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A MODEL FOR THE DELIVERY OF ALCOHOL AND DRUG SERVICES IN THE NORTHWEST TERRITORIES

Prepared for the Honourable Bruce McLaughlin
Minister of Social Services

Prepared by the Department of Social Services
Government of the Northwest Territories

June 1987

A MODEL FOR THE DELIVERY OF ALCOHOL AND DRUG SERVICES IN THE NORTHWEST TERRITORIES

SUMMARY

With the transfer of federal health programs (including the National Native Alcohol and Drug Abuse Program) being imminent, it is imperative that the Territorial Government has in place an organizational structure that will allow for orderly transfer and development of Alcohol and Drug Services.

Further, given the expression of widespread concern regarding the role and function of the Alcohol and Drug Coordinating Council (ADCC) it is necessary that the current role, structure, and membership of this Council be significantly modified to ensure accountability and effectiveness.

The proposed model recognizes the following principles:

- The G.N.W.T. Alcohol & Drug program must be designed to meet the needs of all residents of the NWT while permitting sufficient flexibility in programming options to respond to the unique needs/approaches to addressing concerns which may be developed by the various cultural/linguistic groups at the Regional/Community level.

- To the greatest extent possible responsibility for the administration and training support to alcohol and drug programs should be decentralized.

- Citizen participation in the design and administration of local programming efforts to address alcohol and drug concerns should be encouraged.

- Integration of Federal and Territorial Alcohol and Drug programs is necessary to enhance program delivery and to facilitate transfer.

- The ratio of money spent on administration to money spent on program delivery should be kept to a minimum with emphasis placed on more efficient use of funds rather than on more money.

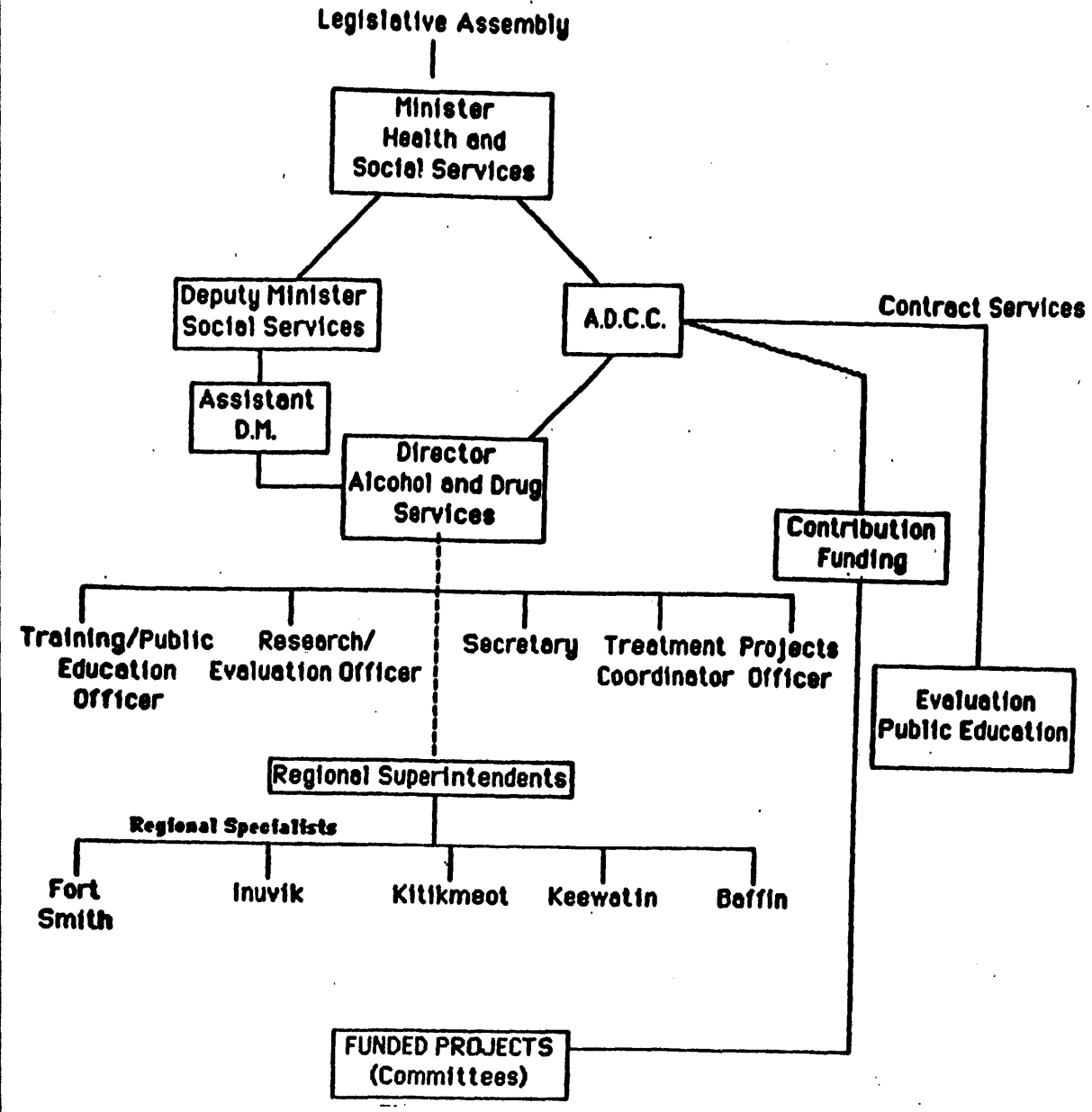
- Representation of geographic areas and native organizations must be reflected and balanced in the membership of any revised council.

