 funded treatment centres across BC. Two centres, Three Voices of Healing Society located in Invermere and Hey-Way-Noqu Healing Circle for Addictions Society located in Vancouver, closed in 2015 following financial audits and the subsequent withdrawal of FNHA funding.

Figure 1: Location of FNHA-Funded Treatment Centres



Table 1: Operational FNHA-Funded Treatment Centres as of March 2025

Name	Location	Opened	# of beds	Types of Services
NORTHERN REGION				
Carrier Sekani Family Services	Vanderhoof	2000	14	Provides a four-week, co-ed program for adults. The residential program is only offered during summer months, with community outreach workshops available during winter on request.
Gya'Wa'Tlaab Healing Centre	Haisla	1989	12	Program defined as assessment, orientation and readiness phase to treatment. Offers a male-only program, and six-, seven- and eight-week early recovery and stabilization programs.
North Wind Wellness Centre	Dawson Creek	1996	10	Offers a six-week co-ed program for adults, day and outpatient programming, and individual, group and telephone counselling services.
Wilp Si'Satxw Community Healing Centre	Kitwanga	1987	19	Offers six- to eight-week programs for adults in either a co-ed, female-only or male-only setting. Offers a family program for parents and youth, in addition to a two-week refresher program for clients who have previously completed a program.
VANCOUVER ISLAND REGION				
Kackaamin Family Development Centre	Port Alberni	1990	7	Offers a six-week program for families, providing 16 fully equipped housing units, childcare and schooling at the facility, as well as weekly individual, couple and family counselling along with community capacity building support sessions.
'Namgis Treatment Centre	Alert Bay	1984	16	Offers a six-week co-ed program for adults, offering a flexible program to meet client needs.
Tsow-Tun Le Lum Society ¹⁵	Duncan	1988	20	Provides a number of co-ed, adult-only programs ranging from two to six weeks in length and a three-week online program.
INTERIOR REGION				
Nenqanyi Wellness Centre	Williams Lake	1983	26	Offers an eight-week adult male program, eight- to 16-week female-only youth program, and seven- to eight-week family program. The family programs are offered to couples or mothers, with a school and daycare program available for children during the duration of the program. There is a separate 10-bed youth building.
Round Lake Alcohol and Drug Treatment Society	Armstrong	1983	36	Offers six- and 12-week co-ed treatment programs for adults and a 10-bed recovery home for clients who require additional long-term assistance.
FRASER SALISH REGION				
Telmexw Awtexw Treatment Centre	Agassiz	2009	0	Operates as an outpatient, community-based program that is accessible for clients with physical disabilities, pregnant women, corrections clients and clients taking psychoactive medication.

¹⁵Tsow-Tun Le Lum Healing House reopened in September 2024 offering 32 beds in a new facility.

3.2.1 GOVERNANCE

Non-Profit Governance Model

NNADAP funding historically required that treatment centres operate as non-profit societies governed by a board of directors who set the vision, mission, programming, policies and processes for the centres. Although this is not a requirement of the FNHA following transfer, eight FNHA-funded treatment centres continue to operate as non-profit societies under the *BC Societies Act*. Two centres, 'Namgis Treatment Centre and Telmexw Awtexw Treatment Centre, are under the jurisdiction of their community health centres.

Facility and Licensing Standards

All FNHA-funded treatment centres are accredited as a condition for receiving funding from the FNHA. The treatment centres are accredited under either Accreditation Canada, Canadian Accreditation Council or the Commission on Accreditation of Rehabilitation Facilities. Accreditation processes are aimed at improving quality and safety, supporting efficient use of resources and reducing risks. Under the FNHA's Community Accreditation and Quality Improvement Program, FNHA-funded treatment centres receive funding to cover annual accreditation fees and have access to a network of leaders in accreditation and quality improvement in First Nations health organizations, learning opportunities and resources.

Funding agreements require the FNHA-funded treatment centres to meet any provincial requirements as mandated by the Province. However, FNHA-funded treatment centres are not licensed or registered as substance use treatment services under *BC's Community Care and Assisted Living Act*, as this is not a requirement for facilities operating on reserve land. Only Round Lake Alcohol and Drug Treatment Society is registered as an assisted living residence.¹⁶ Two centres, Kackaamin Family Development Centre and Nenqanyi Wellness Centre Society, are licensed daycare providers as part of their family programming. Nenqanyi Wellness Centre Society is additionally licensed for youth programming.

¹⁶BCCSU. *Licensed Treatment and Supportive Recovery Services in BC*. Available from: www.bccsu.ca/bc-recovery-services/licensed-treatment-and-supportive-recovery-services/?highlight=licen

Provincial Standards

The Provincial Standards for Registered Assisted Living Supportive Recovery Services have been developed by Ministry of Health (MoH) and MMHA to strengthen the safety, quality and oversight of registered supportive recovery services in BC. These standards are applicable to all supportive recovery services registered under the *Community Care and Assisted Living Act*. They primarily address the delivery of psychosocial supports for people accessing registered supportive recovery services. They are distinct from clinical standards with respect to the degree of formality, as supportive services do not typically provide clinical care. Initially developed in 2011, the standards were updated in 2021 in collaboration with the FNHA. The updated standards include specific considerations in caring for Indigenous individuals, including a specific standard on Indigenous cultural safety.¹⁷

Program Standards

FNHA-specific treatment standards are being developed and will describe the minimum requirements that treatment centres must meet, as well as recommendations for enhancing or broadening services and standards in staffing, program design and therapeutic practices. These standards will set the criteria for care to meet the unique contexts and values for First Nations. The development and implementation of these standards was put on hold in 2022 due to operational constraints at the FNHA.

The program standards aim to:

- support FNHA-funded treatment centres in continuing their good work, support development of programming, and support other providers in their contributions to recovery and healing;
- continue the forward momentum of improvements to be even more effective in providing service and lead the way for quality treatment and healing for First Nations; and
- provide information about the similarities and differences of programs to provide clarity for people seeking support, the referring individuals and referring organizations to describe what they can expect from healing services.

Reporting Mechanisms

The FNHA requires treatment centres to report on program activities and expenditures on quarterly and annual bases, as outlined in the FNHA's Reporting Requirements Guide.¹⁸ The FNHA does not currently request or collect personal or individual-level information beyond required demographic information. Reporting requirements include an annual narrative report, interim and year-end financial reports and quarterly reporting on indicators related to client demographic and operational information.

¹⁷Government of BC. (2021). *Provincial Standards for Registered Assisted Living Supportive Recovery Services* www2.gov.bc.ca/assets/gov/health/accessing-health-care/assisted-living-registry/registered-assisted-living-supportive-recovery-standards-sept2021.pdf

¹⁸FNHA Reporting Requirement Guide. Available from: www.fnha.ca/Documents/FNHA-Reporting-Requirements-Guide.pdf

3.2.2 FUNDING THE FNHA-FUNDED TREATMENT CENTRES

Funding Agreements

For the NNADAP Treatment Centre, NNADAP Mental Health and NYSAP Treatment Centre program components of the treatment centre funding, contribution agreements are based on a set funding model. These health funding agreements provide ongoing funding and are paid on a quarterly basis. Under the set funding model, all funding received must be expended by that program area and cannot be moved and spent on other initiatives or programs.

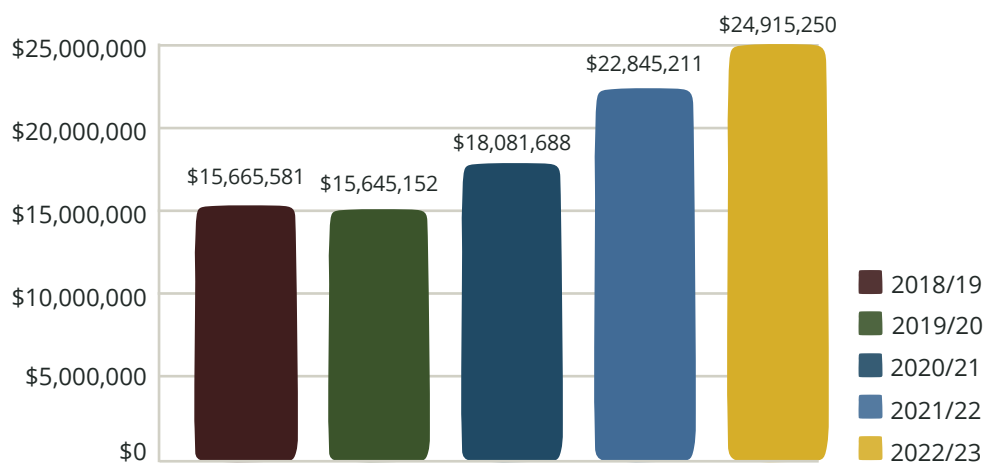
FNHA-funded treatment centres are required to have a program plan that outlines provider qualifications, goals, objectives and activities for each set funded program. These plans stipulate a number of requirements, including delivering activities that fall within their program plan. These include minimum treatment bed occupancy levels (80% bed utilization rates); maximum number of non-operational days per year (n=35); requirements for accreditation; meeting provincial licensing agreements; ensuring environmental protection and support; offering overdose prevention and response training; providing assistance to community referral workers in client assessment processes; and providing follow-up support services to clients upon completion of treatment.

The centres also receive additional funding from the FNHA through other funding sources and funding agreements, such as for capital funding and additional federal programs (e.g., trauma-informed health supports) and provincial programs (e.g., cultural supports).¹⁹

Level of Funding

The FNHA provided \$97 million in funding to 10 treatment centres between fiscal year (FY) 2018/19 and FY 2022/23. Total funding increased 59 per cent, from \$15.7 million in 2018/19 to \$25.0 million in 2022/23, however this was largely from non-NNADAP sources for the construction and renovation of centres.²⁰

Figure 2: Total Funding Allocated to Ten Existing Treatment Centres (2018/19 to 2022/23)



¹⁹FNHA-funded treatment centres may receive funding from sources external to the FNHA, such as from regional health authorities and federal departments including Corrections Services Canada. This funding is outside the scope of this evaluation.

²⁰Funding excludes additional funding from the Tripartite Mental Health and Wellness Understanding MOU, which is described in section 3.5 of this report.

The primary source of funding to the FNHA-funded treatment centres is the NNADAP Treatment Centre, NNADAP Mental Health and NYSAP Treatment Centre program components. These funding streams account for 68 per cent of total funding provided to the treatment centres with funding remaining fairly consistent throughout the five-year period. FNHA-funded treatment centres may also receive funding from external partners, such as a regional health authority.

**Table 2: Percentage of Treatment Centre Funding Allocated by Program Funding Type
(2018/19 to 2022/23)**

Program Funding Type	Total	% of Total
NNADAP/NYSAP	66,062,840	68.0%
Capital	9,086,154	9.4%
Indian Residential Schools/Joint Project Board	6,065,859	6.2%
Operations	4,890,150	5.0%
COVID Related	3,895,381	4.0%
CCCA - Trauma	2,424,554	2.5%
Accreditation	1,408,637	1.5%
Salary & Benefits	1,383,551	1.4%
Other*	1,935,756	2.0%
Overall	97,152,882	100%

*Includes funding to Brighter Futures, Education, Emergency Response, Health Management, Jordan's Principle, Land-Based Healing, Urban and Away from Home, Papal Visit, Program Planning, Provincial Cultural Supports, Wellness Grant

3.2.3 FNHA FUNDING TO OTHER TREATMENT CENTRE SERVICES

Second-Stage Housing Providers

The FNHA provides funding to three second-stage housing providers that individuals can access to continue their health and wellness journeys. These services offer long-term housing in addition to programs promoting reintegration into community and ongoing therapeutic supports. The FNHA provided \$1.7 million in funding between 2018/19 to 2022/23 to Esk'etemc Recovery House, Raven's Moon Resource Society and Seabird Island Indian Band. Round Lake Alcohol and Drug Treatment Society's Painted Turtle Lodge is also a second-stage housing provider.

Subsidies to Non-FNHA Funded Treatment Centres

Status First Nations can submit an application to receive a subsidy provided by the FNHA to attend a private or non-profit centre within BC. For example, in 2023/24, the FNHA paid subsidies of up to a total of \$874,211 to 38 non-FNHA funded treatment centres. Funding levels to non-FNHA funded treatment centres peaked in 2018/19 at \$1,650,844. A policy shift to avoid costly private facilities was then implemented, which saw the expenses for subsidies drop by 66 per cent to \$560,160 in 2019/20. The Northern Region has the highest number of subsidy applications to non-FNHA funded treatment centres whereas Vancouver Coastal reported the lowest.²¹

The FNHA provides a maximum subsidy of \$40 per day, which is paid directly to the centre. As the cost of private centres are significantly higher than the subsidy provided, clients or communities require additional funds to cover the difference.

Table 3: Number of Subsidy Applications to Non-FNHA-Funded Treatment Centres by Region (January 2019 to August 2023)

Number of Subsidy Applications	
Fraser Salish	176
Interior	156
Northern	223
Vancouver Coastal	117
Vancouver Island	200
TOTAL	872

FNHA First Nations Health Benefit Program: Medical Transportation Benefits

Medical transportation benefits provided through the First Nations Health Benefit for travel to treatment centres was accessed by 1,945 clients between 2018/19 and 2022/23. Funding totalled \$1,049,000, with the Northern Region accounting for approximately half of the medical transportation funding.

²¹Data Source: Subsidy Application Database. January 2019 and August 2023.

3.2.4 TREATMENT CENTRE RENOVATIONS AND NEW BUILDS

The *Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* provided funding to support the building, repair, expansion and renovation of the FNHA-funded treatment centres.²² Capital projects include the renovation of five existing facilities and building three new treatment centres with approximately \$95 million in funding and completion dates extending to 2027/28.²³

Table 4: Existing Treatment Centres Undergoing Renovations and New Builds

Existing Treatment Centres	Region
Telmex Awtexw Treatment Centre	Fraser Salish
Carrier Sekani Family Services	Northern
North Wind Wellness Centre	Northern
'Namgis Treatment Centre	Vancouver Island
Tsow-Tun Le Lum Society	Vancouver Island
New Treatment Centres	Region
Katzie Treatment Centre	Fraser Salish
Seven Nations Soaring Eagles	Interior
Shishalh Treatment Centre	Vancouver Coastal

The new Tsow-Tun Le Lum Society centre opened September 2024 in Cowichan Territory. The new centre will allow for the expansion of programs, including a new stabilization program that is designed to support individuals before treatment.

