



FACILITY-BASED ADDICTIONS TREATMENT PROGRAM MANUAL

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Government of
Northwest Territories

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INTRODUCTION

The Facility-Based Addictions Treatment (FBAT) program is designed to provide access to free addictions care for residents who need it.

The FBAT program is rooted in the following guiding principles:

1. **Recovery-Oriented**, recognizing that recovery is a personal journey where individuals strive to reach their full potential.
2. **Relationship-Based**, where relationships between individuals and providers are prioritized.
3. **Trauma-Informed**, recognizing the impact that past and current experiences of violence and trauma have, and the influence they have on the lives and behaviours of individuals.
4. **Culturally Safe Practices**, where all individuals feel safe and respected, free of racism and discrimination when accessing programs and services.

To ensure that residents receive the right care at the right time, a range of mental health programs are available, providing options for individuals to choose what works best for them. This approach tailors services to the unique treatment goals of individuals and ensures the most client-centered and culturally safe experience.

The Department of Health and Social Services (the Department) provides facility-based addictions treatment to clients in the Northwest Territories as one option to consider when exploring addictions recovery programs. FBAT is administered by the Mental Wellness and Addictions Recovery (MWAR) division at the Department.

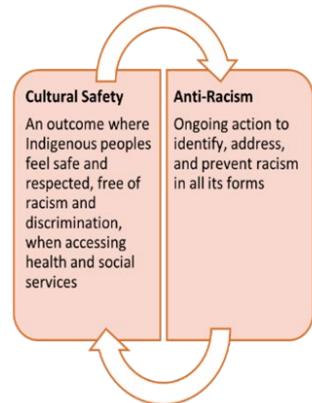
The Department appreciates that recovery is a personal journey and recognizes that the idea of recovery is different for everyone. The MWAR division encourages all service providers delivering addictions and substance use services to do so using a holistic and strengths-based approach, grounded in mutual respect, trust and building relationships.

This FBAT Program Manual details the policies and procedures of the FBAT program to ensure that processes are administered consistently, and in accordance with the Department's guiding principles.

This manual **does not** outline all mental wellness and addictions recovery programming delivered or supported by the Department. For a complete list of programs, including funding available for on the land and community driven initiatives, please go to our website [Mental Wellness and Addictions Recovery | Health and Social Services](#)

CULTURAL SAFETY

The Department recognizes that best practices are continuously evolving and that there are always opportunities for improvement in service provision. Therefore, this manual will be reviewed at least every three years. FBAT's practices must reflect the most up to date version of the FBAT Program Manual. The Department staff across the system are expected to always honour and promote a culturally safe and anti-racist environment and to interact with clients, families, community members, partners and colleagues in a relationship-based approach. This involves being tactful, respectful, self-aware, and humble to develop and maintain ongoing and trusting relationships.



In Canada, there is increasing awareness of systemic racism in health and social services, especially against Indigenous peoples. In the NWT, the HSS system is focusing on cultural safety and anti-racism to address this problem through the 2016 commitment to action document, "Building a Culturally Respectful Health and Social Services System" and the 2019 document, "Cultural Safety Action Plan." Cultural safety means Indigenous peoples feel safe and respected, free of racism and discrimination, when using health and social services. To achieve cultural safety, anti-racism and relationship-based care -which is a way to build strong relationships between clients and providers - is necessary. To build an understanding of the history of the NWT, all staff at FBAT contracted facilities who interact with NWT residents must complete the Government of the Northwest Territories' Living Well Together training.

Cultural Safety is a key part of reconciliation between Indigenous and non-Indigenous Canadians. Indigenous and non-Indigenous Canadians. Addressing racist attitudes in health and social services systems across Canada is specifically addressed in the Truth and Reconciliation Commission's (TRC) Call to Action Report, the United Nations Declaration on the Rights of Indigenous Peoples, and as well as the Missing and Murdered Indigenous Women, Girls and 2-Spirits Inquiry's Calls to Justice. In addition, following an audit of addiction prevention and recovery services, the Office of the Auditor General's Report listed 14 recommendations for the GNWT to implement with a work plan and timelines in place. One recommendation (#6) has requested: that the Government of the Northwest Territories conduct a whole-of-government review of cultural safety in all standards and policies associated with GNWT programs and services and provide a timeline for implementation. This review should identify barriers to cultural safety to inform efforts to remove or reduce identified barriers. In response to this directive, this Standard has been created to align with these recommendations, incorporating changes that reflect a commitment to enhancing cultural safety."[\[1\]](#)

^[11] Standing Committee on Government Operations. (2022). *Report on the Review of the 2022 Audit of Addictions Prevention and Recovery Services (Report)*. Northwest Territories Legislative Assembly.
https://www.ntlegislativeassembly.ca/sites/default/files/legacy/scogo_cr_-oagaddictions_report_v3.pdf

PROGRAM ELIGIBILITY

PURPOSE

The Department only provides funding for NWT residents to attend facility-based addictions treatment at any of the facilities where the Department has a contract in place.