- Alcohol & Drug issues cannot be effectively dealt with in isolation from the total range of mental health and other social service issues.

The model establishes the A.D.C.C. as a Board of Management accountable directly to the Minister of Social Services with the primary responsibility for coordinating community projects and funding. Emphasis is also placed on the decentralization of support staff to ensure effective program delivery at the local level.

The proposal closely matches the Model for Mental Health Services already approved by the Executive Council and consequently facilitates future integration of these two inter-dependent programs.

ADCC AS A BOARD OF MANAGEMENT FOR A CONSOLIDATED ALCOHOL AND DRUG PROGRAM



May 29, 1987

A MODEL FOR THE DELIVERY OF ALCOHOL AND DRUG SERVICES IN THE NORTHWEST TERRITORIES

PROBLEM STATEMENT

Since its creation by motion of the Legislative Assembly in 1973, the Alcohol and Drug Co-ordinating Council (A.D.C.C.) has undergone a number of changes in mandate and membership, none of which have been approved by the Legislative Assembly. Consequently, reporting relationships among A.D.C.C., the Minister of Social Services, and the Legislative Assembly are unclear. It is necessary that these relationships, and the role of the ADCC be clarified.

Further, to facilitate the requested transfer of funding under the National Native Alcohol and Drug Abuse Program (N.N.A.D.A.P.) from the Government of Canada to the Government of the Northwest Territories, it is imperative that there be a valid mechanism in place for administration of this funding.

As only the Legislative Assembly has the authority to approve changes to the A.D.C.C. it is necessary that a plan of action for administration of Alcohol and Drug Programs be presented to the Assembly for their approval.

BACKGROUND

This Council was created by the Legislative Assembly through a motion passed on October 19, 1973 in which all 10 recommendations of the Wacko Report on Alcohol and Drug Services were accepted. One recommendation resulted in the creation of the ADCC. Subsequently the ADCC's Terms of Reference were approved by the Assembly, although no motion was passed.

The original Terms of Reference were as follows:

1. To promote communication and cooperation between agencies involved in providing treatment or preventive services in respect to abuse of alcohol and other drugs and agencies involved in the distribution of alcohol;

2. To promote the coordination of policies and programs of these agencies;

3. To serve as an advisory committee to the Territorial Alcohol and Drug Program with responsibility for allocating

grants under the Community Alcohol Problems Grants Program;

4. To advise the Council of the Northwest Territories concerning the effectiveness of territorial policies, programs and services and changes that are needed;

The Co-ordinating Council was to be made up of fourteen members appointed by the Commissioner for a period of two years. Membership in the first years of operation consisted of 13 members and was comprised of representatives of the Territorial Government, the RCMP, the Liquor Control Boards and Liquor Licensing System, native organizations, private industry, National Health and Welfare and a representative of Alcoholics Anonymous. The Executive Secretary was to be the new Chief (later Co-ordinator) of the Alcohol and Drug Program.