²²Memorandum of Understanding. Available from: www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/office-of-indigenous-health/mou-mental-health-wellness-sdoh-2018.pdf

²³Treatment centre renovation and new builds are outside the scope of the evaluation.



4. PROFILE OF FNHA-FUNDED TREATMENT CENTRES PROGRAMMING

This section provides an overview of the programming at the FNHA-funded treatment centres, including services offered, population served, intake processes and staffing.

4.1 SERVICES OFFERED

FNHA-funded treatment centres offer either bed-based or day treatment programs. Programs are held primarily in-person with some sessions offered virtually. The length of treatment centre programs ranges from four to 17 weeks, with the average length being seven weeks. Most services are holistic in nature, with a broad range of programming that addresses stages of addiction, 12-step programs, coping skills, communication, and grief and trauma work. Clients are supported through both individual and group sessions.

Bed-Based Treatment

The majority of treatment centres operate bed-based programs, whereby clients are residents at the facility for the duration of the program. Bed-based programs offer clients a safe space to stay and include access to facilities, in-house counselling and support programs. Several centres offer couples or family programs, whereby clients and their family reside in a family unit. As of FY 2023/24, there were 170 beds or units available across FNHA-funded treatment centres, consisting of both individual beds and family units.

Day Treatment

Two treatment centres offer in-person day programming. They include Gya'Wa'Tlaab Healing Centre, where clients can attend specific modules or the full eight module program of the bed-based cohort program, and Telmexw Awtexw Treatment Centre, which currently only offers day programming while their bed-based facility is being constructed.

Virtual Services

One centre, Tsow-Tun Le Lum Society, offers a continuous three-week online wellness program that was developed in response to COVID-19 restrictions.

Mobile Outreach Services

Carrier Sekani Family Services visits member communities by request. They offer educational and support services with a focus on addiction during the winter when the bed-based program is not in session.

Aftercare Programs

Most of the FNHA-funded treatment centres do not provide continuing care supports. However, the Nenqanyi Wellness Centre has a continuing care coordinator and staff who connect with clients at various stages after they are discharged. Additionally, Tsow-Tun Le Lum Society operates a toll-free phone line to support continuing care for clients.

4.2 INCLUSION CRITERIA

FNHA-funded treatment centres primarily serve Status First Nations people, with some centres accepting non-Status and non-First Nations clients. Treatment centres that offer cohort-specific programs, such as those for women, youth and families, have additional eligibility criteria for those intakes. All centres accept clients from across BC and other parts of Canada. Telmexw Awtexw Healing Centre currently only offers outpatient services so is excluded from Table 5 below.*

Table 5: Inclusion Criteria across FNHA-Funded Treatment Centres²⁴

Inclusion Criteria									
	Carrier Sekani Family Services	Gya'Wa 'Tlaab Healing Centre	Kackaamin Family Development Centre	'Namgis Treatment Centre	Nenqayni Wellness Centre	North Wind Wellness Centre	Round Lake Treatment Centre	Tsow-Tun Le Lum Society	Wilp Si'Satxw House of Purification
Opioid Replacement Therapy	✓	✓			✓	✓	✓		✓
Family Program			✓		✓				✓
Couples Program			✓						✓
Pregnant	✓				✓	✓	✓	✓	✓
Co-ed	✓		✓	✓		✓	✓	✓	✓
Men-only Sessions		✓	✓	✓					✓
Women-only Sessions			✓	✓					✓
Youth-only Sessions					✓ ¹				✓
Corrections Program						✓		✓	✓
Barrier Free (person with ability challenges)			✓				✓	✓	✓
Alcohol-free	14 days	Minor withdrawal	3 weeks	14 days	14 days	14 days	14 days	14 days	14 days
Other Substance-free	14 days	Minor withdrawal	3 weeks	14 days	14 days	14 days	14 days ²	14 days	14 days
Requires signed rules & regulations application ³						✓			

¹ = female-youth only; ² = requires applicants to be five months free of crystal meth; ³ = visit program website to apply

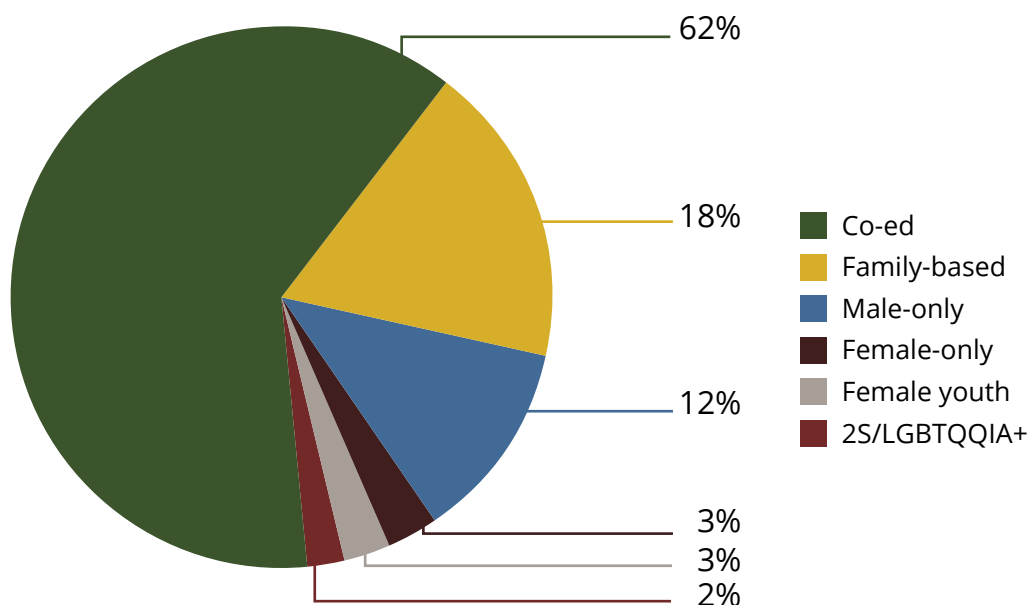
The majority of treatment centres require clients to have been through medical withdrawal or detox and to have maintained a period of sobriety before entering the program, typically a minimum of 14 days. This is because centres do not have the medical staff or facilities to provide support to clients undergoing withdrawal. Gya'Wat'Tlaab Healing Centre accepts clients who are undergoing minor withdrawal, provided they are not experiencing acute withdrawal symptoms when their program starts.

In 2023, over half the FNHA-funded treatment centre programming spots provided among demographic groups were for co-educational sessions, followed by family-based and male-only sessions.

*Telmexw Awtextw Healing Centre currently only covers outpatient services so is excluded from Table 5.

²⁴FNHA. (2023). *Treatment Centre Adult Referral Application Package*. Available from: www.fnha.ca/Documents/Treatment-Centre-Adult-Referral-Application-Package.pdf

Figure 3: Percentage of Programming Sessions for Demographic Groups in 2023



4.3 INTAKE PROCESSES

Individuals may choose to seek bed-based treatment for their health and well-being or may be required to attend treatment to maintain or gain custody of their children or as part of their involvement with the judicial system. All treatment centres currently use the FNHA's Treatment Centre Adult Referral Application Package, which provides a brief overview of service inclusions and eligibility criteria.²⁵ The form is a non-fillable PDF that is required to be printed and scanned before being submitted separately to the prospective client's top three preferred treatment centres. Four centres require clients to complete an additional application form.

Applications are reviewed by an intake worker at the treatment centre and assessed against the centre's admission criteria. If accepted, clients are placed on the treatment centre's waitlist until a bed at an upcoming intake becomes available. Waitlists are managed by each individual treatment centre, with no centralized waitlist management among centres. For family-based treatment programs, the number of daycare and school-age spots for children is an additional factor considered in the application process.

The intake process for accessing treatment centres has become more standardized following the introduction of a common application form in 2023; however, eligibility criteria, screening of referrals and waitlist management continue to be managed by individual treatment centres.

²⁵FNHA. (2023). *Treatment Centre Adult Referral Application Package*. Available from: www.fnha.ca/Documents/Treatment-Centre-Adult-Referral-Application-Package.pdf

4.4 STAFFING AND CLINICAL SERVICES

Treatment centres employ a variable staffing profile of clinical and non-clinical workers depending on the structure and operational needs of their programs.

Table 6: Treatment Centre Staffing

Type	Overview	Common job titles
Clinical	Staff responsible for individual counselling, mental health assessment and support, and other therapeutic and healing work. Typically requires a relevant degree or associated registration. Occasionally, staff such as psychiatrists or psychologists may be contracted.	• Mental health clinician • Counsellor • Psychologist • Addiction counsellor • Wellness counsellor
Administrative	Staff responsible for the oversight and administrative functions of the treatment centre.	• Director • Manager • Administrative assistant
Operational	Staff supporting the operation of the treatment centre.	• Chef • Maintenance
Support	Staff who provide non-clinical support to clients residing at the treatment centre. Support staff may include those who have lived experience of substance use.	• Support worker • Recovery worker • Intake worker

In addition, many centres have a partnership or arrangement in place with local primary care services to support client access to health care and addiction medicine staff, such as physicians, nurses or nurse practitioners. Some treatment centres use the FNHA's First Nations Virtual Doctor of the Day and the First Nations Virtual Substance Use and Psychiatry Services.



5. FINDINGS: RELEVANCE

The following section explores the increasing demand for services provided by the FNHA-funded treatment centres and the culturally appropriate care provided.

5.1 ADDRESSING DEMAND

NNADAP Treatment Centres have provided services to treat and reduce the impact of alcohol and other substance use among First Nations in BC since before the transfer of health care delivery from Health Canada to the FNHA. After transfer, two reviews were conducted which found that NNADAP treatment centres provided services to clients throughout the province with the majority of clients completing their program. The reviews emphasized the importance of transforming the NNADAP program to make it more responsive to the needs of First Nations clients and communities in BC, as it was no longer a national Health Canada program.²⁶ Key informants reflect that the FNHA-funded treatment centres have evolved to provide a broader substance use and mental health services delivery model that is focused on culturally-safe and trauma-informed care, rather than on individualized intervention primarily related to the treatment of alcohol use disorder.

“The unique role is that [treatment centres] incorporate and embed cultural ways of knowing, natural laws for First Nations people, and our traditions and cultural way of being. That’s what makes it unique. It encompasses a trauma-informed approach to client-centred focus, as well as cultural safety and humility for any First Nation person.”

– FNHA Executive

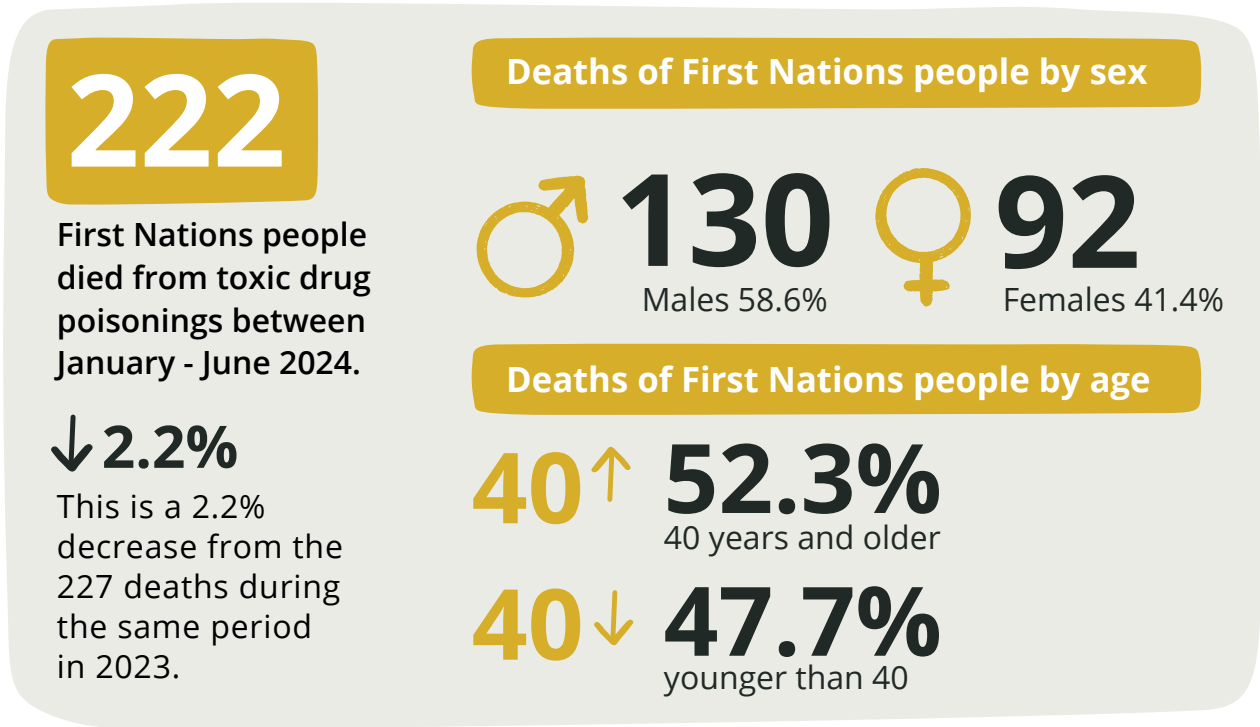
Since 2016, there have been numerous contextual changes impacting demand for substance use treatment services among First Nations in BC. These include compounding public health emergencies, such as the toxic drug supply crisis and the COVID-19 pandemic, and the evolving patterns of substance use.

²⁶FNHA. (2014). BC NNADAP Treatment Centre Review; and FNHA. (2016.) BC NNADAP Review: Provincial Synthesis Report.

FNHA’s surveillance of the toxic drug poisoning crisis in BC reports that First Nations people are disproportionately represented in toxic drug poisoning deaths. In 2023, the rate of toxic drug poisoning deaths among First Nations was 6.1 times the rate of other BC residents.