- If an NWT resident chooses to attend a facility that is not in contract with the Department, the Department will not cover or reimburse the costs as this is in direct violation of GNWT Procurement Framework. In these cases, service-users are responsible for their treatment and travel costs.

PROCEDURE

An individual must meet all of the following criteria to participate in the FBAT Program:

- The person must be an adult, 18 years of age and older (19 years of age for some facilities).
- The individual must have valid NWT healthcare that covers the entire treatment period.
- The individual must have valid identification approved by Transport Canada for air travel.
 - This identification must remain active during the entire treatment period and must be in the individual's possession prior to them leaving for treatment. This is to ensure that the individual can travel by air to/from treatment at any time.
 - Temporary NWT Driver's Licenses and NWT General Identification Cards (GIC) issued by the GNWT are accepted for air travel. These are valid for 60 days from the date of issue.
- If a service-user wishes to travel by vehicle, this should only be considered on a case-by-case basis that considers the safety and wellbeing of the client.
 - The service-user must recognize the risks associated with driving and should identify how they can get back home safely.
 - A service-user's decision to drive will be documented by the case manager and must include validation that the risks and benefits of driving were discussed with the individual.

Referrals for predominantly mental health treatment (those requiring mental health care by a medical team with oversight by a physician during the treatment stay) concurrent with addiction, should be submitted through the physician driven process overseen by Health Services Administration.

SERVICE ACCESS & DELIVERY

PURPOSE

To ensure that NWT residents have timely and equitable access to appropriate services and supports.

PROCEDURE

- The FBAT program will receive applications from case managers with the skills and abilities to determine treatment readiness and provide assessment, care coordination and aftercare planning. This might include:
 - Community Mental Health Providers
 - Community Social Workers
 - Community health nurses (*Locums must consult with their NIC)
 - Wellness Providers
 - An NGO delivering addictions or recovery services
- Service-users may only apply for one treatment facility at a time, based on the facility that is best designed to meet their needs.
- The treatment stay must be continuous with no breaks. FBAT Facility-to-Facility transfers are not permitted.
- Extensions to inpatient treatment are approved when the service-user, case manager and treatment facility all recommend that treatment be extended.
- Once an application has been submitted, the FBAT Specialist has three (3) business days to review an application and provide a response.

ROLES & RESPONSIBILITIES

PURPOSE

To ensure that the roles and responsibilities of those involved with the FBAT process are clearly defined.

There are four (4) main staff roles that work in partnership with service-users that complete the FBAT process, from start to finish:

1. Case Managers
2. FBAT Specialist
3. Medical Travel Staff
4. Treatment Facility Staff

Only fully complete applications will be reviewed by the FBAT program. Where an application is incomplete, the FBAT team will notify the case manager that the application will not be processed.

PROCEDURE

CASE MANAGERS

The case manager is responsible for supporting individuals throughout the **entire addiction treatment process**, from the initial assessment and referral through to follow up and aftercare. This includes:

Assessment and Referral

- Assessing and determining readiness
- Exploring options, discussing treatment and recovery services and programs offered by different facilities.
- Describing the treatment experience and discussing treatment responsibilities (see the referral process guide).
- Ensuring that the service-user has valid and current NWT health care and proper identification for travel prior to leaving the NWT.
- Review with service-user if supportive allowance is required, if yes identify on the application.
- Supporting the service-user to apply to the facility that best suits their needs and submitting complete application packages to the Department for funding and to approve medical travel.
- Including any medical needs and relevant medical history on the application.
- Ensuring that the service-user is aware of their travel dates.
- Initiating and creating the aftercare plan in collaboration with the service-user.

Follow up and After Care Planning

- Following up with the service-user during their treatment, maintaining relationship with the client, updating the aftercare plan.
- Identifying if the need for supportive allowance has changed during treatment, if so, applying through FBAT specialist.
- Maintaining contact with the treatment facility and medical travel if there are any changes or cancellations.

- Review the need for any treatment extension with the service-user and treatment facility.
- Respond to service-user questions, first point of contact for the service-user.

FACILITY BASED ADDICTIONS TREATMENT (FBAT) SPECIALIST

- The FBAT Program is administrative in nature and does not work directly with service-users.
- The FBAT Specialist reviews the funding application within three (3) business days of receiving the completed application package.
- If the application meets Program Eligibility criteria for approval, the FBAT Specialist provides the following documents to the case manager, medical travel, and treatment facility:
 - Funding approval letter
 - Supportive allowance approval letter (if applicable)
 - Signed Medical Travel Exception Form requesting travel
 - Upon request from the case manager, the FBAT Program will contact Medical Travel to book the service-user's return travel.