Although the method of appointment has never been altered officially, a de facto arrangement now exists whereby appointments of members-at-large are made by the Minister of Social Services while other members are selected by the organization they represent.

The Alcohol and Drug Co-ordinating Council currently consists of 9 members. One member each from:

Kitikmeot Inuit Association
Keewatin Inuit Association
Baffin Regional Inuit Association
COPE
Dene Nation (2 votes)
Metis Association (2 votes)
(selected by the Organization they represent)
plus 3 members at large (of which one seat is currently vacant).

The Council has an Executive Assistant on staff, hired with N.N.A.D.A.P. funds (This position is also currently vacant).

As ADCC was created by a motion of the Legislative Assembly and its mandate and membership were reviewed, modified and accepted by the Assembly, it follows that only the Legislative Assembly actually has the power to change ADCC's membership and mandate.

Changes have however occurred without due authorization from the Assembly. The most significant change in mandate occurred in 1975 when the ADCC was appointed to serve as the Regional Board for the National Native Alcohol Abuse Program (NNAAP) a joint project of the Department of Indian

& Northern Affairs and Health & Welfare Canada. The Council became the N.W.T. authority not only to approve Territorial Alcohol Abuse projects for funding through GNWT contributions, but also to evaluate projects throughout the NWT on behalf of the National Advisory Board, and provide advice to the National Board in determination of the annual budget.

Consequently the ADCC has been serving in a dual capacity: as Co-ordinating Council responsible for approval of use of Territorial funds, and as Regional Advisory Board responsible for advising on expenditure of NNADAP funds. The dual role has resulted in confusion regarding the actual function of the Council. In addition, the current mandate does not provide a definition of reporting relationships beyond vague references such as to "advise the Council of the NWT", and "serve as an advisory committee to the Territorial Alcohol and Drug Program".

The issues which need to be addressed with respect to the structure and mandate of the Alcohol and Drug Coordinating Council can be summarized as follows:

i) Changes to ADCC's mandate have not always been carried out in a consistent manner. Changes were not always brought before the Legislative Assembly for approval, and when they were, motions were too often stated in terms of objectives rather than in terms of specific amendments to ADCC's terms of reference. As a result, ADCC's terms of reference do not accurately reflect all the additional duties which the Council has taken on over the years.

   In the event that the ADCC continues to exist in its present form, it is important that its terms of reference be updated and approved by the Legislative Assembly.

ii) ADCC's role as a Regional Advisory Board for NNAAP and, subsequently NNADAP has never been formally approved by the Legislative Assembly.

iii) No changes made to ADCC's membership structure after 1977 have been formally approved by the Legislative Assembly, nor have appointments been made by the Commissioner as required.

iv) Reporting relationships between ADCC, Social Services, and the Legislative Assembly have never been clearly defined.

Consequently, as indicated in the report undertaken by the

Legislative Assembly staff, it is doubtful that the ADCC as it currently exists is in fact a valid body.

A number of critical operational problems which have been identified further impact negatively on the functioning of the Council. These include:

- inconsistent and unreliable membership
- lack of commitment from many members
- irregular meetings
- conflict of interest (some members also being employed by community projects)
- lack of real community representation (difficult to achieve in a Territorial level Committee)
- perceived ineffectiveness of the Council.

There is currently no consistent body of opinion regarding the current effectiveness, or potential, of the ADCC.