Moreover, a 12.3 per cent increase in toxic drug poisoning events occurred among BC First Nations between 2022 and 2023, with males and those younger than 40 most at risk.²⁷

Figure 4: Toxic Drug Poisoning Deaths



The *First Nations Population Health and Wellness Agenda: First Interim Update, 2024* reports that life expectancy at birth for Status First Nations people in BC decreased from the base of 73.3 years in 2017 to 67.2 years in 2021, primarily related to unregulated drug toxicity and COVID-19. This decrease of 6.1 years is disproportionate compared to other residents of BC who experienced a decrease of 1.0 years in life expectancy during the same time period.²⁸

Demand for treatment is also determined by the unique needs of specific groups. As described in the report, *Sacred and Strong: Upholding our Matriarchal Roles*, First Nations women often face judgement about their use of alcohol and substances. Fear of incarceration and loss of child custody are strong barriers that prevent First Nations women from disclosing substance use and accessing help. The grief resulting from having a child apprehended has been shown to increase the risks of overdose.²⁹

²⁷FNHA Toxic Drug Crisis Data. Available from:
www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis/toxic-drug-crisis-data

²⁸FNHA, Office of the Provincial Health Officer. *First Nations Population Health and Wellness Agenda: First Interim Update 2024*. Available from:
www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/first_nations_phwa_full_report.pdf

²⁹FNHA (2021). *Sacred and Strong: Upholding our Matriarchal Roles*. Available from:
www.fnha.ca/Documents/FNHA-PHO-Sacred-and-Strong.pdf

Demand for services among First Nations youth and their experiences in treatment also requires further documentation so that interventions can be adapted to better suit their needs.³⁰ Toxic drug poisoning is the leading cause of death for all youth in BC, with substance use rates significantly higher among First Nations youth (16 per cent) in comparison to non-First Nations youth (eight per cent).³¹

FNHA-funded treatment centres are the longest running component of FNHA's mental wellness programming, with many centres founded when substance use patterns and drug toxicity contexts were very different. While there have been some changes to programming, key informants acknowledged a need for FNHA-funded treatment centres to continue to adapt to changing patterns of substance use by more strongly integrating harm reduction approaches. The current sobriety requirement and abstinence-based approach of many of the FNHA-funded treatment centres do not support the vision of the *FNHA's Harm Reduction Policy*, and there are opportunities to integrate opioid agonist therapy (OAT).

5.2 PROVIDING CULTURALLY APPROPRIATE CARE

The report *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* discusses the roles of Indigenous institutions in the BC health care system. It emphasizes individuals' right to access culturally appropriate health care that reflects Indigenous worldviews.³²

"Colonialism-imposed culturally foreign systems of disempowerment – including the pass system, Indian hospitals and residential schools – that prevented Indigenous individuals from making their own health decisions. Implementing the right of self-determination must empower people to control their own health and wellness journeys including in systems that are culturally appropriate."

– *In Plain Sight* report

Clients who attend an FNHA-funded treatment centre highlighted the importance of addressing intergenerational trauma during their treatment. They reported being able to explore the impact of the loss of land, culture, family and language, which many stated as one of the reasons they chose to attend an FNHA-funded treatment centre.

³⁰FNIGC. (2018). *National Report on the First Nations Regional Health Survey Phase 3: Volume one*. Available from: https://fnigc.ca/wp-content/uploads/2020/09/713c8fd606a8eeb021debc927332938d_FNIGC-RHS-Phase-III-Report1-FINAL-VERSION-Dec.2018.pdf

³¹Source: Cascade of Care data First Nations Client File linkage analysis.

³²*In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, November 2020. Available from: <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report-2020.pdf>

“Some of our clients have never heard of intergenerational trauma and just learning about that from their peers and the staff help them to understand themselves and their families better. For some, it is their first introduction to First Nations cultural values and practices.”

– FNHA-funded treatment centre staff

Treatment centres are primarily located within First Nations communities and many seek to incorporate aspects of land-based healing into their model of care. Two centres, Kackaamin Family Development Centre and Tsow-Tun Le Lum Society, receive additional funding through the FNHA Land-Based Healing Fund to support cultural ceremony and healing practices through land-based healing initiatives.

“Land-based healing saves lives. Being out on the land, and sitting in nature, being allowed to talk and cry.”

– Land-based healing worker

FNHA-funded treatment centres are viewed by clinicians, FNHA leadership and treatment centre staff as successful in providing culturally safe primarily bed-based care for individuals as part of the wider substance use continuum of care. Many centres report that they focus on addressing underlying trauma and cultural healing that align with First Nations understanding of health and wellness. This approach reflects a philosophical shift away from the clinical and medical models of substance use treatment, which traditionally focused on addiction alone. Key informants stated that treatment centres promote a wholistic approach to treatment by embedding First Nations culture and traditional wellness practices, including support from Elders, inclusion of family and honouring cultural identity.

“...the original set up was to provide a different niche for First Nations’ treatment programs that is more of a social and cultural model. From the beginning, it was intended that centres occupy that particular area and satisfy a particular need for a trauma-based approach, as opposed to other minimal service models that don’t address trauma and root causes.”

– FNHA executive



6. FINDINGS: GOVERNANCE

The following section describes the level of collaboration between the FNHA-funded treatment centres and health partners and discusses the non-profit governance model as well as the level of accountability through current reporting mechanisms.

6.1 IMPROVING COLLABORATION

Collaboration Between the FNHA and the FNHA-Funded Treatment Centres

Under a Set funding model, the FNHA is tasked with maintaining a shared commitment of the delivery of quality health programs and services for First Nations in BC, while ensuring reciprocal accountability with the recipient on all matters within the agreement. This evaluation found that there are opportunities to improve reciprocal accountability processes to ensure that both FNHA-funded treatment centres and the FNHA are upholding responsibilities under the agreement, which in turn can support service delivery and client outcomes.

FNHA-funded treatment centres have limited formal involvement or integration within the First Nations health governance structure through Regional Caucuses, regional planning or regional partnership accord tables. While some treatment centre key informants stated that the Caucus sessions may not always be relevant to their services, they recognized the value of information-sharing and relationship-building at these gatherings.

FNHA-funded treatment centre staff regard the FNHA as a supportive funding partner through its assistance with accreditation processes and subject matter expertise on programming. However, the evaluation identified opportunities for greater connection. There have been facilitated meetings between FNHA-funded treatment centres and FNHA staff regarding topics such as intake and referrals, however attendance remains low.

Collaboration Between Other Health Partners and the FNHA-Funded Treatment Centres

There is an identified need for the health care system to operate as an interconnected whole, supporting individuals at different points on the continuum of care. The success of treatment services depends upon strong pre-treatment supports, such as sufficient stabilization and detox, and post-treatment supports, such as housing.

Key informants reported a common misunderstanding of the role of a treatment centre, which is often perceived to be the sole option for treatment. Treatment centres can be seen as unsuccessful when challenges arise from other parts of the continuum of care, such as the unavailability of detox services. This has also resulted in increased tensions between treatment centres and communities, with community leadership seeking clarity on why clients are not accepted into treatment. The FNHA-funded treatment centre leadership expressed a need for targeted messaging to increase awareness of the continuum of care and the role of treatment centres within that continuum.

Many First Nations individuals receive services from provincially funded treatment facilities and non-FNHA funded treatment centres. Key informants from First Nations communities and clinicians expressed interest in fostering greater connections with provincial and private treatment centres and other substance use services. This supports findings from the 2016 NNADAP review, which recommended new and strengthened partnerships with service providers across the province.³³ Partnerships could include increased support from health authorities and community partners for services such as withdrawal management, detox, stabilization, treatment and post-treatment supports.

“It’s really important for treatment centre services to try and support client access to other tertiary care services that might be out of scope of their own area of expertise. The system is hard to navigate.”

– Partner organization representative

Some FNHA-funded treatment centres described successful working partnerships with other provincial health services, such as their regional health authority. This includes providing services through a health authority contract or partnerships, such as with a local Foundry centre to support access to medical care for youth who are attending treatment.

The evaluation identified a need for greater collaboration with the in-community NNADAP programs and services. This funding supports First Nations communities to establish prevention and treatment programming and interventions to reduce harm, prevent alcohol, drug and solvent use and support overall community wellness, which may include funding a community-based referral worker. A budget of approximately \$15 million annually is provided by the FNHA to communities across BC through in-community NNADAP programs and services. Key informants stated it is important to have community-based referrals workers to support timely intake, post-discharge planning and ongoing recovery. However, in practice, it was reported that there has been a decline in referral workers and there is a need for further integration and support with the broader network of FNHA-funded treatment centres.

³³BC NNADAP Review Provincial Synthesis Report (2016).

Collaboration Between Treatment Centres

There is a varying level of collaboration among FNHA-funded treatment centres. A number of treatment centre staff recounted that they had historically held intake meetings, annual gatherings and joint training opportunities with other treatment centres. However, the reality of operational needs and limited resources were cited as challenges to maintaining ongoing connection and collaboration. In the past, the FNHA funded the Association of the BC First Nations Treatment Programs that facilitated training, networking and information sharing across the FNHA-funded treatment centres; however, this association is no longer used.



“The centres worked interconnectedly by meeting regularly, providing updates on programs offered, what may be occurring in their region, informing others of spaces available, and [doing] outreach for referrals when needed. In the past, the centres presented at conferences together and trained together.”

– FNHA-funded treatment centre staff

Treatment centre staff expressed interest in seeing greater collaboration between services, with the FNHA identified as potentially facilitating networking opportunities, partnerships and centralizing aspects of operations. For example, all FNHA-funded treatment centres report long waitlists for treatment, yet there is little communication among centres regarding bed and service availability. This information is only provided to the FNHA on a quarterly basis as part of reporting.

6.2 UNDERSTANDING THE NON-PROFIT GOVERNANCE MODEL

The 2016 BC NNADAP Treatment Centre Review found that treatment centres have a variety of different governance models, including Indigenous governance, policy governance, operational governance and hybrid models. There was also variation regarding the level of autonomy treatment centres have from their member nations.

The majority of FNHA-funded treatment centres operate as non-profit societies with elected board members. Key informants identified many strengths of board members, including their personal commitment, knowledge and support. However, a number of challenges were also reported, including some board members' lack of understanding of the roles and purpose of a board, knowledge gaps as board members retire, the need to manage community expectations and inefficiencies in terms of the flow of authority.³⁴

"Breaking siloes is about attitudes. [Treatment centres] are like, 'this is our centre, and we say what goes here'. The rest of us are collaborating and they don't even sit at the table with us."

– FNHA-funded service provider

Findings from this evaluation highlighted challenges with the non-profit governance structure, with key informants citing the variations in knowledge and understanding among elected board members. In some instances, board members were seen as having a negative impact on service delivery due to disagreements regarding operations, funding and staff wages.

"...some treatment centres may be resistant to change. Many of the treatment centres are societies with a board of directors. These directors are not always knowledgeable about the latest evidence-based treatment practices and may still be advocating the use of modalities that are harmful to the clients. In addition, executive directors are not always chosen for their knowledge and experience but for political or other reasons."

– FNHA-funded treatment centre representative

Where band oversight is involved, key informants identified additional challenges based on political rather than operational or clinical priorities. Furthermore, key informants noted that distinct approaches and philosophies have emerged at each treatment centre because they operate as independent organizations. Key informants suggested that greater oversight by the FNHA would be beneficial in supporting operational efficiencies and ensuring client needs are being met.

³⁴BC NNADAP Review Provincial Synthesis Report (2016), pg. 42–45.

6.3 ENSURING QUALITY THROUGH ACCREDITATION

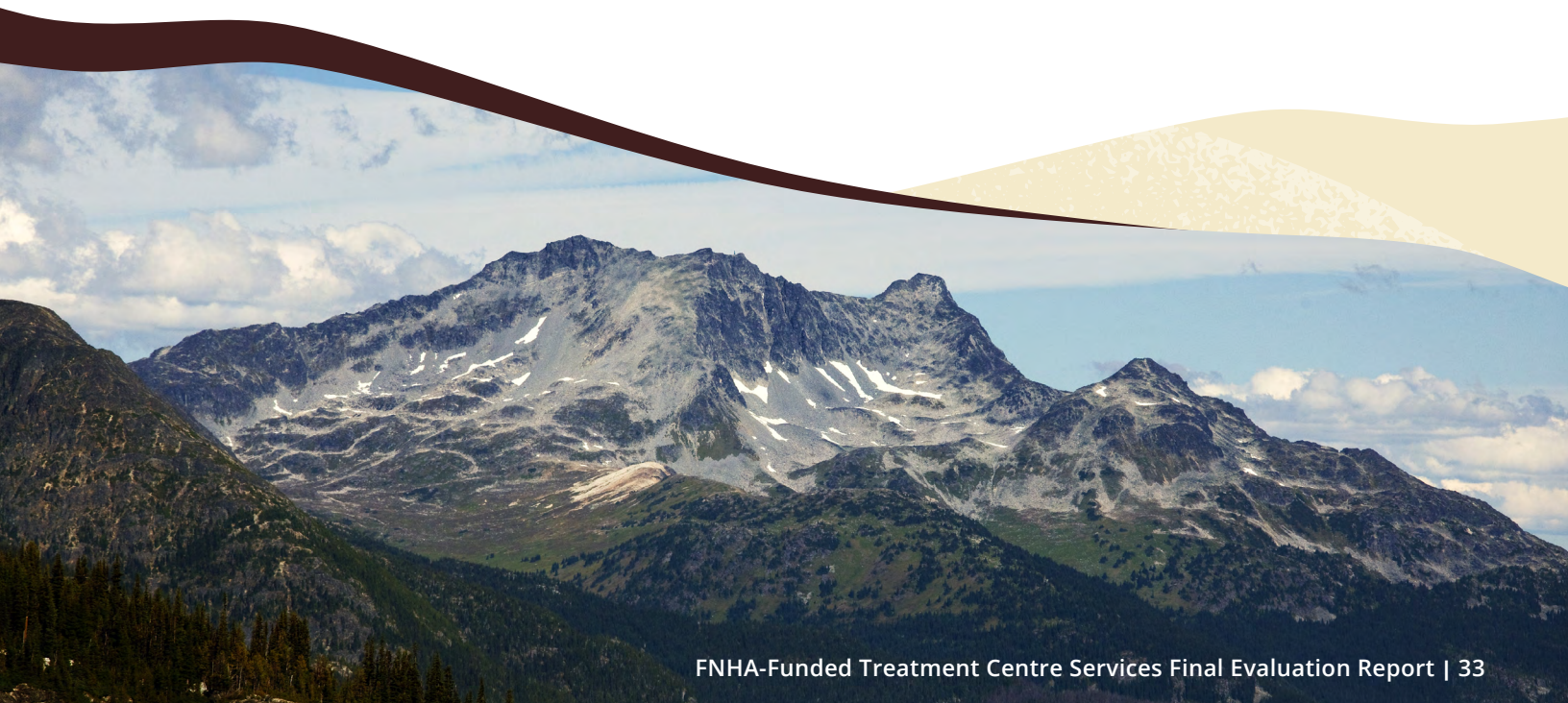
Key informants at FNHA-funded treatment centres acknowledged the value and benefits of the accreditation process in developing and implementing policies, protocols, safety and training. These informants recognized the subject matter expertise provided by the FNHA in preparing for and undertaking accreditation.

