



ADDICTIONS PREVENTION AND RECOVERY SERVICES

WORK PLAN (2022-2024)

March | 2023

Government of
Northwest Territories

English

French

Cree

Tłchq

Chipewyan

South Slavey

North Slavey

Gwich'in

Inuvialuktun

Inuktitut

Inuinnaqtun

867 767-9346 Ext.71037

866-561-1664 Toll Free

TABLE OF CONTENTS

Message from the Minister	4
Introduction.....	5
Improving Performance: Action and Alignment.....	6
Priority Area #1: Equitable Access.....	7
Priority Area #2: Diverse Subpopulations.....	8
Priority Area #3: Aftercare Planning.....	9
Priority Area #4: Coordination of Addictions Services.....	10
Priority Area #5: Cultural Safety.....	11
Priority Area #6: Disaggregated Data	12
Priority Area #7: Outcomes for Addictions Services	13

Message from the Minister

The Office of the Auditor General's (OAG) audit of Addictions Prevention and Recovery Services provides important insights to help the Government of the Northwest Territories improve outcomes for residents with addictions.

Addictions take a significant toll on lives across this Territory and threaten the health and vibrancy of communities. The health and social system needs to provide responsive, safe, and effective services to help people and families who are struggling. This work plan outlines the work the Health and Social Services system do to improve services.



A variety of programs and services are already available to people and families faced with addictions, delivered by competent, dedicated, and caring staff. The Health and Social Services system is also taking meaningful steps to improve that range of supports by advancing commitments to establish transitional housing for addiction recovery, managed alcohol programming, and a model for medical detox. The activities in this workplan will complement and strengthen these existing and ongoing efforts.

I am committed to ensuring that the Health and Social Service system takes the steps outlined in this work plan, to ensure a strong system of coordinated and easily accessible addictions supports for all residents. I hope these changes provide everyone living with addictions with meaningful tools to support their journey toward a healthy future.

Julie Green
Minister of Health and Social Services

Introduction

The Office of the Auditor General of Canada (OAG) conducted an audit of addictions prevention and recovery services in the Northwest Territories (NWT) for the period of August 1, 2016, to July 31, 2021. The objective of the audit was to determine whether the Department of Health and Social Services (DHSS) and the Health and Social Services Authorities (HSSAs) provided addictions prevention and recovery services to meet the needs of NWT residents. The audit did not assess activities undertaken by other Government of Northwest Territories departments/organizations, Indigenous Governments, or third parties that provide addictions services to NWT residents. The audit involved examining and analyzing key documents from the DHSS and HSSAs. The OAG interviewed officials from the DHSS, the three HSSAs, as well as Indigenous Governments and organizations.

The Auditor General's findings focused on seven areas: equitable access, needs of diverse subpopulations, aftercare planning, coordination of addictions services, cultural safety, the use of disaggregated data, and outcomes for addictions services. The Health and Social Services System welcomed this audit experience as addictions is a pressing issue in the Northwest Territories. While there is still much progress to be made, the audit validated the territory's growth and ongoing strategic direction for addictions prevention and recovery services.

The OAG's recommendations (see **Appendix A**) align with the NWT's key priority areas for addictions prevention and recovery services. For instance, the DHSS and the HSSAs have recently transformed the system through the implementation of Stepped Care 2.0. This model of care uses a recovery-oriented approach to provide same-day access to flexible mental wellness and addictions recovery services. The Community Counselling Program has since eliminated the need for official wait lists to receive counselling services. Stepped Care 2.0 has paved the way for enhanced integration of services across systems as well as the coordination of formal and informal supports (such as counselling, e-mental health, peer-support, and land-based programs).

The OAG's recommendations have highlighted areas that require additional focus and attention. The DHSS and HSSAs have agreed with all the recommendations outlined in the OAG's report. The Health and Social Services System embraces the opportunity to advance positive change in the Northwest Territories. The DHSS and HSSAs developed this joint work plan to address the OAG's seven recommendations. With the implementation of the actions contained in this plan, it is anticipated that progress will be made in the following areas that have been highlighted as needing improvement:

- Increased understanding of residents' self-determined mental wellness and addictions recovery needs to inform program planning and priority setting,
- Enhanced partnerships with Indigenous Governments and communities to ensure a continuum of services that better meets the addictions needs of residents,
- Improved access to culturally safe addiction prevention and recovery services,
- Increased consistency in coordination of addictions services and aftercare, and
- Enhanced ability to track community-identified and service user-identified outcomes.

