FNHA-FUNDED TREATMENT CENTRE SERVICES

2018/19 – 2022/23

SUMMARY 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

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OVERVIEW OF FNHA-FUNDED TREATMENT CENTRES

Context

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.

Objectives

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.

Funding

Treatment centres are funded on a Set funding model from NNADAP Treatment Centre, NNADAP Mental Health and the National Youth Solvent Abuse Program funding components. Health funding agreements are ongoing and paid on a quarterly basis. The FNHA provided $97 million in funding to the 10 treatment centres between fiscal year (FY) 2018/19 and FY 2022/23. The FNHA requires treatment centres to report on program activities and expenditures on a quarterly and annual basis, and to meet the requirements stipulated in health funding agreements. Treatment centres may also receive funding from external sources, including regional health authorities and federal departments, such as Corrections Services Canada.

Programming

The 10 FNHA-funded treatment centres offer cohort-based programming primarily in-person, ranging from four to 17 weeks in length. Most services offered are wholistic 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.

Clients must apply through a referral worker and complete the FNHA's Treatment Centre Adult Referral Application Package. This package provides a brief overview of the services offered at each of the 10 centres and outlines eligibility criteria, which typically include a required time of sobriety and the completion of counselling sessions. Prospective clients are required to provide their medical history as part of the application. If accepted, a client is placed on a waitlist until the selected program is scheduled to commence.

EVALUATION OVERVIEW

PURPOSE AND SCOPE

This evaluation assessed the responsiveness and performance of the 10 FNHA-funded treatment centres within the system of substance use treatments and supports available to First Nations in BC between FY 2018/19 and FY 2022/23. Evaluation opportunities and learnings are intended to support quality improvement and strategic planning; there is no mandatory evaluation requirement attached to the funding.

DATA SOURCES AND ANALYSIS

Seven in-person site visits

Document and data review

Engagement with 238 key informants through a mix of interview, focus groups and surveys, including:

- clients and family members who attended FNHA-funded treatment centres;
- FNHA executive leadership and provincial and regional staff;
- Federal and provincial partners;
- FNHA-funded treatment centre staff; and
- community leadership.

FINDINGS: RELEVANCE

ADDRESSING DEMAND

There has been an ongoing increase in demand for FNHA-funded treatment centres, due to First Nations in BC being disproportionately impacted by concurrent public health emergencies, including 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.

PROVIDING CULTURALLY APPROPRIATE CARE

Former clients highlighted that one of the reasons they chose to attend an FNHA-funded treatment centre was to address the impacts of trauma and access cultural healing. FNHA-funded treatment centres provide a wholistic approach to treatment by embedding First Nations culture and traditional wellness practices, offering a unique approach to substance use treatment as part of the broader continuum of care.

> "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

FINDINGS: GOVERNANCE

IMPROVING COLLABORATION

Collaboration between the FNHA and FNHA-funded treatment centres is limited. FNHA-funded treatment centres have limited formal involvement with the health governance structure (e.g., Regional Caucus). There are opportunities to improve reciprocal accountability processes to ensure that both FNHA-funded treatment centres and the FNHA are upholding their responsibilities under funding agreements. FNHA mental health and wellness programs, such as the Land-Based Healing Fund, present opportunities for increased alignment with FNHA-funded treatment centres to support clients' access to culturally safe well-being and treatment services.

There are varied levels of collaboration between individual FNHA-funded treatment centres (e.g., on waitlists and bed availability).

There are opportunities to better coordinate the treatment centres with the mental health and wellness continuum of care, such as by fostering stronger collaboration between health partners and FNHA-funded treatment centres. The success of treatment centres depends on strong pre- and post-treatment support. There is currently significant unmet need for timely access to culturally safe detox and withdrawal management, and limited post-treatment support is provided to clients returning from treatment. Additionally, there is a common misunderstanding about the role of treatment centres in the continuum of care (e.g., most treatment centres are not set up to supervise clients going through withdrawal, which is why clients are expected to have completed a required period of sobriety before they begin the program).

> "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

UNDERSTANDING THE NON-PROFIT GOVERNANCE MODEL

Elected members of FNHA-funded treatment centre boards have varying levels of knowledge and understanding, which impacts operations. Additionally, treatment centres are accountable to a number of funding partners and the communities where they are located. There is an opportunity for the FNHA to work more closely with treatment centres to provide oversight and ensure the best interests of clients are being met.

ENSURING QUALITY THROUGH ACCREDITATION

Accreditation processes were reported as valuable, with benefits for policies, protocols, safety and training being seen by centre staff. The FNHA's support for undertaking accreditation was reported as positive.

ENHANCING ACCOUNTABILITY

All key informants recognized the need for high quality and timely data to support decision-making. Most FNHA-funded treatment centres submit quarterly reports using a system inherited during the transfer of health care delivery more than 10 years ago, and the FNHA does not maintain or provide technical support for this system. This has resulted in treatment centres submitting inconsistent and incomplete reports that are difficult to easily collate, review or analyze. The percentage of reports received by the FNHA between FY 2018/19 and FY 2022/23 varied from 50 to 80 per cent.

FINDINGS: DELIVERY

ACCESSING SERVICES

Significant challenges were reported with regards to clients facing long and unpredictable wait times, with cohort-based programming recognized as a contributing factor due to set intake dates. Intake and waitlist processes are managed independently at each FNHA-funded treatment centre, despite the introduction of the common application form in 2019. Although eligibility criteria are included on the common application form, eligibility criteria continue to vary by centre. Clients, family members and referral partners identified sobriety and opioid agonist treatment (OAT) requirements as significant challenges to accessing services.