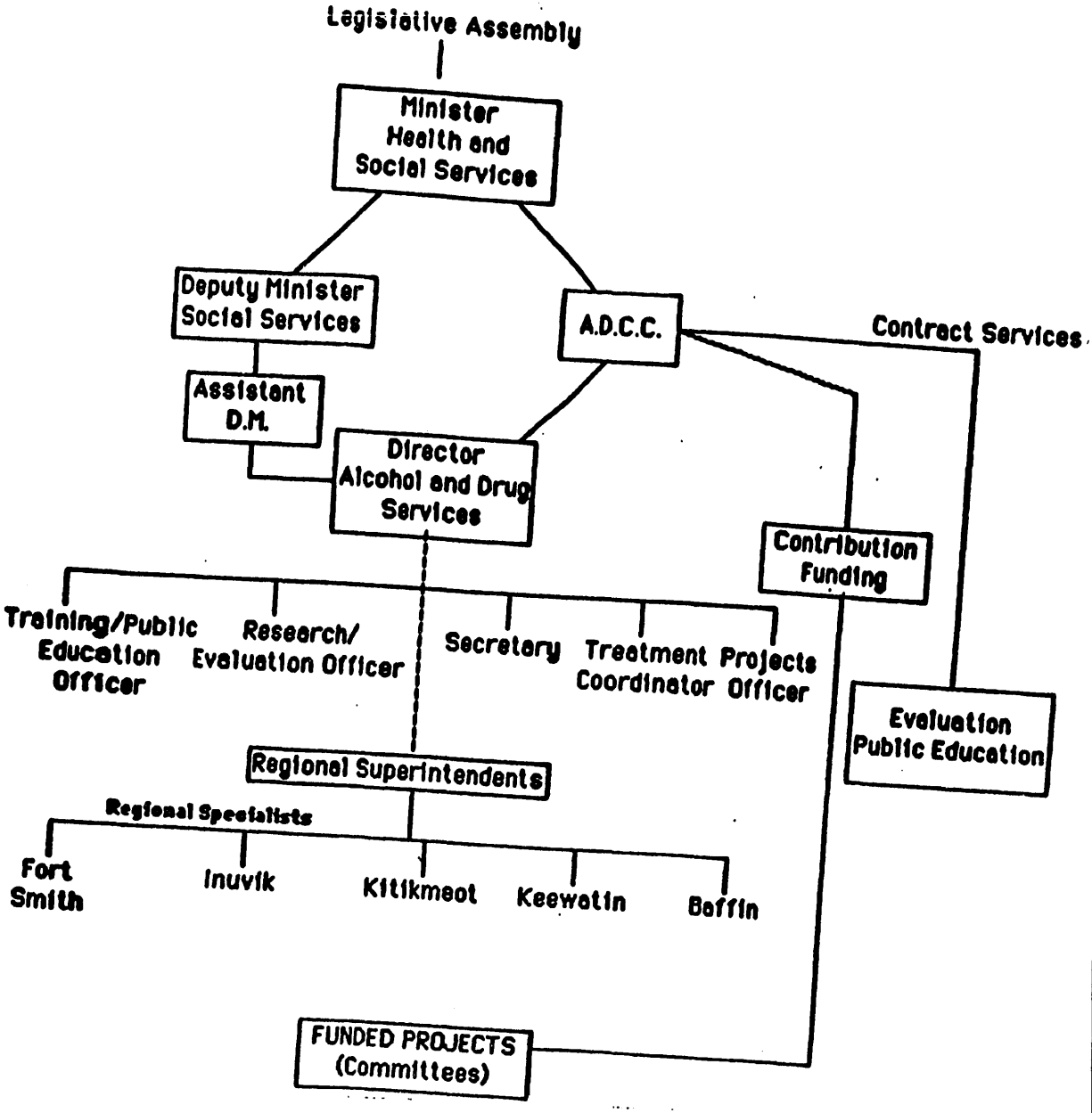
PRINCIPLES

- The G.N.W.T. Alcohol & Drug program must be designed to meet the needs of all residents of the NWT while permitting sufficient flexibility in programming options to respond to the unique needs/approaches to addressing concerns which may be developed by the various cultural/linguistic groups at the Regional/Community level.
- To the greatest extent possible responsibility for the administration and training support to alcohol and drug programs should be decentralized.
- Citizen participation in the design and administration of local programming efforts to address alcohol and drug concerns should be encouraged.
- Integration of Federal and Territorial Alcohol and Drug programs is necessary to enhance program delivery and to facilitate transfer.
- The ratio of money spent on administration to money spent on program delivery should be kept to a minimum with emphasis placed on more efficient use of funds rather than on more money.