MEDICAL TRAVEL STAFF

- Receive the Medical Travel Exception Form from the FBAT Program.
- Assign a case number for each service-user.
- Make necessary travel arrangements for the service-user to travel to the treatment facility.
- Book the service-user's return travel upon the request of the FBAT staff.

TREATMENT FACILITY STAFF

- Liaising with the case manager and the Department to coordinate treatment for service-user.
- Providing the case manager and the Department with a pre-admission letter indicating dates and duration of treatment.
- Engaging with the service-user and the case manager to develop an individualized treatment plan based on the service-user's clinical assessments, referral information, and intake assessments.
- Providing a mid-point progress report to the case manager via telephone.
- Engaging with the service-user and case manager to review the service-user's aftercare plan.
- Providing a detailed discharge summary to the case manager within one week of the service-user being discharged, transferred, or transitioned.

DOCUMENTS

[NWT FBAT Application](#)
[FBAT Supplementary Consent Form](#)
[Client Travel Agreement](#)
[Escort Travel Agreement](#)

TRAVEL, RETURN TRAVEL & ESCORTS

PURPOSE

To provide the service-user with travel to the treatment facility as well as return travel to the NWT following treatment. Case managers should work closely with service-users to ensure safety and proper contingency planning as travel delays and changes (such as flight cancellations, etc.) are beyond the FBAT Program's control.

PROCEDURE

Medical travel provides the most direct and economical route. Personal travel requests are not accommodated. Once travel is requested, no changes are permitted.

Travel to Facility

- Eligible service-users will have travel arranged and provided by the Government of Northwest Territories (GNWT) [Medical Travel Policy](#).
 - NWT service-users do not pay the Medical Travel co-pay when travelling to facility-based addiction treatment.
- Service-users are responsible for the safekeeping of their IDs while at treatment. It is beyond the scope of the FBAT program to provide accommodation or funding for travel delays related to lost ID.
 - If the service-user obtains a new ID, the program can provide a flight ticket home.
- If an employer provides travel benefits, employees must use those benefits for their travel and are responsible for organizing the arrangements.
 - NWT service-users whose spouses work for the GNWT use regular Medical Travel benefits available to all residents.
- Service-users may bring two bags to and from treatment and should be prepared to pay for both, then submit to be reimbursed. Case managers can ask medical travel to prepay bag fees, but this may not be possible. Medical travel does not pay for overweight bags or reimburse costs for overages.

Return Travel

- Service-users return to same community they originated from following treatment, per the GNWT Medical Travel Policy.
- The case manager must contact the Department's FBAT Program seven (7) days in advance of discharge to inform them of the service-user's discharge date and time. The Department will then request return travel from Medical Travel.
- For unplanned discharge travel after hours, on weekends or holidays, the service-user and/or facility must contact Medical Travel directly to request return travel.

- Service-users requesting a return flight to a different community than the home community (identified on the application) will only be approved if the cost does not exceed that of a return ticket to their home community.
 - The service-user must agree that the return ticket to the new community replaces a return ticket to their home community; no further travel will be provided. This includes relocating to second stage or sober living.
 - NWT service-users relocating elsewhere in Canada are responsible for their own relocation costs; the GNWT does not cover relocation expenses.
 - If the Department is notified that an individual has relocated to another province or territory, the FBAT Specialist notifies Health Services Administration.
 - Consistent with NWT medical travel policy, service-users who relocate outside the NWT or establish healthcare in another province or territory are not eligible for return travel funding.
- Service-users who remain in the city where they completed treatment and later request a ticket to their originating community, will be provided travel from the city in which they attended treatment if they have valid NWT health care.

ESCORTS

Non-medical escorts are provided to individuals who require assistance as they travel to and from a treatment facility in Alberta or British Columbia.

Escorts are not permitted for travel to or from Toronto, given safety risks associated with individuals requiring this level of support being so far away from the NWT. If a service-user applies to attend treatment in Toronto and requests an escort, their application will be denied.

Service-users cannot reapply to the Toronto facility simply by removing the escort request, as the underlying safety concerns that required an escort remain. They must instead apply to a facility in closer proximity in Alberta or British Columbia, where arranging an escort is feasible or not required.

Northwest Territories service-users qualify for an escort if they meet at least **one** of the following criteria:

- The service-user is living with a physical disability such as mobility issues, visual impairment, etc.
- The service-user is living with a cognitive disability or impairment that makes travel challenging or unsafe.
- The service-user experiences a fear of flying or other mental or emotional challenge that may impact their ability to travel independently.
- The service-user would face difficulties or challenges if they travel alone.
- The FBAT program specialist reviews the request for an escort to determine if it meets criteria above for approval. If approved, travel is provided as per the GNWT's [Medical Travel Policy](#).
- The service-user is responsible for identifying their own escort. The escort must be willing and able to travel with the service-user. A second escort ticket will not be issued if the original escort is unable to travel.
- As per Medical Travel Policy, escorts are booked on the next available return flight, often the same day.