A 2021 review of BC First Nations organizations participating in accreditation processes reinforced this finding.³⁵ The report found accreditation helped to increase the safety and quality of care through information sharing, staff training and client empowerment. It also helped increase transparency and awareness of organizational standards for documentation, reporting and confidentiality and supported staff recruitment and succession planning. Accreditation increased access to funding opportunities and strengthened trust between community members and their organization. The report also outlined the challenges of accreditation, including the lack of cultural safety standards, the difficulty assessing and integrating cultural services within the set of largely western care standards, and redundancy between accreditation, the FNHA and health authority regulatory requirements.

FNHA-funded treatment centres are not licensed or registered as substance use treatment services because this is not a requirement on First Nations reserve land. Treatment centre staff discussed the potential challenges of operating traditional programs and services within the structure of licensed services, particularly for cultural activities or traditional medicines that do not align with regulatory standards and guidelines.

³⁵FNHA. (2021). *A BC First Nations Perspective on Accreditation and Quality Improvement: Experience, Impacts and Lessons Learned*. Available from:

www.fnha.ca/Documents/FNHA-A-BC-First-Nations-Perspective-on-Accreditation-and-Quality-Improvement.pdf



6.4 ENHANCING ACCOUNTABILITY

The need for high quality and timely data for decision-making was recognized by all partners. Key informants working within the FNHA stressed the important role the FNHA plays in supporting the oversight, accountability and quality of services by measuring program and client-level outcomes. In the case of FNHA-funded treatment centres, the ability to support program management is currently limited by the formatting and contents of reporting templates, lack of definitions, training and organizational roles and responsibilities for reporting. There are opportunities to review reporting content, processes and tools to provide more timely and relevant information to both the FNHA and the treatment centres.

Reporting requirements outlined in the FNHA contribution agreement documents include quarterly and annual reports. Reporting to the FNHA is done through the FNHA NNADAP Treatment Centre Substance Abuse Information System (SAIS) and the Addictions Management Information System (AMIS). SAIS reports are a historical reporting requirement under the NNADAP program with quarterly reports submitted to a national information system. This system is no longer used in all facilities across Canada and the FNHA no longer contributes information to the national database. The FNHA does not provide maintenance, technical support or training for SAIS. The quarterly reports that FNHA receives from treatment centres are generated by the SAIS, vary slightly from centre to centre, and are submitted to the FNHA as scanned PDF files. AMIS was created in 2014 by Health Canada and is operated by the Thunderbird Partnership Foundation. It is used by Nenqanyí Wellness Centre and Round Lake Alcohol and Drug Treatment Society.

“Treatment centres really want more effective data sharing, gathering and distribution. There does not seem to be new technology or the right technology or software to track services, service outcomes, for increased efficiency or impacts. We need to do better around performance indicators and measures – to support treatment centres to have data that is more useful to them in terms of planning and programming.”

–FNHA representative

The percentage of quarterly reports received from the FNHA-funded treatment centres varies from quarter to quarter. Overall, the percentage of reports received between 2018/19 and 2021/22 ranged from 80 to 50 per cent. Reporting completeness also varies by centre, with three treatment centres fully completing their quarterly reporting requirements over the time period and three centres completing less than half of their quarterly reporting requirements.



7. FINDINGS: DELIVERY

This section explores findings related to the delivery of services provided by FNHA-funded treatment centres and includes a discussion of how services are being accessed, and if the centres are meeting demographic and programming needs.

7.1 ACCESSING SERVICES

A review of available quarterly reporting data for the evaluation period showed that the vast majority of clients accessing services from the FNHA-funded treatment centres are Status First Nations. The largest age group at intake was individuals over the age of 45 (36 per cent of clients), followed by individuals aged 25-35 (22 per cent) and aged 35-45 (22 per cent). The gender of clients accessing the centres was approximately 50 per cent men and 50 per cent women. Reporting does not currently collect information on the number of 2S/LGBTQQIA+ clients accessing FNHA-funded treatment centres.

Application data does not record where clients are located across the province, including whether clients live in or out of the community where the centre is located. However, many individuals who attended the FNHA-funded treatment centres said that location was an important deciding factor and that they preferred centres that were close to home and their families. Key informants also noted regional referral patterns and prioritization.

Alcohol remained the most frequently recorded primary substance among clients, followed by narcotics and tobacco. This reflects broader substance use trends across BC, where alcohol use disorder is the most common substance use trend among Status First Nations.³⁶ However, key informants reported an evolving trend towards opioid use disorder in clients accessing services.

³⁶Source: Cascade of Care data First Nations Client File linkage analysis.

Timeliness of Access

The lack of timely access to services was viewed by key informants as a major barrier to seeking treatment at FNHA-funded treatment centres. Communities, clinicians and clients reported frustration with long and unpredictable wait times. They agreed that long waitlists lengthen the vulnerable period after detox and represent a risk for those who do not have access to support while waiting for bed-based treatment. FNHA-funded treatment centre staff reported wait times that ranged from three to six months to over one year. The most common reason for subsidy applications to non-FNHA funded treatment centres is the desire for more timely access to service (e.g., shorter wait times and faster intakes).

"The long wait - a lot of times, they want to go, they can't get into detox. They end up waiting, waiting and give up again."

- Family member of a treatment centre client

Given that waitlists are so long, some First Nations communities provide their members with funding to access privately funded treatment.

"If we waited for an FNHA-funded treatment centre, we would wait up to two years. We have taken our own revenue and put into private funded treatment. If there are Nations who can invest, maybe FNHA could meet halfway and pay for travel for treatment."

- FNHDA representative

Intake processes and waitlist management are currently administrated locally at each FNHA-funded treatment centre, with a number of centres requiring additional forms beyond the common application form. As clients are encouraged to apply for up to three centres, their application may be reviewed concurrently with no communication between centres regarding the application. Additionally, there is no centralized waitlist or collation of wait time data as part of FNHA reporting requirements.

Findings from the evaluation identified opportunities to improve intake and waitlist coordination across FNHA-funded treatment centres to reduce administrative duplication, streamline assessments and support bed occupancy. For example, several treatment centre staff described localized efforts to advertise and fill programming spaces and engage with local referral agencies and communities to ensure all beds are utilized. The Round Lake Alcohol and Drug Treatment Society, for example, reviews their waitlists and contacts other centres to identify available beds.

Although the intake process for accessing treatment centres became more standardized following the introduction of a common application form in 2023, key informants from the FNHA identified opportunities to further develop centralized processes, assessment forms and information systems to coordinate and support intake assessments and waitlist management. However, informants also recognized that some centres are hesitant to adopt this approach due to the potential loss of control over their admissions.

Cohort-Based Treatment Services

All FNHA-funded treatment centres offer cohort-based treatment services with set intake dates throughout the year.³⁷ Findings from the evaluation suggested this approach to cohort-based programming has its benefits but also increases wait times. This model is also inconsistent with other treatment centres throughout BC and Canada, many of which support a continuous intake model where clients are screened and admitted on an ongoing basis determined by bed availability. For example, 40 per cent of NNADAP-funded treatment centres across Canada currently operate continuous intake models.³⁸

Treatment centre directors described the benefits of cohort models in building trust and a sense of safety among clients. The model allows for content to be delivered in a structured manner, where session content is introduced over a period of time to support learning and reflection. Former clients reflected on the strong connections formed with staff and fellow clients over the course of attending a cohort-based program. This was particularly relevant for clients attending a family treatment centre, where parents supported each other and used a strong community approach to childcare.

“The advantage of admitting clients in groups is that strong connections and a sense of community are the basis of healing from trauma. Because of trauma, many of our clients have never experienced a supportive and healthy community and their time with us is life changing because of that. They have learned how to connect and how important connection is.”

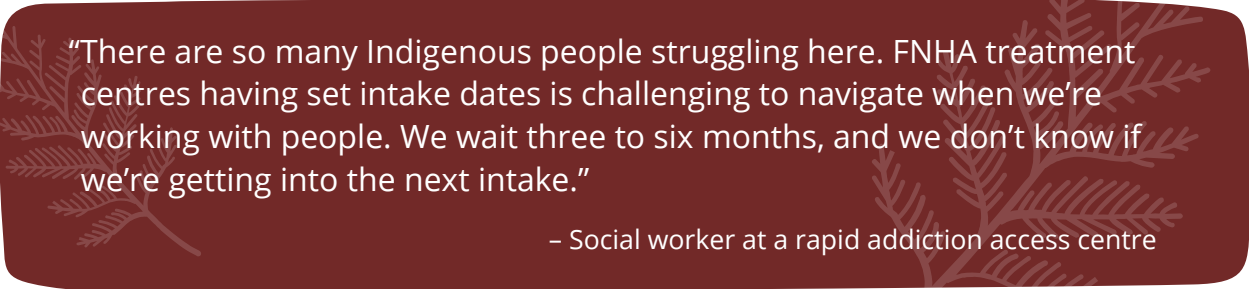
- FNHA-funded treatment centre staff

The practicalities of funding and staffing levels were raised as constraints to offering a model other than cohort-based intake. Treatment centre staff stated that set intake dates simplify intake administration, discharge planning and allow staff to have breaks between programs, whereas continuous intake was seen as requiring greater staff time. Several key informants acknowledged that continuous intake would be feasible with more staffing.

Community representatives, clinicians and FNHA staff key informants viewed the current model as inefficient and resulting in long waitlists, particularly for programs designated for population groups that may only run once or twice a year. Several key informants suggested an alternative model whereby cohort-based programming could be complemented by an outpatient or virtual service that supports clients on a waitlist to stabilize them and enable them to access support while awaiting their intake date.

³⁷The exception being Telmexw Awtexw Treatment Centre, which currently runs as an outpatient program.

³⁸Source: ISC Substance Use Treatment Centres for First Nations and Inuit. Available from: <https://sac-isc.gc.ca/eng/1576090254932/1576090371511>



“There are so many Indigenous people struggling here. FNHA treatment centres having set intake dates is challenging to navigate when we’re working with people. We wait three to six months, and we don’t know if we’re getting into the next intake.”

– Social worker at a rapid addiction access centre

The cohort-based programming approach often results in empty beds as new clients are only able to enter the program in the first week following intake, and if a client is discharged early their bed will remain vacant until the next intake. Moreover, beds often remain unfilled at program start dates if clients are unable to coordinate detox services or access withdrawal services, or if they face challenges with travel arrangements. Reporting on occupancy rates is a requirement under contribution agreements, however the inaccuracy of SAIS quarterly reporting data did not allow for analysis.

Non-Operational Days

Another factor that impacts the number of clients accessing services offered by FNHA-funded treatment centres is the number of days per year that the centres are operational. Health funding agreements limit the number of non-operational days to a maximum of 35 days per year. Analysis conducted for the evaluation based on available SAIS quarterly reporting found that the average number of non-operating days for all centres was approximately twice the allowable 35-day limit, with centres thereby not meeting the requirements of the health funding agreements.

A review of intake dates for the 2023 calendar year shows that non-operational days typically occur between the multi-week program sessions and over the end-of-year holiday period. Reasons cited by treatment centre staff for non-operational days include the need to clean facilities, train staff and schedule periods for staff to rest.

Intake Process

Key informants from all groups identified the need for additional streamlining, communication and coordination of the intake processes across FNHA-funded treatment centres. To access an FNHA-funded treatment centre, prospective clients are required to have a community support worker or medical professional apply on their behalf using the FNHA Treatment Centre Adult Referral Application Package. The common referral form was introduced following a recommendation from the 2016 NNADAP review with the intent to streamline the admission process, enabling clients to submit a single application form to access up to three centre and program choices. The form is a non-fillable PDF that needs to be printed and scanned back to treatment centres.

In practice, however, approximately half of FNHA-funded treatment centres require clients to complete additional application forms as part of their intake process. For families with children and youth attending treatment, a separate application form is also required. Additionally, key informants spoke of not all FNHA-funded treatment centres using the referral form, with some centres using a local form tailored to their services.

Regional clinician key informants spoke of the long and intensive process of supporting individuals applying for FNHA-funded treatment centres, particularly due to the requirement for a comprehensive medical history. Clients and their families described the intake process as challenging and overwhelming, with clients having to navigate a lengthy and at times confusing application process. This was described as being at odds with the need for low-barrier treatment system accessibility and it further delayed access to treatment for many.

“The application process was hard. There are so many steps.
As my addiction progressed, I couldn’t do it alone.”

– Treatment centre client

Representatives from FNHA-funded treatment centres spoke of the impact of incomplete applications on clients’ abilities to receive timely care and some of the supports that centres provide. Staff reported having to follow up with referral workers to seek additional information required to complete the intake form, which delayed application processing and review. Feedback from clients and representatives from non-FNHA treatment centres characterized the FNHA application process as lengthy and complex, requiring a significant amount of information that would often be difficult to collate. Two non-FNHA treatment centres have reduced barriers to intake by conducting telephone intake interviews with applicants.

“We work to break down intake process barriers... we work with whoever is supporting their intake to reduce the barrier. It’s an 18-page application document, which can be daunting.”

– FNHA-funded treatment centre representative

Eligibility Criteria

FNHA-funded treatment centres have eligibility criteria in place to support prospective client treatment readiness, maximize the benefit of programming and safeguard health and safety for both clients and staff. Eligibility criteria are detailed in the FNHA treatment centre application form, although not all requirements are listed as individual centres often have their own eligibility criteria. This creates further complexity for clients and staff supporting referrals, with eligibility often being unclear or unstated. For example, tuberculosis screening is listed as a requirement on the application form, but key informants reported that this is no longer a requirement at all centres. Increasing clarity about general eligibility criteria and specific criteria for individual centres would make the application process more efficient and minimize the likelihood of individuals applying to centres where they would not be accepted.