- Representation of geographic areas and native organizations must be reflected and balanced in the membership of any revised council.

- Alcohol & Drug issues cannot be effectively dealt with in isolation from the total range of mental health and other social service issues.

ADCC AS A BOARD OF MANAGEMENT FOR A CONSOLIDATED ALCOHOL AND DRUG PROGRAM



THE MODEL

ESTABLISHMENT OF THE ADCC AS A BOARD OF MANAGEMENT WITH CONSOLIDATION OF FEDERAL TERRITORIAL PROGRAMS WITHIN THE DEPARTMENT OF SOCIAL SERVICES

Description

This model emphasizes community-based delivery of alcohol and drug programs which are locally controlled and are supported by Regional Social Service staff. It recognizes that these community programs will continue to form the major component of an integrated alcohol and drug service.

Under the model program staff would continue as government employees, but the ADCC would serve in a strengthened capacity as a Board of Management (similar to a Hospital Board). The Board would control allocation of contribution funding, monitor the program as a whole, contract directly for services such as evaluation, and serve in an advisory function to the Minister.

A small Headquarters Program Staff including the Director, would in turn be responsible for functions such as training, administration, research and information system development, Employee Assistance Program and treatment referrals. The primary responsibility for community project monitoring and administration/training support would rest with regional staff.

Terms of reference for the proposed Board of Management

(Note: This is the model which most closely resembles the current A.D.C.C.)

a) To ensure coordination of alcohol and drug program delivered in the NWT;

b) To approve criteria for funding for community alcohol and drug projects;

c) To determine and recommend to the Minister levels of funding for community projects on an annual basis;

d) To monitor and evaluate community programs offered;

e) To monitor training, research and other programs undertaken by government staff;

f) To serve as an Advisory body to the Minister on all alcohol and drug related matters and on the effectiveness of territorial policies, programs and changes needed.

g) To ensure maximum utilization of financial and personnel resources available;

Roles of the Chairman and Director would include the following:

Chairman

a) Provide an interface with government staff and provide direction where needed;

b) Report directly to the Minister on the work of the Board;

c) Guide the development of policy for Ministerial approval;

d) Act as the primary public spokesman for the Board.

Director

a) Serve as Executive Secretary and senior advisor to the Board;

b) Implement policy directions from the Deputy Minister;

c) Report regularly to the Chairman and the Board on government programs, directions and plans;

d) Manage the program in accordance with government policy.

Membership of the Board

The board should consist of 9 members, with equal representation of Eastern and Western members to be appointed by the Minister after consultation with native organizations, Regional Councils, and other appropriate volunteer and professional groups.

Members should be appointed individually for a term of up to 3 years, with one third of the membership changing every year to enable continuity. (This would remedy many of the problems identified with the current board membership).

Assumptions

In developing this model the following assumptions were made.

i) There is a valid role for a non-governmental board

to control allocation of contribution funding and to serve an independent advisory function to the Minister on program issues;

ii) NNADAP funding and staff will be transferred as part of the general transfer of Health to the GNWT;

iii) Priority should be given to providing regionally based specialist training and consultation support to alcohol and drug projects and to existing helping services;

iv) Alcohol and Drug issues should not be isolated from other mental health and social problems.

Costs

Financial and personnel resources currently allocated to Alcohol and Drug Services in both governments are detailed below.

1987/88 Fiscal Year
(in $'000's)

	GNWT	NNADAP	TOTAL
Salaries	390*	260	650
Contributions	2,116	2,910**	5,026
Other O & M	334***	170	504
Total	2,840	3,340	6,180
p.y. (3 of these p.y.'s are currently contract persons)	7	5	12

* 162 of this represents contract $'s used for regional consultants.

