



# Guide to Conducting an Organizational Review

---

for a NNADAP/YSAP  
Treatment Centre:  
Rebundling Our Bundle



---

## TABLE OF CONTENTS

---

Introduction	1
Key Components of a Workforce Development Strategy	2
Methodology	3
Rebundling Our Services	4
What Is Organizational Rebundling?	4
How to Conduct an Organizational Review	6
Getting Organized	6
Collecting Job Information	7
Job Assessment and Analysis	13
Why Are Organizational Reviews a Necessary Step?	14
What the Evidence Suggests Concerning Workload and Performance	15
National Treatment Centre Performance Criteria Report	15
Next Steps	17
Promoting Change and Promising Practices	17
Example 1: Alberta Region	18
Example 2: Ontario Region	19
Example 3: Developing Nationally Standardized Pay Scales	19
Example 4: National Discussions on Wage Parity	20
Conclusion	21
References and Annotated Bibliography	22
Organizational Reviews Overview: Brown University	22
Organizational Reviews at the University of Manitoba	24
Sample Organizational Review Survey	24
Organizational Visioning: An Integrative Review	24
Appendix A: Resolution passed at Assembly of First Nations Annual General Assembly on July 16 -18, 2013 in Whitehorse, Yukon	25
Appendix B: Proposed NNADAP Pay Ranges for Addictions Counsellors (I, II, III)	26

Appendix C: Public Service Wage Rates (Ontario), Institutional and Health Care Bargaining Unit (2012)	27
Appendix D: Sample Organizational Review – Terms of Reference	28
Appendix E: Five Sample Job Descriptions – NNADAP/YSAP Addictions Counsellor Levels I-III, Case Manager, and Program Manager	30
POSITION DESCRIPTION #1 - Addictions Counsellor Level I	30
POSITION DESCRIPTION #2 - Addictions Counsellor Level II	33
POSITION DESCRIPTION #3 - Addictions Counsellor Level III	36
POSITION DESCRIPTION #4 – Case Manager	39
POSITION DESCRIPTION #5 – Program Manager	41
Appendix F: Canadian-Based Compensation and Organizational Services (COS) Business Firms	44



# Introduction

This project answers an identified priority (Supporting Component – Workforce Development) in *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*<sup>1</sup> which describes how a qualified workforce plays a vital role in the quality of care clients receive. A comprehensive strategy for human resource management supports recruitment and hiring and offers practical options for professional development at comparable industry wages and benefits. It sets the stage for employee satisfaction and retention in the long term and it complements an organizational review and development strategy to ensure that the right mix of staff with appropriate qualifications and training is on hand to provide support and services on an ongoing basis within a National Native Alcohol and Drug Abuse Program (NNADAP) / Youth Solvent Addiction Program (YSAP) Treatment Centre setting.

Retaining good employees also depends on whether an organization can create a positive and supportive work environment. Many factors can have a direct impact on retention rates but the most important ones are staff satisfaction with their job, a healthy relationship with a supervisor, and competitive wages. Supervisors who pay recog-

nition to staff and engage workers in policy development / decision making have also been demonstrated to encourage retention. The purpose of this guidebook is to better inform NNADAP / YSAP Treatment Centre Directors, managers, Board members, and Chief and Councils of the intricacies of navigating through an organizational review process with the ultimate aim of achieving a better use of financial and human resources.

The purpose of this guidebook is to better inform NNADAP / YSAP Treatment Centre Directors, managers, Board members, and Chief and Councils of the intricacies of navigating through an organizational review process with the ultimate aim of achieving a better use of financial and human resources.

The *Honouring Our Strengths* Framework places an emphasis on community services. However, it will be challenging for services to address substance use issues and for communities to realign services to meet the needs outlined by the *Honouring Our Strengths* Framework without the identification of new funding. An organizational review can be used as a short term strategy to create budget

flexibility and it demonstrates that there are ways to adjust salary even if there is no increase to funding.