Many treatment centres require applicants to attend counselling sessions to ensure they are prepared for the intensive nature of treatment, commit to meeting the centre's expectations and be willing to explore trauma and substance use. Key informants from the FNHA-funded treatment centres expressed the importance of clients being ready to explore the underlying causes of substance use by discussing topics such as intergenerational trauma, colonialism, grief and loss. Half of the FNHA-funded treatment centres currently require prospective clients to attend a minimum of four counselling sessions before admission. For clients in rural and remote areas, accessing counselling sessions was viewed as a potential barrier to treatment.

There were strong calls from key informants representing the FNHA, partner organizations and clients and their families that the sobriety requirements of the FNHA-funded centres be revisited. Currently, all FNHA-funded treatment centres require a minimum of 14 days sobriety before clients can enter a program, except for Gya'Wa'Tlaab Healing Centre, which is able to support clients experiencing minor withdrawal.

For clients with a history of using methamphetamines, the period of sobriety may be as long as five months before entering treatment as FNHA-funded treatment centres are not funded or staffed to support safe withdrawal. This criterion was viewed as a significant barrier to accessing treatment, particularly in the context of the toxic drug supply crisis and limited availability of detox beds. Key informants suggested that the requirement for sobriety is based on historical experiences of treatment centres working mainly with clients whose primary substance of use was alcohol.

"Another challenge is the term of sobriety that is required for some centres. It has been identified by community as a significant barrier. Many people are looking for rapid access connection to treatment."

– Regional FNHA staff

For treatment centres that support clients currently on OAT, eligibility requirements include being stabilized on the medication for a given period of time and on a maximum daily dose. For example, Wilp Si'Satxw Community Healing Centre requires that prospective clients be stabilized on a maximum 20 mg of Suboxone for two months or 70 mg of methadone for four months prior to treatment and will not accept clients on Kadian.

7.2 MEETING DEMOGRAPHIC NEEDS

The current suite of programming available across the FNHA-funded treatment centres provides a range of tailored treatment options to First Nations clients; however, gaps remain in supporting certain client

Supporting Family Involvement

There was a significant desire from partners, former clients and FNHA staff for more wholistic family involvement in treatment. This can come directly through family treatment centre programs, such as those being offered by Kackaamin Family Development Centre, Wilp Si'Satxw Community Healing Centre and Nenqanyi Wellness Centre.



“Family treatment centres where people can bring their children, while the adults focus on their treatment are very important and we need to maintain it. With the prevalence of children in care, it’s a preventative service for retention and keeping families together, because our communities have been through so much related to dismantling our family system. They do a great job with keeping families together.”

– Regional FNHA staff

Supporting families can also include more family visitation and family circle opportunities, counselling supports for family members, post-treatment communications to families, and covering costs of travel and food to enable family visits. Clients, families and clinicians agreed that family involvement in follow-up and aftercare planning helps individuals sustain wellness.

Key informants acknowledged the need to strengthen the alignment and connections between substance use treatment, family unity and reunification and child welfare services. Kackaamin Family Development Centre reported that approximately 70 per cent of clients admitted to their family programs are involved with the child welfare system. Child welfare agencies can place requirements on parents to attend substance use treatment in order to maintain or regain custody of their children. For those clients wishing to access treatment alongside their family, navigating the child welfare and services system presents a potential additional barrier to accessing treatment.

Supporting Pregnant Clients

Pregnant clients were highlighted as a particular area of need in treatment centres, given the significant health risks to both the mother and their unborn child associated with substance use. Using any substances during pregnancy can affect the growth and health an unborn child, and impacts can continue after birth and result in ongoing developmental challenges, such as fetal alcohol spectrum disorder. The prevalence of fetal alcohol spectrum disorder among First Nations children across Canada is 1.2 per cent, compared to 0.1 per cent for non-First Nations children.³⁹

Six FNHA-funded treatment centres currently accept pregnant clients. Of the centres that accept pregnant clients, there are limitations regarding how many weeks pregnant the client can be due to risk management. Round Lake Alcohol and Drug Treatment Society cannot accept clients with a high-risk pregnancy due to its remote location.

Research points to success in outpatient treatment programs for pregnant and parenting clients that provide wraparound services within communities.⁴⁰ These programs take a strong social determinant of health and child protection lens and align training and programming between substance use and child welfare programs; interconnections that researchers felt were lacking and could be more strongly connected in BC.

³⁹Palmeter, S., Probert, A., & Lagac, C. (2021). At-a-glance-FASD prevalence among children and youth: results from the 2019 Canadian Health Survey on Children and Youth. *Health promotion and chronic disease prevention in Canada: research, policy and practice*, 41(9), 272.

⁴⁰Le, T., Kenaszchuk, C., Milligan, K., Urbanoski, K. (2019). Levels and predictors of participation in integrated treatment programs for pregnant and parenting women with problematic substance use. *BMC Public Health*. 19:1. Available from: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-6455-4>



Supporting Youth

Comparing population-level health data by age against FNHA-funded treatment centre ages served suggests that younger adults with opioid and substance use are not accessing FNHA-funded treatment centres. Youth ages 12 to 25 accounted for approximately 12 per cent of all clients accessing services. Feedback from key informants suggested that younger adults may face barriers to accessing treatment due to gender, eligibility restrictions for individuals on OAT, reporting opioids as their primary substance and childcare obligations.

Two FNHA-funded treatment centres offer programs for youth. Wilp Si'Satxw Community Healing Centre delivers a parent and youth program, while the Nenqanyi Wellness Centre Society offers a female-identifying youth-specific program through NYSAP funding. Co-ed youth treatment had previously been provided by Nenqanyi Wellness Centre Society but challenges in program delivery resulted in the decision to alternate female and male cohorts. Delivering male-only youth programs also proved to be challenging, with the centre reporting that staff required additional training to manage aggression. Nenqanyi shifted to delivering female youth programming, which the centre indicates is in the most demand.



"FNHA needs to cater towards its young people. More young people are seeking help but they aren't always informed about it. FNHA should look into what are the best ways to engage with young people."

– FNHA-funded treatment centre client

Key informants identified the need to grow youth-specific programming that includes harm reduction approaches in response to the rising rates of self-harm among youth, and less intensive offerings such as camps and early interventions and prevention approaches.

Supporting the 2S/LGBTQQIA+ Community

Kackaamin Family Development Centre provides a 2S/LGBTQQIA+ program, although it is limited to one week a year and does not include any programming specific to the cohort. While no data on the number of 2S/LGBTQQIA+ clients accessing FNHA-funded treatment centres was available, population data indicates that 2S/LGBTQQIA+ individuals have higher rates of substance use than the general population.⁴¹

Former 2S/LGBTQQIA+ clients of the FNHA-funded treatment centres reported not feeling safe to open up as their full selves while in treatment or being able to attend certain centres. A feasibility study conducted before the construction of the new FNHA-funded treatment centres stated that services should meet the needs of males, females and non-binary individuals, indicating that new centres may adopt an approach beyond the gender binary currently available in programming.

Supporting Concurrent Physical and Mental Health Conditions

FNHA-funded treatment centres have limited access to clinical supports to accommodate clients with more complex psychological or physical health comorbidities. Treatment centre staff shared that the barriers and challenges faced in meeting the needs of these clients were one of the main reasons, after long waitlists, that First Nations individuals chose to attend non-FNHA treatment centres. This was corroborated by subsidy application data, where nearly one-quarter of subsidy applications to non-FNHA funded treatment centres between 2018 and 2022 were due to clients having more complex physical, mental or substance use needs than could be supported at an FNHA-funded treatment centre.

FNHA-funded treatment centres receive limited mental health funding to support the delivery of mental health services. Treatment centre staff reported a growing number of clients presenting with complex comorbid mental health needs and requiring additional clinical supports, such as psychiatry and long-term counselling. They raised the historical divide between mental health and substance use treatment, and the ongoing impact this division has on service integration. Staff stated that they believe opportunities exist to increase collaboration between mental health and substance use services by strengthening partnerships to support navigation and referrals.

⁴¹Casey, B. (2019). The health of LGBTQIA2 communities in Canada. *House of Commons of Canada*, 70. Accessed at <https://www.ourcommons.ca/Content/Committee/421/HESA/Reports/RP10574595/hesarp28/hesarp28-e.pdf>

“A lot of community members want to go to FNHA-funded treatment centres where they think their cultural needs can be met. But, with the barrier of complexity with each community member, it sucks having to refer to them to a treatment centre outside of the FNHA because they're the only one that can help manage that medical complexity – we don't want to refer people away from their communities.”

– FNHA regional addictions specialist

Treatment centre staff described accessing FNHA initiatives, such as Virtual Doctor of the Day, Virtual Substance Use and Psychiatry Service and Joint Project Board projects, to facilitate additional psychiatric or primary care. The Northern Region recorded the highest use of the Virtual Substance Use and Psychiatry Service.⁴² However, challenges were raised with regards to long waitlists for these initiatives of up to six weeks when most treatment programs run for an average of seven weeks. The BC Centre on Substance Use 24/7 Addiction Medicine Clinician Support Line was referenced by FNHA staff as an informational resource for any clinician or community-based worker to ask questions regarding withdrawal medications, OAT or substances.

Key informants recognized that it is common for people to neglect their health needs during active addiction and that engagement in treatment is an opportunity to connect clients to primary care and dental services. FNHA-funded treatment centres do not have the in-house primary care services to support this, with many centres encouraging clients to attend to their physical care before accessing treatment. Due to the rural and remote location of many treatment centres, accessing health services as a non-local client can be a challenge due to the limited availability of appointments and the time and cost of transportation to the appointments.

⁴²Data Source: FNHA Virtual Psychiatry and Substance Use Program client encounters by region. FY 2021 Q2-FY 2023 Q3



Supporting Incarceration Transition

First Nations individuals are overrepresented within correctional facilities. A 2023 report found that Indigenous incarceration rates in BC in 2020/21 and 2021/22 were 7.9 times higher than the non-Indigenous incarceration rate when adjusted for age and gender difference among the two populations. The overrepresentation was higher among Indigenous women than Indigenous men.⁴³

Individuals transitioning out of prison are known to be at significant risk of overdose upon returning to the community. North Wind Wellness Centre, Tsow-Tun Le Lum Society and Wilp Si'Satxw Community Healing Centre provide correctional programs, including support to individuals transitioning out of incarceration.

FNHA-funded treatment centre staff and FNHA executives described the challenges of admitting individuals with corrections involvement, particularly those with a history of violent or sexual offences. The majority of treatment centres are located within First Nations communities, which in some cases involve an agreement that limits eligibility for clients with a criminal history. Balancing safety and risk was raised as a significant challenge.

"Our programs are more social and for a certain population, so introducing a high-risk group like violent offenders could be devastating. I'd think that it would be important to look at the entire scope of services available provincially, to see how we can meet needs for all the groups."

– FNHA executive

Key informants from justice organizations expressed how substance use treatment can be an important step for transitioning back into a community after involvement in the corrections system. There is an unmet need for individuals with a history of sexual offences to access treatment, with partners calling for increased options and reduced barriers. Key informants identified the challenges regarding monitoring and compliance of these individuals, while also noting that there are opportunities to overcome this through virtual supports and increased communication and collaboration.

⁴³Source: Robinson, P., Small, T. and Irving, M. (2023).

Over-representation of Indigenous persons in adult provincial custody, 2019/20 and 2020/21.

Available from: <https://www150.statcan.gc.ca/n1/pub/85-002-x/2023001/article/00004-eng.htm>

7.3 MEETING PROGRAMMING NEEDS

FNHA-funded treatment centres use a range of modalities and approaches to support clients on their substance use recovery journey, although there remain gaps in meeting programming needs.

Land-Based Healing

FNHA staff identified opportunities to expand or complement treatment programs using land-based healing. All FNHA-funded treatment centres reported that they incorporate an aspect of land-based healing into their model of care. Kackaamin Family Development Centre and Tsow-Tun Le Lum Society receive dedicated funding for land-based healing through the FNHA Indigenous Treatment and Land-Based Healing Fund.

A recent evaluation of the FNHA Indigenous Treatment and Land-Based Healing Fund identified an opportunity for greater alignment of the fund with FNHA-funded treatment centres. While funded initiatives can support substance use care across the continuum of services, land-based healing was seen as best positioned to support stabilization, recovery supports and aftercare and program delivery. Additionally, it was identified that a number of communities were using the funding to provide supports for clients who were waiting to access an FNHA-funded treatment centre.

Harm Reduction

With the shifting landscape of substance use, there is a move to integrate harm reduction approaches. The FNHA's *Harm Reduction Policy*⁴⁴ states that a First Nations approach strengthens conventional harm reduction by weaving in culture, teachings, community and connections to the land and each other. FNHA-funded treatment centres are required to support and implement provincial harm reduction strategies and services, including offering harm reduction supplies and offering overdose prevention and response training.

While there is strong interest from key informants representing communities, clinicians and the FNHA to further integrate harm reduction approaches into FNHA-funded treatment centres, it was acknowledged that there is more work to do. Key informants expressed interest in accessing further professional development, sharing wise practices and building partnerships to support harm reduction.

⁴⁴<https://www.fnha.ca/Documents/FNHA-harm-reduction-policy-statement.pdf>

Supporting increased access to harm reduction interventions, such as pharmacotherapy treatment (e.g., OAT), that require specialist medical support was raised as a priority area. The FNHA recorded an 89 per cent increase in clients accessing pharmacological treatments for opioid use through pharmacy benefits from 2018 to 2023;⁴⁵ however, accessing OAT during treatment remains a challenge. A third of FNHA-funded treatment centres do not support clients accessing OAT at their program, with many saying they do not have the required in-house nursing support. However, it was also suggested that the abstinence approach of some treatment centres and traditional focus on treatment for alcohol use may have contributed to decisions to not support OAT. Additionally, representatives from both FNHA-funded and non-FNHA treatment centres raised the challenge of engaging clients in programming when their OAT dose, such as methadone, is too high.

Key informants suggested that FNHA-funded treatment centres may benefit from reviewing policies around OAT to make the centres more accessible to clients and to be in alignment with provincial and FNHA guidelines. The benefits of integrating OAT to address physical aspects of opioid use were identified by key informants as complementary to the therapeutic supports offered by treatment centres.