** This is divided as follows: Prevention: 1,599
Treatment: 1,175
Training: 136

*** This includes $200 for Training

(These are estimates only and do not include non-departmental infrastructure costs)

Implementation

i) It is recommended that the component of this model

which addresses the restructuring of the A.D.C.C. be implemented as soon as possible by the Minister of Social Services so that a responsible board can be established and held accountable.

ii) Until the transfer of Health and Welfare programs to the Territorial Government occurs it is essential that the two governments work closely to ensure non-duplication of services and a smooth transition. To this end, it is recommended that the tri-partite Alcohol and Drug Management Committee, consisting of a senior representative from each of Health and Welfare Canada and the Department of Social Services, together with the Chairman of the Alcohol and Drug Coordinating Council, continue to monitor and coordinate program activities, staff allocations and funding decisions.

iii) It is further recommended that the provision of decentralized support staff proceed as soon as possible with the establishment of Alcohol and Drug specialist positions by the N.W.T. to serve the Baffin, Kitikmeot and Fort Smith regions by utilizing existing contract dollars approved for this purpose. Simultaneously, Health and Welfare Canada would proceed with the recruitment of project support staff in Inuvik and Keewatin.

iv) Following transfer of funding and personnel from the Federal Government, full implementation of the proposed model should take place immediately.

CONCLUSION

It is essential that the current role, structure, and membership of the ADCC be significantly modified to ensure accountability and effectiveness.

The service delivery model proposed establishes a Board of Management directly responsible to the Minister of Social Services while also providing for increased, decentralized, training and consultation to local projects and self help groups. The model allows for a high degree of citizen participation and facilitates the transfer of both Mental Health and Alcohol and Drug Services from Health and Welfare Canada. It is supported by both Health and Welfare and the current Alcohol and Drug Coordinating Council.

Once transfer is complete, there will be a single Alcohol and Drug program whose director will be accountable through

the Assistant Deputy to the Deputy Minister of Social Services, and who will also report to the Board of Management regarding community project funding.

Bruce McLaughlin.
Signature of Executive Member

1 June 87
Date

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- ᑰᓇᐅᔭᑦ ᐊᑐᖅᑕᐅᒃᑲᖅᑐᑦ ᐊᐅᓚᑦᑎᔪᑎᓄᑦ ᐱᓇᓱᐊᑎᔭᐅᕙᓄᓪᓗ ᐊᑭᑐᖅᐸᓪᓚᐊᑐᐃᓐᓇᖅᑐᖕᓴᐅᖏᓪᓚ ᐊᓯᕈᑎᒃᑲᐅᕐᓗᑎᒃ ᑰᓇᐅᔭᑦ ᐊᑐᖅᑕᐅᖁᔭᐅᓇᕐᓂᖕᓴᐅᓕᕐᑯᓪᓗᑎᒃ ᐱᓇᓱᐊᑎᔭᖏᑦ ᐊᑭᑐᖅᐸᓪᓚᐊᖏᓐᓂᐊᕐᓗᑎᒃ.

- ᑲᑎᒪᔨᖏᓐᓂ ᐅᒃᑯᑎᒃᑯᑦ ᐊᔪᕿᖏᑦᑐᓂ ᓄᓇᓖᑦ ᓄᓇᒃᑯᑦᑐᒃᐃᓪᓗ ᑲᑐᔾᔭᖅᑎᕐᕕᐱᖏᓐᓂᑦ ᐃᓚᐅᕆᐊᓖᑦ ᓇᓕᒧᒃᑕᐅᓗᑎᓪᓗ ᐊᔪᕿᖏᑦᑐᑦ ᓄᓇᓂ ᑲᑎᒪᔨᒃᑲᓐᓂᕐᐸᑕ.