We are all impacted by mental wellness and addictions recovery. As such, this is a topic that is deeply personal for many individuals, families, and communities across the NWT. Addiction recovery supports are a vital part of one's health, well-being, and quality of life. Health and Social Services is committed to building a better system of supports for residents seeking addictions prevention and recovery services.

Improving Performance: Action and Alignment

The Department of Health and Social Services (DHSS) and the Health and Social Services Authorities (HSSAs) are committed to increasing the number and variety of culturally respectful, community-based mental wellness and addictions recovery programs in the Northwest Territories. The OAG's recommendations complement and validate the priorities of the DHSS and HSSAs and, together, action will be undertaken to respond to findings. Many initiatives that had already been implemented or were in development at the time of the audit, align with the OAG's recommendations which will support more effective action and response. Examples include but are not limited to:

- Creation of a Cultural Safety and Anti-Racism Unit within the Community, Culture & Innovation Division
- Establishment of an Indigenous Advisory Body
- Implementation of a Stepped Care 2.0 approach to community counselling
- Implementation of Child and Youth Counsellors in NWT communities and schools
- Implementation of the *My Voice, My Choice* Campaign for Youth Wellness
- Establishment of the Peer Support and Addictions Recovery and Aftercare Funds
- Enhancement of the On-the-Land Healing Fund and administration of Process Evaluation for the Fund
- Development of a territorial approach to Managed Alcohol
- Establishment of the Mental Wellness and Addictions Recovery Advisory Group
- Creation of Indigenous Patient Advocate positions and an Office of Client Experience
- Creation of an Indigenous Client Experience Council (*in process*)
- Establishment of Transitional Housing for Addiction Recovery (*in development*)
- Development of a territorial model for Medical Detox (*in development*)
- Establishment of Equity Frameworks and Tools (*in development*)

The audit results have provided valuable insight that the DHSS and HSSAs will incorporate into ongoing strategic work such as the *Department of Health and Social Services Business Plan* and the *NWT Alcohol Strategy*.

The OAG's recommendations accentuate areas for improvement in addiction prevention and recovery services of the Northwest Territories. This work plan and the activities listed on the following pages, highlight new actions that the DHSS and HSSAs are taking in direct response to the audit recommendations.

Priority Area #1: Equitable Access

Taking deliberate steps to broaden access to effective and appropriate addictions recovery services is important to mitigating health inequities and reducing barriers to care.

COMMITTMENT	ACTIVITIES	DELIVARABLES	LEAD	TIMELINE
Engage with Indigenous Governments and communities to inform approaches to defining and achieving equitable access to addictions services.	Utilize the Health Equity Assessment tool, currently in development, to guide the adoption of a definition of equitable access for addictions services that is based on engagement with Indigenous Governments and communities, including the: Indigenous Advisory Body, the NWT Association of Communities, community wellness staff via Community Wellness Plan renewal process, and living expertise via Mental Wellness and Addictions Recovery Advisory Group.	Develop definition of equitable access for addictions services based on results of engagement with Indigenous Governments and communities.	DHSS (CCI)	2022-2023 (Q4)
	Gather data about existing and requested addictions services to develop a comprehensive map of addictions services, both existing and requested, to inform long term planning and priority setting in accordance with an established definition of equitable access.	Finalize system map of existing and requested addictions services with accompanying equity and gap analyses.		
Based on engagement results, develop an approach for the delivery methods and locations of key addictions services, aiming to reduce barriers where possible (within existing system capabilities and capacities).	Establish Territorial Addictions Working Group to oversee the development of a workplan that operationalizes targeted and proportional strategies to identify and address barriers to health equity for addictions services.	The establishment of a Territorial Addictions Working Group consisting of representation from internal partners responsible for the operationalization of services, and ad hoc representation from regional, front line, and external partners.	NTHSSA	2023-2024 (Q4)

Expected Results: An operationalized definition and approach to meeting commitments to equitable access for addictions services that specifies delivery methods and location of services to reduce barriers where possible.

Priority Area #2: Diverse Subpopulations

The collection and analysis of service-user data provides important information on trends, the profiles of individuals accessing addictions recovery services, and the needs and preferences associated with those distinct groups. This information can then be used to validate approaches to care and service delivery, as well as to identify areas where shifts in an approach may be required.