“The largest barrier is the lack of OAT support, the requirement for sobriety and detox. That was a valid reality when we were dealing primarily with alcohol, but the reality of the opioid catastrophe has changed that. It is basically inaccessible for the people we are supporting. It is a 12-step, no OAT... that’s not a reality for where people are anymore.”

– Community referral partner

First Nations in BC have a consistently lower percentage of OAT engagement and retention compared to non-First Nations individuals.⁴⁶ Key informants reflected that sector knowledge around OAT as an intervention is changing rapidly and that there is room to learn and grow. The current sobriety requirement and abstinence-based approach of many FNHA-funded treatment centres do not support the vision of FNHA’s Harm Reduction Policy. It was suggested that the FNHA has a role to play in supporting education about harm reduction, such as sharing wise and emerging practices among treatment centres. The FNHA Office of the Chief Medical Officer *Courageous Conversations on Substance Use* was identified as an example of one of the initiatives underway in this area.⁴⁷

“[The FNHA has] a role to challenge the mentality of abstinence-based thinking, which is a moral model... The toxic drug supply wasn’t part of our experiences before. In the abstinence model people are morally judged as weak, lacking will power or needing to ‘pull up your bootstraps’. It sends a lot of messages to the person who is chemically dependent that they are weak, and we know it’s not how substance use works.”

– FNHA staff

⁴⁵FNHA. (2022). First Nations Health Benefit Pharmacy OAT benefit data.

⁴⁶Source: Cascade of Care First Nations Client File linkage analysis (1996 - 2021).

⁴⁷<https://www.fnha.ca/Documents/FNHA-Courageous-Conversations-Tool-Kit.pdf>

Addressing Grief, Loss and Trauma

A significant strength of the FNHA-funded treatment centres is their ability to provide culturally safe programming for substance use, including programs that explore grief and trauma. Key informants reported a demand to further incorporate grief, loss and trauma programming into, or alongside, existing programs.

Several FNHA-funded treatment centres offer complementary programming, in addition to core substance use treatment, that focus on grief, loss and trauma. For example, Kackaamin Family Development Centre facilitates “Restoring the Balance: Grief and Loss,” a two-week program that explores emotional regulation and collective trauma and grief.

Pre-Treatment Support

The success of treatment is heavily reliant on the availability of withdrawal management services, which form an important step of pathway into treatment. The importance of pre-treatment supports, such as withdrawal and stabilization, is integral to the success of treatment centre programs as the facilities are not designed to support clients undergoing withdrawal. Detox, or withdrawal management, is a short-term service providing clinical support while a person withdraws from substances in either a community, hospital or outreach setting.

FNHA-funded treatment centre programs seek to address the root causes of substance use, requiring individuals to be ready and stable to explore these topics. Limited detox, stabilization or alternative service delivery mechanisms are creating a disconnect between the treatment centres’ program intent, population need and funding criteria.

“We have seen an influx of highly complex clients who need to be properly prepared for residential treatment services that focus on healing and resolution of complex historic traumas and grief. This cannot be understated and devalued with the rush to action.”

– FNHA-funded treatment centre staff

The limited availability of withdrawal services and the compounding context of the toxic drug crisis has led to a trend of individuals being rushed to FNHA-funded treatment centres. Key informants reported an increase in urgency with referrals, which treatment centres are often unable to support due to eligibility requirements and the need for clients to access medically supported withdrawal services before entering treatment. Increasing levels of complexity and clients detoxing upon arrival were reported. In addition to the scarcity of detox services, many key informant groups felt that existing detox supports available to First Nations people in BC are not culturally safe.

Because of the lack of detox services, many FNHA-funded treatment centres reported that an increasing number of individuals were using substances up until the time that they were admitted, a reality that non-FNHA funded centres have built into their program design. In practice, many FNHA-funded treatment centres are providing detox services even though they are not funded or staffed to do so.

“We don’t expect people to show up clean... Most of our clients’ first day clean is day one at [non-FNHA funded centre].”

– Non-FNHA funded treatment centre.

Key informants described the positive impact when FNHA-funded treatment centres offer a variety of programs for clients to prepare for treatment. For example, a two-week grief and loss program provides clients time and space to reflect and learn about trauma, participate in ceremony and contemplate future readiness for further programming.

FNHA-funded treatment centre staff and family members of clients spoke of the negative comments they received as they supported their loved ones undergoing treatment. Key informants suggested that having low intensity, introductory programs that clients can participate in before the traditional treatment program may make them more ready for treatment and help overcome stigma about accessing treatment.

“There is a lot of stigma and gossip associated with treatment and access services. There are echoes of the residential school history, leaving and coming back and ‘oh you’re gone to treatment and think you’re better than me now because you’re sober.’”

– FNHA- funded treatment centre staff

Length of Programming

A number of key informants believe the length of treatment programming is insufficient, with longer programming lengths of three to six months suggested as an alternative to the current programming length of four to 17 weeks. Seventeen per cent of subsidy applications to attend a non-FNHA treatment centre are due to clients requiring a longer period of treatment.

Treatment centre staff recognized that while longer treatment lengths can offer increased chances of client success, they can also impose a hardship on clients due to the need to be away longer from their families and commitments. An alternative to extending the length of programming includes the Wilp Si'Satxw Community Healing Centre's two-week refresher for clients who have completed another program.

Post-Treatment Support

Post-acute symptoms of substance use withdrawal can last up to 24 months, with many clients facing ongoing recovery following treatment. The evaluation found limitations in the availability and capacity of aftercare and post-program supports, which include onward referrals, support plans, outreach and housing.

Clients and their families reported that it is challenging to access ongoing aftercare supports, such as regular 12-step program meetings, as they are located off-reserve or not available in their area. Key informants spoke of the importance of detailed discharge planning in collaboration with the FNHA-funded treatment centres, communities and partnered programs within the broader service system to ensure that no one falls through the gap in support that can happen following discharge.

There are a number of community-based roles across the service system that can facilitate client referrals and assist with post-discharge support. Key informants perceived a decrease in the number of such roles, citing that NNADAP funds for communities are being diverted away from referral workers to fund additional mental health and wellness programs.

"The relationship between the treatment centres and community programs needs to be strengthened. [...] I think training that supports strengthening the relationships and system would be important. It's not a distinct system unto itself - it should be seen as part of the broader system with health authorities to provide treatment."

– FNHA executive

Access to housing is a major issue shared by key informants. This includes the challenge of clients losing their subsidized housing when entering residential treatment due to the shelter portion of their social assistance cheque being removed while residing in a treatment centre and clients being unable to pay rent on their long-term residence while accessing treatment. Community clinicians and partner key informants identified that aftercare support could be strengthened through increased information sharing and creating referral pathways between FNHA-funded treatment centres and housing organizations. Two second-stage housing providers indicated they have received some direct referrals from FNHA-funded treatment centres, and opportunities exist to strengthen referral pathways from centres to second-stage housing providers.

The FNHA provides funding to three second-stage housing providers for long-term recovery housing support for clients post-treatment. One of these providers, Painted Turtle Lodge, is co-located with and operated by Round Lake Treatment Centre, creating an opportunity for an efficient and supportive transition after treatment.

“A seamless continuum of care is key to long-term success and a substance-free life. To recover from substance use, the brain and body can take years to heal.”

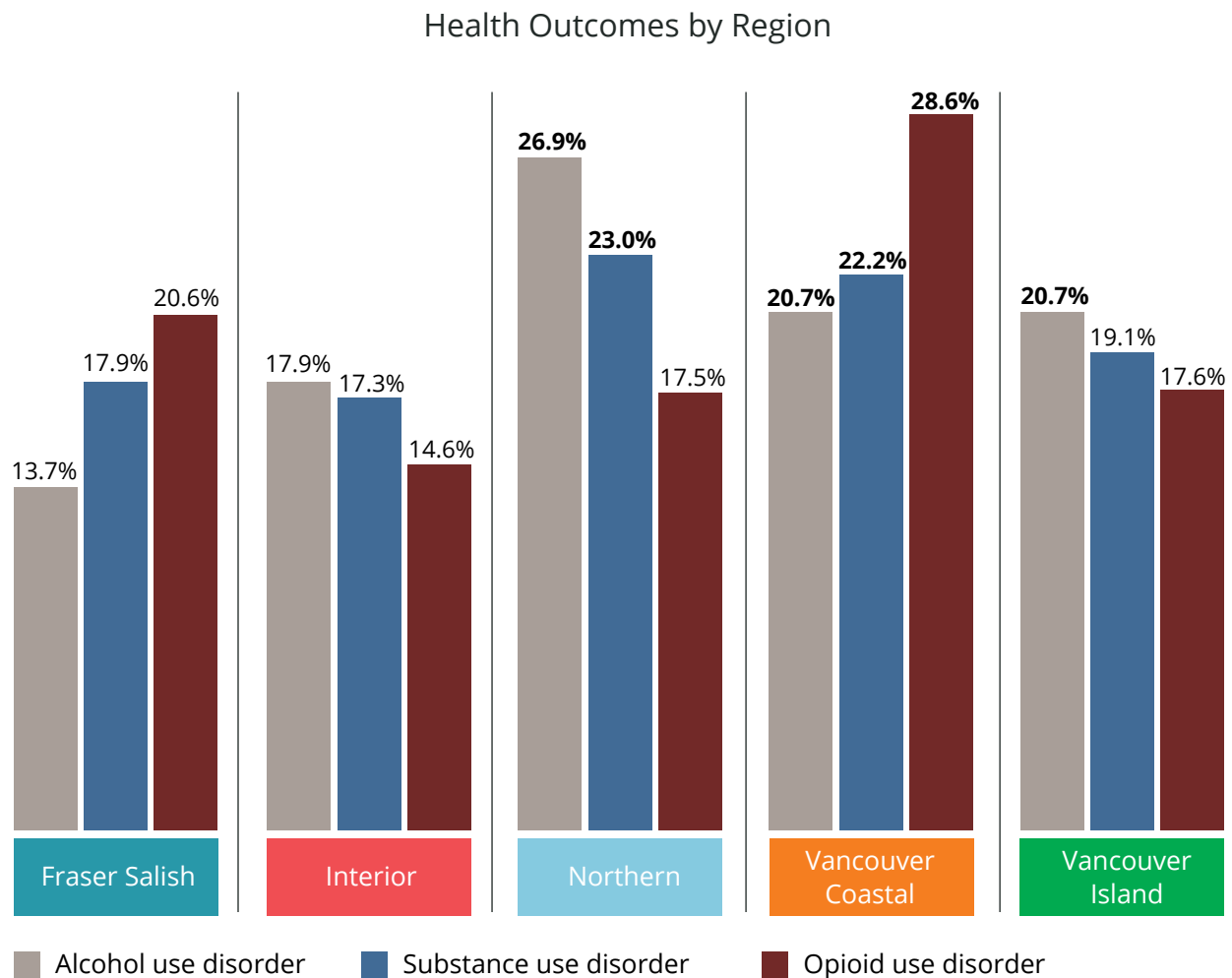
– FNHA funded treatment centre staff



7.4 MEETING REGIONAL NEEDS

When outcome and service utilization metrics are examined across the five FNHA service regions, higher rates of substance use are observed within the Vancouver Coastal Region and Northern Region.

Figure 5: Administrative Data Findings of Service Utilization and Health Outcomes by Region⁴⁸



The impacts of these higher rates of substance use are seen in the high incidences of overdose mortality, with significantly higher rates seen in the Vancouver Coastal Region. The Vancouver Coastal Region additionally reports a differential death rate between First Nations people and other BC residents over twice that of any other region.

⁴⁸Source: Cascade of Care First Nations Client File linkage analysis (1996 - 2021).

Table 7: Substance Use Health Outcomes for First Nations by Region

Region by percentage of First Nations Popluation	Differences in death rates between First Nations and Other BC Residents ⁴⁹	Percentage of toxic drug poisoning deaths - 2022 ⁵⁰	Age-standardized overdose mortality rate ⁵¹
Northern (23%)	3.1 times	18.7%	135.1 per 100,000
Vancouver Island (23%)	4.8 times	19%	183.4 per 100,000
Interior (22%)	4.8 times	16.7%	188.4 per 100,000
Fraser Salish (20%)	4.7 times	12.2%	160.5 per 100,000
Vancouver Coastal (12%)	10.6 times	33%	431.5 per 100,000

The Vancouver Coastal Region has the smallest First Nations population and no existing FNHA-funded treatment centres (although the new Shishalh Treatment Centre is in the planning stages), yet health administration data indicates the region has the highest rates of opioid use and toxic drug poisoning deaths.

⁴⁹Data Source: Coroner's Service First Nations Client File linkage analysis, 2016-Aug 2022

⁵⁰Data Source: Coroner's Service First Nations Client File linkage analysis, 2016-Aug 2022

⁵¹Data Source: Coroner's Service First Nations Client File linkage analysis, 2016-Aug 2022

7.5 ALIGNING WITH PROVINCIAL AND REGIONAL STANDARDS AND GUIDELINES

The MMHA's *Adult Substance Use System of Care Framework* identifies a need for consistent standards across the substance use system to ensure people are able to access quality care and transition between services across the continuum of care.⁵² This includes the development of standards for treatment centres, consistent cross-sector information-sharing and establishing quality measures.

Key informants noted that FNHA-funded treatment centres often operate independently of each other and the broader substance use system. For example, restrictions on serving clients on OAT are misaligned with requirements of the provincial health system and FNHA mental health and wellness policies.

Key informants highlighted provincial standards and guidelines that affect delivery and access to FNHA-funded treatment services including:

- licensing requirements for facilities in communities that do not facilitate the delivery or provision of traditional wellness and traditional foods;
- the payee of social assistance funds depends on the location of the client and the facility either in community or away-from-home and which affects the subsidy payment; and
- lack of housing in the community and the challenge of clients losing their housing when they enter treatment is a barrier to treatment and long-term success.

Several FNHA-funded treatment centres have contracts with regional health authorities that require the centres to align and adhere to relevant regional health guidelines and standards.

⁵²Ministry of Mental Health and Addictions. *Adult Substance Use System of Care Framework*. Available from: https://www2.gov.bc.ca/assets/gov/health/managing-your-health/mental-health-substance-use/substance-use-framework/msha_substanceuseframework_dec2022.pdf



8. FINDINGS: CLIENT-LEVEL OUTCOMES

This section explores client-level outcomes after completing a program at an FNHA-funded treatment centre.