The table below shows the key components of an effective workforce development strategy as noted in *Honouring Our Strengths*, with all seven areas being directly impacted by wages and benefits:

---

<sup>1</sup> Health Canada, *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada* (Ottawa: Health Canada, 2011).



# Key Components of a Workforce Development Strategy

Key Component	Correlation to Wages and Benefits
1) Cultural Knowledge and Skills	<ul style="list-style-type: none"> <li>• Necessary for services attending to the needs of a First Nation or Inuit population.</li> <li>• Recognized as a demonstrated benefit in treatment where cultural interventions are practiced and should be compensated in remuneration.</li> </ul>
2) Recruitment	<ul style="list-style-type: none"> <li>• A demonstrated factor in the recruitment of staff where the candidate has more than one choice of employer and the recruiting organization has limited financial resources.</li> </ul>
3) Education and Training	<ul style="list-style-type: none"> <li>• Similar to cultural knowledge and skills, the investment of time / money toward education and training by the employees and employers is typically reflected in the salary levels / ranges that employees start at or progress toward as they gain experience.</li> </ul>
4) Worker Certification	<ul style="list-style-type: none"> <li>• Certification investments have been rewarded with one-time bonuses which are either provided directly to the employee or shared between employee and employer as a means to recover some costs for training investments or for casual staff replacement while staff are out on training.</li> <li>• Certification investments do not replace salary / wage improvements that are still relevant to reflect additional qualifications.</li> </ul>
5) Worker Retention	<ul style="list-style-type: none"> <li>• Retention strategies closely linked with wages and benefits include:</li> <li>• Professional development and training</li> <li>• Opportunities to shadow other positions of interest for future advancement</li> <li>• Strategies and processes that involve the workforce in policy review and development</li> <li>• Partnerships between staff and the organization to support worker wellness and a quality work environment</li> <li>• Clinical supervision</li> </ul>
6) Wages and Benefits	<ul style="list-style-type: none"> <li>• Wages are only a part of pay equity, all of which comes back to funding.</li> <li>• Pay equity includes comprehensive benefit packages such as a pension and increased vacation entitlements matched to length of employment.</li> </ul>
7) Personal Wellness (Psychological Safety and Self-Care)	<ul style="list-style-type: none"> <li>• An Employee Assistance Programs can be covered through group insurance benefits.</li> <li>• Employers should ensure cultural supports are available to staff who choose to maintain their wellness in this manner as these often fall outside employee assistance programs.</li> </ul>

The *Honouring Our Strengths* Framework summary of the current status of wages and benefits:

*“Wages and benefits for the addictions workforce in communities and treatment centres are based on two factors: availability of funds and employer policies and practices (e.g., standardized job descriptions or salary grids). This is part of human resource management that is administered at the community level. In terms of benefits, an Employee Assistance Program can provide support that will help with the stresses of providing complex services at the community level and can reduce employee burnout.”<sup>2</sup>*

Job information directly informs salary scale entitlements; as noted in the *Honouring Our Strengths* renewal opportunities, the issue of wages and benefits impacting the NNADAP / YSAP workforce “requires more information and analysis before regional and community salary scales and job descriptions endorsed by First Nations leadership can be applied to the addictions workforce. These scales could reflect both clinical and cultural competencies, and may draw upon certification data as key criteria within scale development.”<sup>3</sup> Salary scale comparisons are therefore noted in the appendices as an indicator of comparable wages pertaining to equivalent mainstream positions which is an integral part of the organizational review process.

## Methodology

Part of the review included available culturally-grounded grey literature from NNADAP / YSAP Treatment Centres and Regional Addiction Partnership Committee practices, as well as Health Canada guides available through their website that demonstrated effective organizational review practices, policies, and basic information on administering an organizational review process in a treatment and/or community setting. This guidebook also draws upon current work in the field – much of which is founded on the practical, governance-related work of the National Native Addictions Partnership Foundation (NNAPF)\*, the Chiefs of Ontario, the Ontario Regional Addictions Partnership Committee (ORACP), the NNADAP / YSAP Treatment Centre Directors of Ontario, and the Assembly of First Nations (AFN) – all of which could be considered grey literature. Research for this product also included

scoping existing organizational review processes, job evaluations or reviews, and previous organizational reviews conducted within a treatment or health sector setting.