COMMITMENT	ACTIVITIES	DELIVERABLES	LEAD	TIMELINE
Develop an approach to the collection of service-user experience and satisfaction data that includes additional demographic categories to capture the needs of diverse subpopulations including refugee and non-Indigenous racialized groups.	Research best practices for categorizing demographic information and determine an approach for the NWT addictions recovery system.	Based on review of best practices and engagement with subject matter experts, establish self-reported demographic data collection questions and approach for NWT addictions recovery system.	DHSS (CPRE)	2022-2023 (Q4)
Combine the <i>Community Counselling Program Service-User Satisfaction Questionnaire</i> and the <i>Addictions Recovery Experience Survey</i> into a single questionnaire, including the additional demographic categories identified in 2022-2023.	Combine <i>Community Counselling Program Service-User Satisfaction Questionnaire</i> and the <i>Addictions Recovery Experience Survey</i> into a single <i>Mental Wellness and Addictions Recovery Experiences Questionnaire</i> that includes additional demographic categories. This questionnaire will include feedback from both users and non-users of GNWT addictions services and will incorporate additional questions regarding cultural safety.	Develop online and paper version of survey.	DHSS (MWAR)	2023-2024 (Q4)
	Administer questionnaire across NWT using a mixed methods (online and paper-based) and repeat every 2-3 years. Additional strategies will be employed to encourage participation from both users and non-users. Use the results to inform understanding of the addictions services needs of diverse subpopulations.	Administration of questionnaire.		

Expected Results: An established, ongoing approach to the collection of service user needs and preferences, including those of diverse subpopulations, to enhance the understanding of the addictions services needs of all residents.

Priority Area #3: Aftercare Planning

Aftercare plans are an important aspect of care for people who attend facility-based treatment as part of an overall recovery plan. Aftercare plans identify the individualized supports and resources necessary to celebrate successes, encourage healthy habits, cope with triggers, and work towards personal recovery goals.

commitment	ACTIVITIES	DELIVERABLES	LEAD	TIMELINE
<p>Review current practices in aftercare planning and create a revised, standardized approach to aftercare planning that is reflective of established standards and best practice. This work will include the development of standardized tools and processes that will ensure a documented aftercare plan is clearly identified on the service-user's file prior to leaving for treatment. The approach will also ensure regular updates during treatment, proactive connection upon completion of treatment, and active outreach to ensure that residents accessing addictions treatment are connected to resources and set up for success upon returning to the NWT.</p>	<p>Complete a review of best practice and National Standards in addictions recovery and aftercare.</p>	<p>Complete report that summarizes evidence from subject matter experts, jurisdictional scan and literature review for best practices, on National Standards in addictions recovery and aftercare.</p>	NTHSSA	<p>2022-2023 (Q4)</p>
	<p>Develop a consistent approach to aftercare planning and documentation that ensures alignment with person centred practice and cultural safety and that includes requirements for planning to take place prior to treatment and for active outreach and offering of supports post treatment.</p>	<p>Complete report that identifies priority areas to support a consistent approach to aftercare planning and documentation that is person centred and cultural safe.</p> <p>Identify indicators and monitoring approach to addictions aftercare planning.</p>		
	<p>Develop Standard Operating Procedures (SOPs) and tools to support providers in the implementation of the aftercare planning approach.</p>	<p>Develop policies, SOP's, protocols, and/or tools that are in alignment with results of best practices review, situational assessment, and gap analysis.</p>		
	<p>Implement system education and training development plan, including primary care practitioners, NGOs, and other care providers referring to addictions treatment.</p>	<p>System education, training, and onboarding for aftercare will be integrated with Coordination of Addictions Services.</p>	NTHSSA	<p>2023-2024 (Q3)</p>

Expected Results: A consistent approach to aftercare planning and documentation that ensures all individuals who attend treatment have an aftercare plan prior to beginning treatment and are provided active connection to support services upon their completion of treatment.

Priority Area #4: Coordination of Addictions Services

Identifying and evaluating positions that facilitate referrals is essential to providing care that is coordinated. This ensures that individuals seeking support with addictions recovery can easily navigate the system to receive the care they need from the right provider at the time they need it.