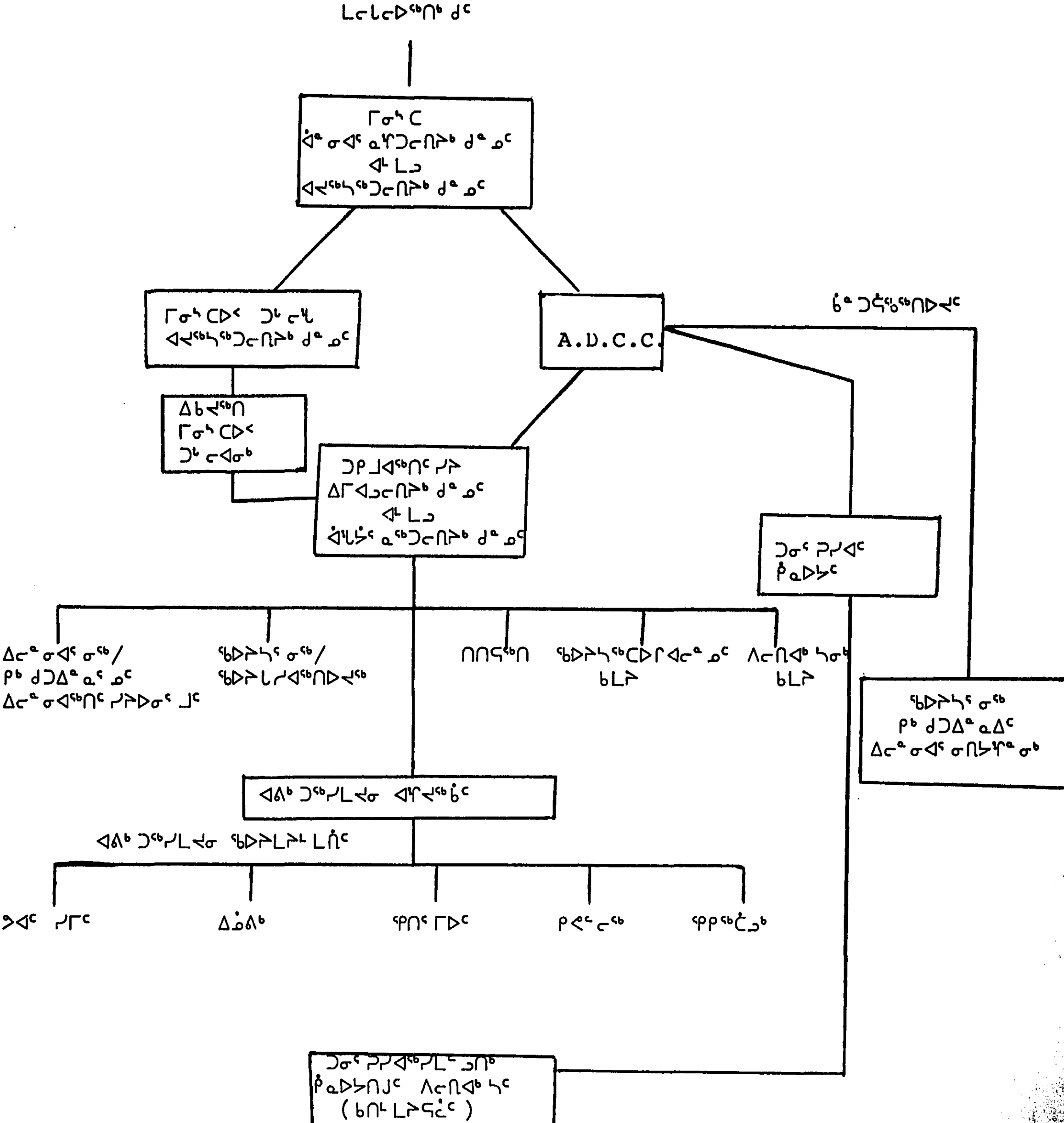
- ᐃᒥᐊᓗᐃᓐᓇᓕᖅᑐᑦ ᐋᖅᑯᓯᕐᓇᖅᑐᓪᓗ ᑲᒪᒋᔭᐅᖁᔭᐅᓇᖏᓚ ᓯᓚᑖᒍᑦ ᐃᓱᒪᓐᓂᐊᕈᑎᑦ ᐋᖅᑭᐊᖅᑕᐅᓯᒪᓂᓗᑦ ᐃᓄᓕᖕᓂᑦᓗ ᓯᓚᑖᒍᖕᖑᑎᓗᑦ.