The NNAPF Treatment Centre Survey on Performance Indicators (e.g., bed occupancy, operational days, and accreditation) also informs advocacy for supporting workers and improving wages based on clinical and cultural competencies and an expanding scope of duties.<sup>4</sup> This is critical in the implementation of an organizational review that will assess job information relative to competency. Examples that contextualize approaches and support preliminary information on organizational review policies and practices have also been included in this guidebook.

---

<sup>2</sup> Health Canada, 67.

<sup>3</sup> Health Canada, 69.

<sup>4</sup> National Native Addictions Partnership Foundation, *National Report on Qualifying Performance Criteria in Treatment Centres*, September 2013.

\* As of June 2015, the National Native Addictions Partnership Foundation (NNAPF) changed its name to the Thunderbird Partnership Foundation, a division of NNAPF Inc. For more information, visit [www.thunderbirdpf.org](http://www.thunderbirdpf.org).

# Rebundling Our Services

Many Indigenous nations help preserve their culture through the custom of wrapping items in a pouch or sacred bundle. Stories that strengthen their identity, history, and core values were told when the bundle was unwrapped. The things that an organization values so dearly that it is willing to take the time to track, assess, and refine what is needed to understand them more deeply can be thought of as a sacred bundle.

We want to positively invest in the clients we serve and we want to be sure that our services convey our values, help us to better understand our programs and services, and best meet the needs of our clients. This will enable us to plan for our future by making better informed decisions. Ask the following questions to transform services from a measuring stick of accountability to a tool for learning and analysis:

- What do we really value as a service provider and how does this help us tell our story?
- What information do we need to show we value our clients and their outcomes?
- How can we assess how well we value it?
- How we can lower client barriers to treatment?
- How do we show that our part of the service provision is better off because of our efforts?
- How can we track this information in short-term, intermediate, and long-term outcomes?
- Who is going to use this information and how?

We use a logic model in order to begin to answer these questions. Using the logic model is an efficient approach to understanding your program, planning your activities, assessing the indicators for your outcomes, and seeing how you might evaluate them. For those unfamiliar with this tool, a logic model is a snapshot of how your service works. You create this picture by looking at the needs and goals of your clients and at how your program produces the outcomes you want to achieve with your clients.

## What Is Organizational Rebundling?

Organizational rebundling is...

- A tool that helps managers plan with a destination in mind rather than just considering inputs / outputs of budgets, employees, or organizational tasks to complete.
- A link between the vision of the organization's program and the production of information that is meaningful for program monitoring, evaluation, and stakeholder information.
- A showcase of organizational strengths, cultural knowledge, skills, and practices.

- An inclusive participatory process of all stakeholders within an organization including clients, families, communities, staff, etc. that uses cultural humility and appreciative inquiry.

### Vision

- What do we really value as a service provider and how does this help us to tell our Creation story?
- What is the current situation that we intend to have an impact on as an organization?
- Is the vision realistic and reasonable and backed by the

necessary resources to deliver the intended cultural performance pathways?

- How is this vision linked to NNADAP and the HOS Framework?

### Bundle

- What cultural knowledge, skills, and tools do we employ to develop materials and programs for service delivery to show we value our clients and their outcomes?
- What cultural knowledge or skills do clients, families, and/or communities need before the behavior will change?

### Performance Pathway

- What cultural activities need to be performed to implement the necessary awareness, knowledge, skills, or motivations for our clients, families, and communities?
- How can we assess how well we value our clients and their outcomes?
- What behavior changes, practices, or policies need to be implemented?
- What will be the long-term cultural changes or social, emotional, economic, environmental, and mental consequences for the client, family, or community?
- What resources will be required to achieve this vision?