8.1 IMPROVING MENTAL HEALTH AND WELL-BEING

Clients reported improvements in their mental health and overall well-being following program completion at an FNHA-funded treatment centre. Learning from Elders was cited as particularly important for acknowledging the impacts of residential schools on clients and their families.

“Learning to let go through letters was powerful. Forgiving myself, my parents, for intergenerational trauma experienced through residential schools. My parents only knew what was taught to them in the schools. I have seen changes in my sharing, how openly I can speak now. I used to not be able to do that, but now I do, especially at funerals and at school. I am a million times happier and better now. I never thought about drinking or drugs while sitting in my room.”

– FNHA-funded treatment centre client

Clients and their families reported improvements in physical health and coping skills, including emotional management, self-awareness, accountability and setting boundaries. Clients reported that they were better able to manage their emotions and understand past decision-making. Personal achievements included gaining self-worth, achieving identity and becoming a stronger person.

Maintaining sobriety after treatment was viewed by clients as important to achieving physical, emotional and social well-being, with many citing this as their primary goal following treatment.

8.2 INCREASING CONNECTION TO CULTURE

Clients who attended FNHA-funded treatment centres expressed a deep understanding of the healing power of culture and said the programs supported them to reclaim, celebrate and embrace their cultural identities.

Clients stated that cultural teachings were a beneficial aspect of their healing journey. Activities such as sweat-lodge ceremonies, smudging, healing circles, Elders' guidance and medicine walks were highlighted as supporting an inclusive, respectful and wholistic treatment environment. For some clients, this was the first time they had the opportunity to practice culture.

"My walks help with my happiness and the daily smudges helped the most. Prayer and the medicine wheel and journal writing helped a lot with getting my feelings out and it was easier to share in the group."

– FNHA-funded treatment centre client

Cultural practices were viewed as an important part of continued recovery and aftercare for clients, with individuals and their families reporting continued engagement in cultural healing practices and teachings at home as part of their healing journey.

8.3 INCREASING HOPE FOR THE FUTURE

Family members of individuals who attended an FNHA-funded treatment centre emphasized the newfound sense of appreciation and respect for life that their loved ones attained after completing a program. This included a perceived increase in strength, sense of self-worth and increased hope among individuals.

"He came back stronger and more decisive to continue his sobriety path. More respectful to himself and those that care for him."

– Family member of treatment centre client

For many clients, their increased hope for recovery and the future was interlinked with the cultural teachings and a reconnection with their First Nations identity.

8.4 BREAKING INTERGENERATIONAL TRAUMA

Clients attending family-based treatment reported their treatment motivated them to raise their children in a way that breaks the cycle of intergenerational trauma.

"I really missed my children and my treatment program helped me advocate to see my kids. With their help, I went to court and served papers. I got my kids here for one visit and they never left. I've got full custody of my children now. I rent a four-bedroom house for \$2,700. I am raising my 5 children (6-17 years old). They have everything they need. You put certain things first—kids first."

– FNHA-funded treatment centre client

An FNHA-funded centre representative spoke of the role their family-based programs play in supporting reintegration and family unity.

"Some families may not have had their children before. They may have been in care and are reintegrating back. We support that transition for people regaining custody of their children. We see people when they first come in—scared and defensive, dealing with anger and grief. At the end, when they graduate, the weight is lifted and they have let go and are working through issues."

– FNHA-funded treatment centre staff



8.5 RECEIVING CULTURALLY SAFE SERVICES

FNHA-funded treatment centre services were viewed by all groups who participated in the evaluation as being more likely than other treatment centres to be culturally safe spaces that are trauma-informed for the lived experiences of First Nations people.

“There’s a deep understanding of the barriers faced by First Nations people. They know what accessibility looks like for people in remote communities, or urban and away from home and not in community – how to get them supports when they leave the centre. It’s a deep understanding of what the experience is for an Indigenous person – the racism and trauma that’s ongoing and all over society. It goes far beyond just being a non-racist program. It’s actively anti-racist and they go above and beyond to bring in the culture and look at health as wellness, not just the absence of disease – from a First Nations perspective – your community wellness, family, bringing it all together for proper healing.”

–FNHA regional mental health and wellness manager

Many clients highlighted the significance of feeling accepted, heard and respected in a supportive environment. They also underscored the importance of understanding and safety in the healing journey.

“This treatment centre – they show unconditional love here. It’s a place where I can be vulnerable and feel safe leaving my words behind the fence. This is where I felt the most loved, wanted, and needed.”

– Treatment centre client

Centre staff emphasized personal choice and respect for grounding participants in their wellness journeys, even if different needs and approaches bring up challenging or triggering feelings for some.

“Everyone is encouraged to find something to identify with. Spirituality can be that anchor, but even atheists need something to anchor them. In the traditional local teachings, spirit always leads first.”

– FNHA-funded treatment centre staff

Several individuals found that singing and sharing their story had a profound impact on themselves and others, allowing them to open up and experience deep emotions:

“Sharing my story helps people as well. I sing and I feel like my voice helps people open up. The whole gym can start to cry – they can feel it – that’s my gift. I composed a song for the Centre that they use at every ceremony.”

– FNHA-funded treatment centre client



9. FINDINGS: HUMAN AND FINANCIAL RESOURCES

This section discusses issues related to FNHA-funded treatment centres' human resourcing and financial resources.

9.1 ADDRESSING HUMAN RESOURCES ISSUES

Clients and families of the FNHA-funded treatment centres highlighted the importance of staff who cultivate a supportive and nurturing environment and demonstrate cultural competencies and respectfulness. Staff at the FNHA-funded treatment centres spoke of initiatives in place to support staff well-being in order to promote retention and foster an effective, respectful and open environment for clients.

"Perhaps unique to our centres is the focus and emphasis on personal wellness for all staff members. The medicine wheel is part of our performance management process. Counselling is encouraged and supported and time off is provided if necessary. Yearly healing sessions with all staff are held. It is our believe that if staff are not well and are not on their own wellness journey, we can harm clients and not provide the safety and trust they need to heal."

– FNHA-funded treatment centre staff

Staffing Levels

Key informants from the FNHA reported that staffing levels at FNHA-funded treatment centres are insufficient to meet the demand for services, highlighting that human resourcing is an ongoing issue. Treatment centre representatives reported being unable to open new facilities due to the lack of staff to support increased service capacity. Key informants from the FNHA and treatment centres identified the need to recruit a wide range of staff who can support current and future service offerings. A shortage of clinical mental health staff, for example, results in service gaps to clients with concurrent mental health and substance use needs. Moreover, a significant decrease in the number of community-based referral workers is a challenge for coordinating care.

The COVID-19 pandemic exacerbated human resourcing challenges in the health and social sectors, particularly in rural and remote locations where the majority of the FNHA-funded treatment centres are located. Key informants from FNHA-funded treatment centres cited housing shortages, wage parity across the industry, higher transportation costs and the availability of childcare as common barriers for attracting staff. Centres located near mining operations reported that they struggle to compete with the salaries available in the mining sector. It is particularly difficult to fill positions for evening and overnight shifts, counsellors and casual support workers.

Turnover and widespread burnout necessitate additional recruitment and retention efforts. Moreover, key informants from the FNHA and treatment centres reported low staff wages that have remained stagnant for years, with many staff working additional jobs outside of the treatment centres. While the FNHA increased funding for staff wages and benefits in 2021 (an extra \$1.38 million and \$300,000 in COVID wage top-ups) key informants argued that the increase is not significant. For many staff, it is their passion for the work that motivates them to remain despite low wages.

“A lot of staff have another job – why do they have another job? Are we not paying them enough?”

– FNHA-funded treatment centre staff

A 2018 report prepared by the Thunderbird Partnership Foundation examined wages in NNADAP-funded services across Canada. The report found First Nations addictions workers earn approximately 47 per cent less than their provincial counterparts. Low wages were identified as having significant impacts on recruitment and retention, which in turn impacts the quality and capacity of substance use services.⁵³

A number of FNHA-funded treatment centres have partnerships in place to support pathways into their workforce. For example, Kackaamin Family Development Centre has a partnership with a local training institute, and Nenqanyi Wellness Centre Society regularly hosts practicum students such as doctors, social workers and nurses.

Increased focus on integrating lived experience workforce roles, such as peer support workers, was suggested by a number of key informants to improve staffing levels. Non-FNHA funded treatment centres attributed their staffing retention to in-house training programs that develop clients into future staff. However, it was acknowledged that greater education and awareness is required to support the lived experience workforce in treatment centres due to the enduring stigma and misunderstanding associated with substance use.

“Recruitment and retention are not an issue [at our centre] because of our unique process of client to training to staff. We work with a training company that provides a frontline training program. All of us start here so everyone knows what they’re getting into if they join the staff. Everyone that works here grew up here and are very passionate. It’s like a family.”

– non-FNHA funded treatment centre staff

⁵³Thunderbird Partnership Foundation. (2018). *NNADAP Funding Parity Report: Ontario Region Case Study - Executive Summary*. National Native Addictions Partnership Foundation, Inc. Accessed at: https://thunderbirdpf.org/wp-content/uploads/2022/10/nnadap_report_WEB.pdf



Staff Development and Training

FNHA key informants expressed the need to focus on training, education and certification programs for staff at FNHA-funded treatment centres. As substance use trends and new policy contexts evolve, there is an identified need to keep up with current evidence-based approaches and best practices for treatment and recovery, including harm reduction and trauma-informed care.

Staff at FNHA-funded treatment centres said there is some funding for training, such as for certified addictions counsellors through accreditation processes, but that there is limited funding available to facilitate training for support, administrative and maintenance staff who also interact with clients. Key informants expressed a need for all staff to be able to access training in trauma-informed care and cultural safety. Where possible, training through the FNHA, free online courses and grant funding are used to support staff training needs, although more is needed.

“Supporting capacity-building of our collective staff that are part of all these centres and providing a template for training, centralized ideas for training and certification as we build this more powerful workforce. Our role is to push for that – stimulate it by providing additional funding and provide base funding for the training. Having a clear focus on capacity building.”

– FNHA executive

Clients and their families said that FNHA-funded treatment centres employ staff who have high levels of cultural competency. Clients and their families identified that having staff who are Indigenous and culturally sensitive was essential to their experience. They found that staff understand and respect the cultural nuances and specific needs of First Nations individuals. However, some individuals who attended an FNHA-funded treatment centre shared that some staff members did not embody that respect. Clients and FNHA-funded treatment centre staff spoke of the importance of “healing our healers” and having healthy staff who can support effective, ethical and empathetic service delivery.

“Some still carry their own trauma. It should be a requirement for all treatment centre staff to have dealt with their own trauma before helping. I had someone say they can’t help because she has her own stuff to deal with. This was a clinical counsellor.”

– FNHA-funded treatment centre client

“We have treatment centres to assist and improve people's lives and give hope and dignity. Counsellors and other staff need to have done their own healing so they can aid in the forward movements of the clients.”

– Family member of an FNHA-funded treatment centre client

9.2 ADDRESSING FINANCIAL RESOURCES REQUIREMENTS

While there has been a 59 per cent increase in contribution funding to FNHA-funded treatment centres from \$15.7 million in 2018/19 to \$25.0 million in 2022/23, however this increase is largely through non-NNADAP funding.

NNADAP/NYSAP funding constitutes almost 70 per cent of FNHA-funded treatment centres contribution funding allocation and is based on historical funding approaches inherited from Health Canada. NNADAP/NYSAP funding increased a modest 8.4 per cent between 2018/19 and 2022/23.

Table 8: NNADAP/NYSAP Funding (2018/18 to 2022/23)

	2018/19	2019/20	2020/21	2021/22	2022/23	TOTAL
NNADAP / NYSAP	12,611,493	13,390,031	13,172,142	13,222,142	13,667,032	66,062,840

Key informants reported that this level of funding does not cover repairs, maintenance and increased operational costs. Rising costs of fuel, food and supplies were cited as significant cost pressures, particularly for centres in northern BC. Several centres reported relying on donations and community support in addition to FNHA funding. The vast majority of the FNHA-funded treatment centres are over 30 years old and require updates to aging facilities and infrastructure. The Tripartite MOU funding of \$95 million is in place to support the building, repair and renovation of five existing FNHA-funded treatment centres with three new treatment centres being built (see Section 3.6 of this report).

A review of FNHA-funded treatment centres operational costs is currently underway within the FNHA's Health Infrastructure Department and it is anticipated to support decisions on the operational funding needs of current and future FNHA-funded treatment centres.

"I've consistently heard over the years that FNHA-funded treatment centres feel that they do not receive equitable attention, resources and funding in comparison to FNHA-funded health centres."

– FNHA provincial staff member



10. LEARNINGS AND OPPORTUNITIES

This section summarizes learnings and opportunities to enhance the efficiency and effectiveness of FNHA-funded treatment centres.

10.1 OPPORTUNITIES TO ENHANCE COORDINATION WITHIN THE CONTINUUM

Although FNHA-funded treatment centres work with a variety of partners at the community and regional levels that provide integrated services to clients, there are opportunities to increase and strengthen coordination of treatment services within the mental health and wellness continuum of care. This includes coordination with First Nations communities, provincially funded treatment centres, non-profits and private or contracted health service providers as well as other FNHA mental health and wellness supports.

Opportunity to Improve Pre-Treatment Support

A significant unmet need exists for culturally safe detox and withdrawal management support before treatment to enable clients to prepare and fully benefit from the FNHA-funded treatment centre programming. Additional support is required, either to the FNHA-funded treatment centres to provide such services, or through partnered initiatives.

While some key informants were interested in co-locating withdrawal management alongside treatment centres, many indicated a preference for partnership approaches that could be developed to support pathways from private or provincial detox beds into treatment.

There are additional opportunities for the FNHA and FNHA-funded treatment centres to advocate for increased service alignment with family and child welfare services and the correctional system. Currently, prospective clients involved in such services may face additional barriers to accessing substance use treatment.

Opportunity to Improve Post-Treatment Support

Limited post-treatment support is provided to clients when they have completed treatment. When clients are discharged from an FNHA-funded treatment centre, they often return to their pre-treatment environment, which may result in relapse. There is a need for better discharge planning, post-treatment support and greater collaboration with community health services. Building relationships with referral workers in communities, including enhanced collaboration with in-community NNADAP programs and services, will assist in overcoming these challenges.