Although centres are required to report occupancy rates and non-operational days to the FNHA, this data was not consistently or accurately reported. However, available data suggests that all centres were non-operational for more than the maximum allowed non-operational days per year.

MEETING DEMOGRAPHIC NEEDS

There were identified gaps in the current cohort-based programming for a number of client populations: families, pregnant individuals, youth, 2S/LGBTQQIA+, individuals with concurrent physical or mental health conditions, and individuals exiting incarceration.

MEETING PROGRAMMING NEEDS

Clients spoke positively about their experience at FNHA-funded treatment centres that have integrated land-based healing and programming that addresses grief, loss and trauma. All key informants identified the need for stronger pre- and post-treatment support, including more flexible step-up-step-down programming to support clients entering and exiting treatment.

Key informants expressed a strong interest in further integrating harm reduction interventions. However, the sobriety and abstinence requirements of many treatment centres do not support the vision of the FNHA's *Harm Reduction Policy*. Allowing access to OAT remains a challenge, with a third of FNHA-funded treatment centres not accepting clients who are receiving OAT.

> "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

MEETING REGIONAL NEEDS

Health data indicate that the Vancouver Coastal and Northern regions have the highest incidences of substance use harm. However, Vancouver Coastal does not currently have an FNHA-funded treatment centre. A new Shishalh Treatment Centre is in the planning stages.

FINDINGS: CLIENT-LEVEL OUTCOMES

Clients who completed treatment at an FNHA-funded treatment centre reported that they had received culturally safe services and benefited from improved mental health and well-being, as well as a stronger connection to culture.

> "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

> "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

FINDINGS: HUMAN AND FINANCIAL RESOURCES

ADDRESSING HUMAN RESOURCES ISSUES

FNHA-funded treatment centre staff are fundamental to cultivating a supportive and respectful environment during treatment. However, ongoing challenges with staffing levels – exacerbated by the COVID-19 pandemic, housing shortages, and rural and remote locations – were reported, with insufficient resources to meet the demand for services. Furthermore, wage parity was highlighted as a particular concern for the substance use workforce in BC.

STAFF DEVELOPMENT AND TRAINING

There was an identified need for increased staff development and training to align with emerging substance use trends, trauma-informed care and cultural safety, in addition to exploring partnerships with tertiary institutes.

ADDRESSING FINANCIAL RESOURCES REQUIREMENTS

There was a 59 per cent increase in contribution funding to FNHA-funded treatment centres from FY 2018/19 to FY 2022/23, however this was largely from non-NNADAP sources for the construction and renovation of centres. Key informants report that current funding levels do not cover repairs and increased operational costs, such as rising costs of food and fuel, particularly in northern BC.

LEARNINGS AND OPPORTUNITIES

The following learnings and opportunities to enhance the efficiency and effectiveness of the FNHA-funded treatment centres were identified.

OPPORTUNITIES TO ENHANCE COORDINATION WITHIN THE CONTINUUM OF CARE

- Improve pre-treatment support by advocating for increased access to culturally safe detox and withdrawal management support and greater service alignment with family and child welfare services and the correctional system.
- Enhance post-treatment support through improved discharge planning, collaboration with community health services and advocacy to provincial and housing partners.
- Seek greater alignment with FNHA mental health and wellness programming, such as with the FNHA Indigenous Treatment and Land-Based Healing Fund, in-community NNADAP supports and virtual services.
- Explore alternative treatment models to meet the needs of those with less intensive substance use care requirements, such as through outpatient programming.

OPPORTUNITIES TO ENHANCE SERVICE DELIVERY

- Improve access to FNHA-funded treatment centres by reviewing the common referral form, eligibility criteria and exploring alternative intake models.
- Adapt to evolving substance use practices by further integrating harm reduction approaches, such as providing support for pharmacological treatments like OAT and aligning with the FNHA's Harm Reduction Policy.
- Better meet the needs of client groups who are currently underserved in the substance use treatment system, such as families, pregnant individuals, the 2S/LGBTQQIA+ community, individuals with concurrent physical and mental health conditions and those transitioning out of prison.

OPPORTUNITIES TO ENHANCE GOVERNANCE

- Enhance the FNHA's relationship with FNHA-funded treatment centres by building closer working relationships and offering professional development opportunities to members of the treatment centres' boards.
- Enhance reciprocal accountability between the FNHA and FNHA-funded treatment centres by developing revised reporting mechanisms, supporting intake and waitlist management, and following up on data compliance.

OPPORTUNITIES TO IMPROVE RESOURCE REQUIREMENTS AND ADEQUACY

- Improve human resourcing through salary reviews, partnerships with academic institutions and additional funding for staff professional development.
- Address financial resourcing by reviewing funding streams and historic funding levels.

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 highlighted the importance of accessing culturally safe and grounded care based on traditional healing, wellness practices and addressing trauma. There is strong support for the relevance of the FNHA-funded treatment centres as offering a unique, wholistic approach to substance use treatment in the broader substance use continuum of care. However, key informants also emphasized the importance of FNHA-funded treatment centres adapting to evolving substance use patterns by further integrating harm reduction approaches.

Key informants spoke of the significant need to improve collaboration both among FNHA-funded treatment centres, and between the centres and the FNHA. Greater collaboration with partners across the substance use sector was additionally identified as an opportunity to support successful treatment by providing strong pre- and post-treatment support. Stronger oversight and enhanced reciprocal accountability and data-sharing were also identified as important ways to support the governance of the FNHA-funded treatment centres.

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 enhance 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.
- accessing treatment while on OAT.

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, 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.

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