ᓴᓇᒪᓂᓕᐊᕆᔭᐅᔪᒪᔪᖅ ᐋᖅᑭᒋᐊᖅᐸᖅ ᐃᓱᐊᓗᒃᒧᑦ ᐋᖓᔮᕈᖅᑐᓂᓗ ᐅᓕᕆᔩᑦ ᑲᑎᒪᔨᖏᓐᓂᒃ ᐅᓕᕆᔨᕐᖁᒪᓇᖁᖅᑎᒋᓂᐊᖅᐸᑦ ᑲᑎᒪᔨᐅᓗᑎᒃ ᐊᒻᒪᓗ ᐊᔾᔨᖅᑐᕆᓇᔾᔪᑦ ᒥᓂᔅᑕᖑᖓᓂᒃ ᐊᖏᔪᖅᑲᖃᕐᓗᑎᓂ ᐱᓕᕆᐊᕆᔭᒥᓂᓗ ᖃᐅᔨᒪᑎᑦᓯᓂᓗᓂ ᑕᒪᒃᑯᐊᓗ ᑲᒪᒋᓗᓂᒋᑦ ᓄᓇᓖᓐᓂᒃᑯᑦ ᐱᓕᕆᐊᕈᔪᑦ ᐊᒻᒪᓗ ᕿᓇᐅᔭᕐᑯᑎᖏᓐᓄᑦ ᑐᔪᕐᒥᕐᕕᐅᓗᓂ. ᐊᔾᐃᓐᓇᕈᑎᐅᓂᐊᕆᕗᖅ ᐋᖅᑭᒋᐅᓯᐊᕐᑯᓗᒋᑦ ᓄᓇᓕᐅᔪᓂ ᐱᓕᕆᑳᕐᑯᓗᒋᑦ ᐃᑲᔪᖅᑐᐃᒐᓂᖅᑕᕐᓯᔪᖅᑐᓂᒃ ᑖᓐᓇ ᐱᓕᕆᐊᖑᓂᐊᖅᑐᖅ ᐊᑐᕐᓂᖃᕈᑎᖃᕐᓇᕐᑯᓗᒍ ᓄᓇᓕᐅᔪᓂ.

ᑐᓯᕋᕐᑕᐅᔪᖅ ᐊᐃᕙᖅᖃᓯᐊᖅᐳᖅ ᓴᓇᒪᓂᓕᐊᕆᔭᐅᔪᒪᔪᓂᒃ ᑳᓐᑯᓄᖓ ᐃᓯᒪᒥᒍᑦ ᐃᓕᖅᑯᓯᖅᓯᖏᑦᑐᓄᑦ ᐱᓕᕆᐊᖑᔪᓄᑦ ᐊᖏᖅᑕᐅᔪᓂᖅᓯᒪᔪᑦ ᐅᓕᕆᔩᑦ ᑲᑎᒪᔨᖏᓐᓄᑦ ᐊᒻᒪᓗ ᐊᔾᔨᓇᖏᓐᓂᖅᓴᐅᓕᖅᑎᑦᓯᓂᐊᖅᐳᖅ ᓯᕗᓂᖓᒍᑎᖏᓐ ᐊᑕᐅᓯᕐᖁᕐᑲᑎᒍᓂᒋᑦ ᑳᓐᑯᓄᖓ ᐃᑲᔪᖅᑎᒋᕙᓪᓕᐊᔪᓐᓄᑦ ᐱᓕᕆᐊᖑᔪᓄᑦ.

ᒦ 27, 1987

ADCC-ᑯᑦ ᐊᐅᓚᑦ ᓯᕗᐅᓗᑎᒃ ᑲᑎᒪᔨᒃ ᓴᐃᑦ
ᐊᑕᐅᓯᐅᓕᖓᑎᑕᐅᓗᓂ ᐃᒥᐊᓗᓐ ᓄᓪ ᓗ ᐋᖓᔫᑉ ᓇᖅᑐᓄᓪ ᓗ
ᐱᓕᕆᐊᕐᓂᐊᖅᑐᖅ



ᒦ 27, 1987