- Personal travel requests are not accommodated.
- As FBAT facilities are outside of areas with NWT boarding homes, escorts should be prepared to pay for some meals and snacks and can submit for reimbursement (up to \$18 per day) following travel.
- The escort must be able to independently navigate travel delays and expenses (such as taxis and food), which can be submitted for reimbursement to Medical Travel.

REPORTING OF SERIOUS OCCURRENCES

PURPOSE

To ensure the GNWT is made aware of serious occurrences during treatment that may impact an NWT service-user, or occurrences that may impact the quality of service-delivery at a treatment facility.

PROCEDURE

Within 24 hours, all serious occurrences must be reported by the treatment facility to the GNWT's designated contract contact (FBAT Program Specialist) and the service-user's NWT case manager via the Department's Facility-Based Addictions Treatment Serious Occurrence Report.

The FBAT program and case manager will review the occurrence to determine if any follow up is necessary. If applicable and when possible, the case manager will follow up with the client to determine whether they wish to provide feedback regarding their FBAT experience (see Service-User Feedback procedure).

Serious occurrences include the following:

- An NWT service-user does not arrive for intake.
- An NWT service-user is absent from the premises without knowledge or consent of the facility's staff and/or the whereabouts of the service-user are unknown ("AWOL").
- An NWT service-user is seriously injured.
- An NWT service-user is hospitalized.
- Death of a service-user.
- An NWT service-user seriously injures another individual.
- An NWT service-user is arrested.
- There are allegations of abuse involving an NWT service-user.
- An NWT service-user is displaced due to emergency (e.g., fire, flood).
- An NWT service-user self-discharges prior to their treatment completion date.
- An NWT Service-user is discharged by the facility prior to their treatment completion date.
- Facility closures or service reductions that impact treatment delivery.
- An NWT service-user is delayed due to unplanned medical detox being initiated upon arrival.

DOCUMENTS

Facility-Based Addictions Treatment Serious Occurrence Report

SERVICE-USER FEEDBACK

PURPOSE

Service-users have a barrier free opportunity to share feedback on their experience with the contracted service providers who deliver facility-based addictions treatment. Service-users have a right to provide feedback and receive a timely response to concerns.

PROCEDURE

If a case manager or service-user has feedback (including both compliments, and/or complaints) about one of the contracted treatment facilities, the Department would like to hear about it.

The process to bring forward feedback is designed to be as barrier free as possible. Feedback can be brought forward in the following ways:

- The service-user can notify the DHSS Manager, Mental Health and Addictions, Strategic Programs directly at resaddictionstx@gov.nt.ca
- The service-user can discuss the feedback with their case manager and ask that it be brought forward to the DHSS Manager, Mental Health and Addictions Strategic Programs on their behalf.
- Feedback can also be provided through the Office of Client Experience [Office of Client Experience | Health and Social Services Authority](#)

If necessary, the Manager will follow-up by email with the treatment facility, regarding any next steps (may not be required for all feedback).

- If there are concerns that the contractor may not be following the contract, or there are concerns that a contract needs to be reviewed, the Manager will consult with the Director of Mental Wellness and Addictions Recovery to determine next steps.

As soon as possible, and within 14 days, the DHSS Manager will follow up with the service-user, case manager, and – if applicable – the facility (if the service-user has consented to sharing the information with these parties) regarding the outcome of these discussions and any next steps.

PRIVACY & CONFIDENTIALITY

PURPOSE

To ensure that contractors of the GNWT comply with the [*NWT Health Information Act*](#) (HIA).

PROCEDURE

- The Department considers the protection of personal health information to be of critical importance to the provision of health services to NWT residents.
- Contractors must be provided with both the NWT's HIA and the Department's Privacy Breach Policy upon contract signing.
- All contracted facilities must ensure their staff complete the Government of the Northwest Territories' Privacy and *Health Information Act* training on an annual basis.
- Contractors who do not comply with the HIA will be reported to the NWT Information and Privacy Commissioner (IPC) and formal notifications will be sent to the impacted service-users when an incident occurs.
- The Department issues formal privacy breach notification letters to contractors when a breach has occurred, and contractors will be asked to formally identify, in writing, the mitigation strategies that they will put in place to help avoid future occurrences. Breaches will also be reviewed and discussed at bi-annual contract check in meetings.
- Training provided by contractors to their staff shall be reviewed annually by the Department's Chief Privacy Officer to ensure it meets requirements. Where warranted, additional training shall be offered by the Department.

DOCUMENTS

- [NWT Health Information Act](#)
- Department of Health and Social Services' Privacy Breach Policy