COMMITMENT	ACTIVITIES	DELIVERABLES	LEAD	TIMELINE
In partnership with key stakeholders, conduct a gap analysis to identify areas requiring targeted quality improvement and to inform the development of standardized processes for both provider- and self-referrals that include key referral points and pathways to accessing addictions services.	Provide a consistent approach for transitioning service-users to and from out-of-territory treatment facilities to community-based care providers.	<p>Identification of key positions and stakeholders responsible for providing addictions and recovery services, including both government and non-government</p> <p>Develop and implement Standard Operating Procedures to standardize the process for providers referring to Addictions Services (including how/when to refer clients, resources for common barriers).</p>	NTHSSA	2022-2023 (Q4)
	Implement onboarding process and competency-based orientation plans for all practitioners that outline the pathways for accessing addictions and recovery services.	<p>Updated onboarding and orientation materials for practitioners.</p> <p>Development and implementation of system education and training plan for care providers referring to addictions treatment.</p>	NTHSSA	2023-2024 (Q3)
	Implement system-wide communication outlining the process to self-refer to addictions services for both providers and service users.	Resources outlining the processes for provider- and self-referral to addictions services will be disseminated to providers, and the public.	NTHSSA	2023-2024 (Q4)

Expected Results: Established and consistent referral processes for addictions services, including the identification and location of key positions that can support and facilitate access.

Priority Area #5: Cultural Safety

Offering health and social services that are culturally safe and free from racism at both the provider and system levels is critical to ensuring respectful, safe, and non-discriminatory care for NWT residents, particularly Indigenous clients.

COMMITMENT	ACTIVITIES	DELIVERABLES	LEAD	TIMELINE
Conduct a review of standards and procedures associated with key addictions services including the Community Counselling Program and the Facility Based Addictions Treatment Program to identify barriers to cultural safety to inform efforts to remove or reduce identified barriers.	Work with the Community, Culture and Innovation Division and Cultural Safety and Anti-Racism Division, as well as interested members of the Indigenous Advisory Body, to review existing standards and policies associated with key addictions services like the Community Counselling Program and the Facility Based Addictions Treatment Program to identify barriers to cultural safety.	Engagement with internal and external stakeholders to identify barriers to cultural safety.	DHSS (MWAR, CSAR)	2023-2024 (Q4)
	Build HSS staff capacity to integrate cultural safety and anti-racism principles into program planning and policy development"	Develop a Cultural Safety and Anti-Racism Guide that will function as a lens for HSS staff as they develop internal and external HSS documents, including programs and policies.		
	Implement changes to reduce barriers and share results with all Health and Social Services Authorities to direct complementary changes to operational policies and procedures, including a recognition of the value of Indigenous knowledge	Revise CCP and FBAT policies and SOPS based on internal/external stakeholder feedback and Cultural Safety and Anti-racism Guide.		
Review and adjust screening processes, core competencies, and equivalencies for key addictions services positions to ensure inclusion and application of Indigenous qualifications.	Engage in discussions with community leadership and Indigenous organizations on how to appropriately incorporate Indigenous qualifications into job descriptions.	Engagement with key stakeholders on the inclusion and application of Indigenous qualifications.	NTHSSA HRHSSA TCSA	2023-2024 (Q4)
	Ensure that job descriptions, core competencies, screening and interview processes reflect and incorporate Indigenous knowledge and qualifications.	Identification of key knowledge, skills and abilities that reflect Indigenous learning, practices, and qualifications. Job descriptions and hiring practices are updated to incorporate Indigenous qualifications.		
	Improve orientation process and identify mandatory training requirements of positions delivering addictions services.	Integrate mandatory training requirements into system education, training, and onboarding improvements.		

Expected Results: Reduced policy barriers to cultural safety in key addictions services, and revised hiring practices for addictions positions that formally recognize the value of Indigenous qualifications.

Priority Area #6: Disaggregated Data

Collecting data related to specific subpopulations enables analysis of trends and other key factors that can facilitate a clearer understanding of the needs of specific groups. This understanding can then inform approaches to service delivery to meet these diverse needs more effectively.

COMMITMENT	ACTIVITIES	DELIVERABLES	LEAD	TIMELINE
Examine the ability to disaggregate program data based on current data collection approaches, and the appropriateness of collecting data on additional demographic groups, including the LGBTQ+ community, refugees, and non-Indigenous racialized groups. This work will include a review of best practices, a feasibility assessment, and the compilation of an inventory outlining existing data collection across key addiction service areas.	Examine the ability to expand the collection of demographic data, specific to the LGBTQ+ community, refugees, and non-Indigenous racialized people across addiction recovery programs and services.	Completed summary of best practice review, status of existing demographic data collection, and assessment of the feasibility of expanding the collection of demographic data across addiction recovery programs and services.	DHSS (MWAR)	2023-2024 (Q3)
Determine an analytic approach for any additional categories that will be collected as part of ongoing program monitoring data for the Community Counselling and Facility Based Addictions Treatment programs. The results of the analytic approach will be used to inform adjustments to services, as necessary.	Determine an approach for expanded demographic data collection and analysis of monitoring data, which includes administrative data and self-reported experiences of the mental wellness and addictions recovery continuum of programs and services.	Established monitoring approach.	DHSS (MWAR)	2023-2024 (Q4)
	Use the results of data analysis to inform adjustments in approach as required for responsive service delivery.	Implement monitoring approach with regular review of data to inform service delivery adjustments.		