### Milestones

- Who is going to use this information and how will they use it?
- How do we show that part of the service provision has been bettered by our efforts?
- What are the changes or benefits that resulted from the cultural program for the client, family, and community?

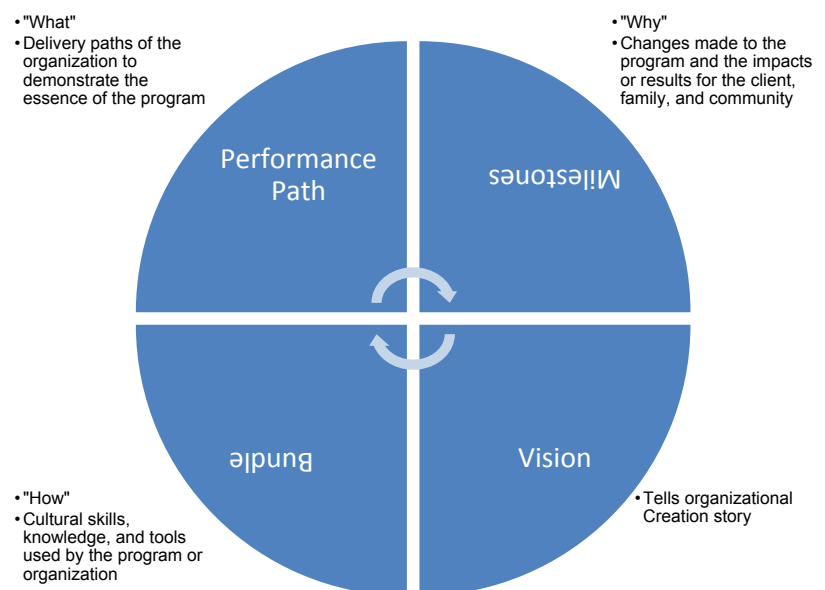
### Rebundling

- How can we track this information in short-term, inter-

mediate, and long-term outcomes?

- What tools are used to continuously monitor and assess results of the program to make informed, collaborative decisions for organization restructuring or change?
- Do organizational reflections take place on a regular and consistent basis? When do these occur?
- What organizational changes are made and by whom are they made?
- What safeguards, policies, procedures, and data ensures that the information gathered will effectively support an evaluation and is culturally appropriate?

Put all of those parts together and you have a visual representation of the organizational rebundling journey:





# How to Conduct an Organizational Review

## Getting Organized

The *Honouring Our Strengths* Framework places more emphasis on community services but, without new funding identified, it will be a challenge for services to address substance use issues and for communities to realign services to meet the needs as outlined in the *Honouring Our Strengths* Framework. This includes staffing models, diversity of staff, and complementary salary grids. An organizational review can be a short term strategy to create budget flexibility and it demonstrate that there are other ways to adjust salary despite no increase to funding.

Organizational reviews are effective vehicles for obtaining objective, well-informed advice about current and planned activities. They enhance internal communication and shared understanding by providing an important opportunity for key stakeholders to provide comprehensive, confidential input. Effective organizational reviews inform planning and priority setting, facilitate implementation and organizational learning, and are typically guided by Terms of Reference that set their tone and scope (see Appendix D for sample).

Typical objectives of an organizational review include:

1. Determine the needs and expectations of stakeholders and clients. In this case the key objective would be to identify funds that can be shifted towards employee salaries.
2. Evaluate the relevancy of our work to stakeholder needs and expectations through current strategic goals, vision, mission and mandate, and operational plan – in this case we want to determine if our staff have the right skills, training, and education to meet the changing needs of our clients.
3. Assess and confirm the scope of the organization's mandate, including its local regional work and direct services. Questions to ask are:
  - Do we have the right program delivery model to ensure that we are meeting the needs within our region?
  - Do we have a waiting list?
  - Do we meet the clients' needs for culture, concurrent disorders, and promoting wellness in addition to addressing the substance use issues?
4. Determine the human resource capacity required to meet the mandate of the organization. Do we have the right mix of staff in our program delivery model to attend to the changing client needs in our region?
5. Assess the present governance and management structure and determine its accountability structure to stakeholders and funding agencies. Ask:
  - How do we know that our program model and staff skills are meeting the clients' needs?
  - What information tells us that we need to change in these areas?
6. Define a plan to move forward in a strategic way that builds relevance, legitimacy, and credibility and clarifies human resources for the organization. What

does the information that we've gathered by asking the questions above tell us about what we can do to better meet our clients' needs within the priorities for our region?