Lack of housing in communities, coupled with the challenges of clients losing their housing when they enter treatment, are barriers to treatment and a client's long-term success. There is a role for the FNHA to advocate with provincial and housing partners to align goals of supporting clients to maintain residency while in treatment and strengthen referral pathways to second-stage housing providers.



Opportunity for Greater Alignment with FNHA Mental Health and Wellness Programming

The FNHA's mental health and wellness programs and clinical counselling services aim to provide culturally safe and trauma-informed services. They include land-based healing, in-community NNADAP supports and programs, mental wellness counselling, First Nations-led primary health care centres, and virtual services such as First Nations Virtual Doctor of the Day and First Nations Virtual Substance Use and Psychiatry Services. Several of the FNHA-funded treatment centres use the First Nations Virtual Doctor of the Day and First Nations Virtual Substance Use and Psychiatry Services but cite challenges with increasing waitlists, impacting access to these virtual services.

Key informants highlighted the opportunity for greater alignment with the FNHA Indigenous Treatment and Land-Based Healing Fund to support stabilization, recovery supports and aftercare and program delivery.

10.2 OPPORTUNITIES TO ENHANCE SERVICE DELIVERY

The evaluation found the FNHA-funded treatment centres are successful in providing culturally safe service delivery. Findings point to the importance of maintaining and protecting the limits of what services the FNHA-funded treatment centres can offer and what client groups they can serve. For example, the intensive treatment offered by provincial health authorities may be more appropriate for clients with complex psychological or physical health comorbidities as well as those with violent criminal histories. However, opportunities were also identified to explore how current service models could be adapted to provide greater flexibility and support to individuals who are accessing FNHA-funded treatment centres.



Opportunity to Improve Pre-Treatment Support

Key informants discussed the need for additional streamlining and coordination of the intake processes. The intent of the FNHA common referral form was to streamline the admission process by enabling clients to submit a single application form to access up to three centres and program choices. In practice, the majority of centres have additional application forms that must be completed and may have additional exclusions regarding health conditions not listed on their websites.

Key informants also expressed the need to re-examine eligibility criteria to assess how appropriate they are given the high risk of harm from delayed service during the toxic drug poisoning crisis. This includes:

- sobriety requirements, which support safety and effectiveness of treatment experiences but delay life-saving treatment, particularly for those using crystal methamphetamine;
- tuberculosis testing, which was identified as possibly less relevant and unnecessary;
- mandatory counselling sessions, which were identified as a barrier for individuals in rural and remote communities with minimal access to counselling; and
- restrictions on serving clients on OAT, which are misaligned with the requirements of the provincial health system.

There are also opportunities to move towards a continuous intake model, where clients are admitted on an ongoing basis, in comparison to the current cohort-based treatment services with set intake dates. A continuous intake model provides the opportunity to vary client timelines and coordinate client care with other services along the continuum of care. It also allows the length of treatment to be adjusted for clients who require a longer stay. Alternatively, a hybrid model could be considered whereby cohort-based programming is complemented by stabilization, outpatient or virtual services that could be used by individuals while they await their treatment cohort date.

Opportunity to Adapt to Evolving Substance Use Practices

There was strong interest to further integrate harm reduction approaches, including the provision of pharmacological treatments for opioid use disorder into FNHA-funded treatment centres. This would align FNHA-funded treatment centres with the FNHA's Harm Reduction Policy and requirements of the provincial health system.

"There is a reputational risk to the FNHA if we can't move the treatment centres along in terms of being open to new concepts like continuous intake and moving to a healing approach."

– FNHA executive

Opportunity to Better Meet the Needs of Client Groups

Recognizing the interconnection between substance use and coping with grief, loss and trauma, there was interest from key informants to further incorporate grief and loss programming into treatment, including the understanding of root causes of trauma and the impacts of colonialism. Opportunities also exist to better meet the needs of client populations currently viewed as underserved, such as families, pregnant clients, youth, the 2S/LGBTQQIA+ community, and individuals with concurrent physical and mental health conditions and those transitioning out of prison. There were further opportunities identified to support clients and their families in treatment by expanding the current offering of family programs or facilitating sessions for family involvement during individual programs.

Opportunity to Explore Alternative Treatment Models

The evaluation found the FNHA-funded treatment centres successfully delivered primarily bed-based care for stabilized individuals. However, not all clients require, or can access, this type of service delivery modality. A wider range of service modalities, including outpatient services, could provide alternatives to meet the needs of those with less intensive substance use care needs. This would broaden the potential range of clients who could access services and make the best use of limited bed-based services. Outpatient programs have the potential to increase service reach and meet demands in a timely and less resource-intensive way than the construction of bed-based programs, and there is currently an insufficient number of outpatient programs to meet demand.

"There are so many communities that say they have treatment needs and they say they want a treatment centre and that's a five-year wait. Outpatient models are important to consider."

– FNHA executive

10.3 OPPORTUNITIES TO ENHANCE GOVERNANCE

Each FNHA-funded treatment centre operates independently with its own separate society governed by a board that has its own approaches and philosophies. They are not part of the FNHA's regional care system or governance processes and structures, such as regional caucuses. The FNHA-funded treatment centre governance structure was viewed by key informants as a closed, rather than an open model.

"Breaking silos is about attitudes, The FNHA-funded treatment centres believe that this is our centre and we say what goes on here. The rest of us are collaborating but they don't even sit at the table with us."

– FNHA-funded service provider

Opportunity to Enhance the FNHA's Relationship with FNHA-Funded Treatment Centres

FNHA-funded treatment centres have many partners to which they report, including the Chief and Council in their home communities, their board of directors, alternate funders and the FNHA. These various obligations may influence the organization's overall vision and program focus. There is an opportunity for the FNHA to work more closely with the centres to provide oversight and ensure that the best interest of clients is being met. This could include strengthening policy governance models through professional development opportunities with treatment centre boards of directors.

Opportunity to Enhance Reciprocal Accountability

This evaluation revealed the siloed and labor-intensive process of analyzing administrative data received from FNHA-funded treatment centres, which has gaps due to reporting compliance, differences in reporting formats and the inconsistent quality of reporting data. As a consequence of these limitations, SAIS quarterly reporting data was not reliable enough to use in this evaluation.

There is an opportunity to implement a model of reciprocal accountability between the FNHA and FNHA-funded treatment centres. For example, in partnership with treatment centre directors and intake staff, the FNHA could develop a revised reporting template to track performance indicators of greatest utility to coordinate and collaborate across centres. Electronically submitted templates with clear definitions could be considered as an interim step, with the longer-term objective of identifying information systems that could meet the informational needs of centres to increase coordination and collaboration for intake, waitlist management and to support quality across centres including strength-based client outcomes and client experience measures. There is a further opportunity for the FNHA to monitor or regularly review trends in subsidy applications and identify areas of client need.

10.4 OPPORTUNITIES TO IMPROVE RESOURCE REQUIREMENTS AND ADEQUACY

Opportunity to Improve Human Resourcing

Findings from the evaluation suggest there is insufficient human resources to adequately staff the FNHA-funded treatment centres to meet demand. Opportunities for the FNHA include conducting a salary review of FNHA-funded treatment centre positions to identify a competitive salary range, supporting pathways into the workforce, such as integrated lived experience workforce roles, and supporting additional recruitment and retention efforts.

Partnerships with academic and tertiary training institutes may provide opportunities to further train treatment centre staff. For example, Nicola Valley Institute of Technology has developed a First Nations specific addictions course that has been supported and attended by a number of treatment centre staff. Key informants from academia identify this as an underutilized opportunity to support partnerships for both training and research opportunities.

Opportunity to Address Financial Resourcing

Mental health and wellness funding streams within the FNHA have increased significantly in the past number of years. Key informants identified the need to examine and reorganize funding streams to make better use of available funds within the FNHA and to leverage supports found within the broader mental health and wellness continuum of care. There is an opportunity for the FNHA to examine the level of funding provided to existing centres.



11. CONCLUSIONS AND RECOMMENDATIONS

This section summarizes feedback and reflections on opportunities to improve the efficiency and effectiveness of FNHA-funded treatment centres.

11.1 CONCLUSIONS

The 10 FNHA-funded treatment centres demonstrate a strong commitment to supporting First Nations individuals across the province to access culturally safe and supportive treatment for substance use. Individuals and their families highlight the importance of accessing culturally safe and grounded care that addresses trauma and is based on traditional healing and wellness practices. There is strong support for the relevance of FNHA-funded treatment centres in offering a unique, wholistic approach to substance use treatment in the broader substance use continuum of care. However, key informants also emphasize the importance that these treatment centres adapt to evolving substance use patterns by further integrating harm reduction approaches.

Key informants identified the significant need to improve collaboration both between FNHA-funded treatment centres, and between centres and the FNHA. Collaboration with partners across the substance use sector was additionally acknowledged as an opportunity to facilitate successful treatment through strong pre- and post-treatment support. The evaluation identified that the governance of FNHA-funded treatment centres could be better supported through stronger oversight and enhanced reciprocal accountability and data-sharing.

11.2 RECOMMENDATIONS

The following recommendations are informed by the above opportunities and evaluation learnings.

Continuum of Care

1. The FNHA should continue to advocate to federal, provincial and regional health partners to ensure First Nations individuals are supported to access substance use services across the continuum of care. This may include advocating for:
 - timely access to detox and withdrawal management, including the integration of culturally safe practices and access for those living in rural and remote areas;
 - client access to housing and support so clients can maintain their residence during treatment; and
 - needs of underserved client groups, such as 2S/LGBTQQIA+, pregnant individuals, youth, and those with comorbid physical and mental health conditions.
2. The FNHA should expand alignment between existing mental health and wellness programs it funds or delivers (including the Land-Based Healing Fund and community NNADAP funding) to strengthen collaboration and linkages between in-community NNADAP-funded positions to improve the referral process and the provision of pre- and post-treatment support.
3. FNHA-funded treatment centres, with support from the FNHA, should develop ongoing opportunities to collaborate, share wise-practices and develop shared processes through clear communication pathways and organized gatherings. This may include identifying resourcing opportunities to:
 - support FNHA-funded treatment centre directors to take ownership of quarterly meetings, in addition to establishing regular provincial forums or communities of practice for treatment centre staff to network, support lateral knowledge sharing and share wise practices;
 - support FNHA-funded treatment centres to identify opportunities to collaborate on areas of service delivery such as referrals and waitlist management; and
 - support FNHA-funded treatment centre staff to keep up to date on best practices and current trends in substance use, harm reduction practices and training.



Service Delivery

4. The FNHA should complete a review of the FNHA Treatment Centre Adult Referral Application Package and supplementary application forms required by FNHA-funded treatment centres to enhance and streamline the application and referral process for prospective clients and the referral workers supporting them.
 - Explore and assess the feasibility of the FNHA supporting a centralized intake and/or waitlist management system, allowing for the use of available beds across all treatment centres, filling of last-minute vacant beds, and identifying opportunities to support clients on the waitlist.
 - In consultation with FNHA-funded treatment centres, ensure transparency of eligibility criteria as part of the FNHA Treatment Centre Adult Referral Application Package and support all centres to use the package as standard practice.
5. FNHA-funded treatment centres, in collaboration with the FNHA, should review eligibility criteria for each treatment centre to ensure it is in line with FNHA, provincial and national guidelines for best practices in substance use treatment and harm reduction. Consideration should be given to the requirements below or, alternatively, options should be explored to provide additional support for clients to meet the requirements or be assessed for their readiness for treatment:
 - length of sobriety required prior to treatment;
 - tuberculosis screening;
 - number of mandatory counselling sessions; and
 - accessing treatment while on OAT.
6. FNHA-funded treatment centres, with support from the FNHA, should review the current timetable of programming to ensure commitments to non-operational days and occupancy rates are met, that programming reflects current client need, and that programming is available throughout the calendar year. This should include considerations of:
 - where commitments to non-operational days and occupancy rates cannot be met, FNHA-funded treatment centres should inform the FNHA as soon as practical; and
 - the FNHA should support FNHA-funded treatment centres to develop a plan when commitments cannot be met.
7. FNHA-funded treatment centres, with support from the FNHA, should examine opportunities to further respond to community needs, including
 - capture client experience and monitor health and wellness outcomes that meaningfully reflect program impacts and support program improvement; and
 - the FNHA sharing what was heard from communities at key engagements, such as Regional Caucuses, and share with FNHA-funded treatment centres for review and response.



Governance and Accountability

8. The FNHA should review the current contribution agreements and program plans and identify areas to be updated, such as:
 - implementing renewed performance monitoring strategies with FNHA-funded treatment centres to ensure centres are supported to meet requirements regarding occupancy rates, accreditation and non-operational days and timely submission of quarterly reports; and
 - updating language to reflect the overall vision of the FNHA and the First Nations Perspective on Health and Wellness, and to move away from historical references to NNADAP.
9. The FNHA should finalize the development of the draft FNHA Treatment Centre Program Standards to support centres in meeting best practices in harm reduction and clinical care, and ensure alignment with national, provincial and regional guidelines.
10. The FNHA should explore opportunities to phase out use of the Substance Abuse Information System and move to a single reporting system for all FNHA-funded treatment centres to facilitate continuity of care, performance monitoring and centralized reporting. This would include:
 - reviewing the use of alternative record systems such as the AMIS database that was implemented and delivered by the Thunderbird Partnership Foundation, which is currently used by two centres;
 - reviewing what data is currently collected under reporting requirements and ensure that measures are inclusive and meaningful. For example, this could include expanding the current indicator for gender to include options beyond the current binary options and recording region of residence to track areas of need across the province and implementing health outcome measures; and
 - developing policies and procedures to support the use of reporting systems at FNHA-funded treatment centres.

Resourcing

11. The FNHA should undertake a comprehensive review of FNHA-funded treatment centre staff positions, including a salary review and comparison of current positions across centres.
12. The FNHA and FNHA-funded treatment centres should explore partnerships to support pathways into the workforce and facilitate professional development and learning opportunities for current and prospective treatment centre staff.
13. The FNHA should continue to support training and professional development for FNHA-funded treatment centre staff, with a focus on promoting knowledge and capacity with regards to harm reduction practices.
14. The FNHA should undertake a review of operational and maintenance costs for all FNHA-funded treatment centres.



First Nations Health Authority
Health through wellness

Contact: evaluation@fnha.ca