Expected Results: Routine collection and analysis of disaggregated data, including for diverse subpopulations, to inform understanding of how well addictions services are meeting the needs of residents and to inform adjustments to services as required.

Priority Area #7: Outcomes for Addictions Services

Establishing indicators to track progress and outcomes is important for understanding whether addictions prevention and recovery services are meeting the needs of residents.

COMMITTMENT	ACTIVITIES	DELIVERABLES	LEAD	TIMELINE
<p>Develop logic models and monitoring frameworks for the Community Counselling Program and other key addictions services, including HSS funded, community designed and delivered services.</p> <p>This work will identify short-, medium- and long-term outcomes as well as key indicators, and will embed applicable community determined outcomes into the overall monitoring approach.</p>	<p>Working with Corporate Planning, Reporting and Evaluation Division, Community Culture and Innovation Division, and Indigenous Governments and communities, establish an overarching logic model and monitoring approach for all core mental wellness and addictions recovery programs that includes short-, medium- and long-term outcomes, including community defined outcomes, and indicators for individual program areas and community delivered programs and services.</p>	<p>Overarching Mental Wellness and Addictions Recovery Logic Model reflective of community defined outcomes</p> <p>Overarching Monitoring Framework</p>	<p>DHSS (MWAR)</p>	<p>2022-2023 (Q4)</p>
<p>Implement monitoring framework and use results to inform shifts in service delivery, as necessary and feasible.</p>	<p>Implement framework and monitor indicators while maintaining the privacy of service users and use the results to inform shifts in program approach if necessary.</p>	<p>Implement monitoring frameworks and monitoring of indicators</p>	<p>DHSS (MWAR)</p>	<p>2023-2024 (Q4)</p>

Expected Results: Established short-, medium- and long-term outcomes, and associated indicators, that are used to monitor the results of addictions programs and services and to inform service adjustments as necessary.

APPENDIX A: AUDIT RECOMMENDATIONS

1	The Department of Health and Social Services and the Health and Social Services Authorities, in collaboration with Indigenous Governments and communities, should determine how to achieve their commitment to providing equitable access to addictions services in the NWT, including related timelines, and take the required actions. This should include identifying where and how services should be made available to reduce barriers to access, given its operating environment and related challenges.
2	The Department of Health and Social Services, in collaboration with the Health and Social Services Authorities and relevant stakeholders should identify the addictions prevention and recovery needs of diverse subpopulations.
3	The Department of Health and Social Services and the Health and Social Services Authorities should: <ul style="list-style-type: none"> • Develop a standard approach to aftercare planning. • Ensure clients who attend facility-based addictions treatment programs have an aftercare plan before they leave for treatment. • Facilitate access to aftercare services needed when clients return to the NWT.
4	The Department of Health and Social Services and the Health and Social Services Authorities, in collaboration with Indigenous Governments, communities and services providers, should work to improve coordination of addictions services across the territory by: <ul style="list-style-type: none"> • Creating formalized referral processes to help connect clients to the required services. • Evaluating the key positions that can facilitate referrals across services and where these should be located.
5	The Department of Health and Social Services and the Health and Social Services Authorities, in collaboration with Indigenous communities and governments should work to improve the cultural safety of addictions services. This should include: <ul style="list-style-type: none"> • Reviewing their policies to identify any barriers to delivering culturally safe addictions services and working to remove these barriers. • Developing and implementing a strategy to adapt its current hiring approach to formally recognize the value of Indigenous qualifications.
6	The Department of Health and Social Services and the Health and Social Services Authorities should determine the disaggregated data required to understand whether addictions services are working, including for diverse subpopulations, collect and analyze the data to identify trends or anomalies, and use this information to adjust services as needed.
7	The Department of Health and Social Services and the Health and Social Services Authorities should collaborate with Indigenous Governments and communities to establish desired short-, medium- and long-term outcomes for addictions services, and indicators to measure them, including using Indigenous outcome measures. They should use these indicators to monitor the results related to addictions services, and adjust those services, as necessary.