**A successful organizational review will:**

1. Respect the values of the organization.
2. Demonstrate sensitivity to issues identified by our stakeholder such as:
  - Culture
  - Intergenerational trauma
  - Promoting wellness from a cultural perspective
  - Gender specific needs
  - Chronic health conditions
  - Youth specific needs
  - Clients' needs within the context of family and community
  - Issues related to geography (e.g., isolated communities, rural environments)
3. Demonstrate an appreciation for the relationship between our organization's capacity to meet stakeholder needs within a resource restricted environment. This can include determining if there are external resources for the organization to draw upon that would meet the clients' needs and free up resources within the budget.
4. Analyze the adequacy of financial, human, and other resources in terms of meeting the stakeholders' needs and expectations and the organization's mandate.
5. Improve the organization's delivery of credible programs and services.
6. Develop the organizational resource capacity required to realize improvement (e.g., human, financial, etc.).

## Collecting Job Information

---

The job information for each individual staff is collected so that jobs can be evaluated and compared. This information is often presented in the compiled form of a job statement or position description. Position descriptions should be detailed, complete, accurate, reflective of the current job requirements, and free of gender bias. Employers collect job information through the use of

questionnaires and by interviewing employees. Information about a supervisor's job is collected through observation of the work done or the use of a questionnaire combined with an interview because incumbents are generally best able to provide information about their jobs. Keeping job information current tracks changes in job content and helps in maintaining pay equity.

# NNADAP/YSAP Job Analysis Fact Sheet Questionnaire

(to be completed by each staff member)

- Read the instructions prior to completing the questionnaire.
- Note whether this job fact sheet is submitted as:  
New ☐ Reclassification ☐ Update Only ☐
- When completed, submit the typed form with all required signatures to: Human Resources Division
- Retain two copies of the Job Fact Sheet – one for each employee and one to be kept on file.

## 1. POSITION IDENTIFICATION – PLEASE PRINT or TYPE IF ELECTRONIC VERSION PROVIDED

NAME of STAFF	POSITION / TITLE	Day / Month / Year
EMPLOYEE:		
IMMEDIATE SUPERVISOR:		

## 2. GENERAL PURPOSE of JOB FACT SHEET

- This Job Fact Sheet is intended to reflect the position as it currently exists.
- Briefly describe the general purpose of your position. Consider the responsibilities of your job.

## 3. JOB DESCRIPTION

Consider the major activities or responsibilities you undertake (usually 3 to 5 of them – refer to Appendix E for sample Position Descriptions for NNADAP/YSAP Addictions Counsellor Level I-III and Case Manager / Program Manager specifically to note qualifications relevant to cultural knowledge and skills). Use a phrase to describe each of them at the top of each box. Estimate the percentage of time you spend on each. Then describe each activity using details or examples.

Activity A:	( %)
Activity B:	( %)
Activity C:	( %)
Activity D:	( %)
Activity E:	( %)
TOTAL	(100%)

## 4. EDUCATION and SPECIFIC TRAINING

(a) What should the minimum requirements for schooling or formal training be for a new person hired into this job? More than 1 box may be appropriate – please check all that apply:

- ☐ Elementary School (up to grade 8)
- ☐ Undergraduate Degree
- ☐ Partial Secondary School (up to grade 10)
- ☐ Master's Degree
- ☐ Secondary School
- ☐ Other
- ☐ Community College (2 years)

(b) Is any provincial, vocational, or professional certification or degree required to perform your job? (e.g., Registered Nurse, Social Work Program, Ticketed Trade, etc.)

☐ Mandatory ☐ Preferred ☐ No

If mandatory or preferred, please specify: \_\_\_\_\_

(c) What special skills or training are needed to perform the job or operate equipment? (e.g., word processing, computer, cultural knowledge)

---

---

---

(d) Specify what equipment you operate on the job (e.g., floor polisher, photocopier, snow blower, etc.)

---

---

---

## 5. RELEVANT EXPERIENCE

(a) How much "on-the-job" learning time would you estimate should be required for a new person with the relevant education/training (listed in question #4) to achieve competence on this job? (Experience may be gained on this and/or preceding jobs.)

---

---

(b) Please elaborate on what type of experience must be obtained to achieve competence on this job:

---

---

---

## 6. INITIATIVE (INDEPENDENCE of ACTION)

a) List 3 decisions you make or duties you perform without subsequent checks or reference to a supervisor?

1) 

---

2) 

---

3) 

---

(b) List 3 decisions on which you seek consultation with or approval from a supervisor?

1) 

---

2) 

---

3) 

---

(c) What guidelines, procedures, manuals, etc. are available to guide your decision making and actions?

---

(d) State any financial responsibilities (specifying the amounts) that your job involves. (e.g., budget, sales, revenues, ordering of supplies)

---

## 7. IMPACT of ERRORS

• Describe examples of typical errors that could reasonably occur in your activities listed in question #3, even with due care.

• Indicate the worst consequence of these errors. (e.g., waste, delays, time lost, money lost, injury, damage, effect on people)

---

---

---

---

---



## 8. WORKING with OTHERS (excluding those that you supervise - see question #10)

- With whom are you required to work when doing your job? Use titles and indicate the purpose of contact. (e.g., counselling, providing or seeking information, conflict resolution, and/or consultation).
- Also indicate the frequency of contact as daily (D), weekly (W), quarterly (Q), or annually (A).

Within the Organization (e.g., staff, clients, students)

Title of People Contacted	How Often					Purpose	How	
	D	W	M	Q	A		Oral	Written

Outside the Organization (e.g., visitors, suppliers, government, other agencies, general public)

Title of People Contacted	How Often					Purpose	How	
	D	W	M	Q	A		Oral	Written

## 9. SUPERVISION or DIRECTION EXERCISED

- Indicate the type of supervision you exercise (if applicable).
  - List which jobs or groups of staff you supervise.
- a) ☐ Assign and check the work of others who are doing work similar to yours.
- b) ☐ Provide technical or functional guidance to other staff, etc.
- c) ☐ Supervise a work group: assign work to be done, methods to be used, and take responsibility for all the work of the group.
- d) ☐ Manage the work, practices, and procedures of a unit. Responsible for appraisal, discipline, hiring, and replacement of personnel.
- e) ☐ Other: \_\_\_\_\_

## 10. EMPLOYEES SUPERVISED

- Complete this section only if section 9(c) and 9(d) are also completed.
- State the number of staff for whose work you are fully accountable.
- Convert part-time staff to full-time equivalents. (Formula: Multiply the number of part-time staff by the numbers of hours worked over the course of the calendar year, then divide that number by 1820 hours to arrive at total full-time equivalents).

Full-time Employees: \_\_\_\_\_

Part-time Employees: \_\_\_\_\_

Full-time Equivalent: \_\_\_\_\_

Combined Total: \_\_\_\_\_

## 11. PHYSICAL, MENTAL, and VISUAL DEMANDS

Indicate the proportion of your work day in which you are involved with these conditions. (This does not need to add up to 100%.)

DEMANDS	DURATION		
	Occasional (up to 30%)	Frequent (up to 80%)	Constant (over 80%)
Minimal Exertion - variety of sitting, standing, walking			
Moderate Exertion - some climbing, extensive walking			
Heavy Exertion - constant standing and/or walking			
Lifting Weight range:        [ ]        under 10 lbs.			
[ ]    10-20 lbs.        [ ]    20-40 lbs.			
[ ]    40-60 lbs.        [ ]    over 60 lbs.			
Heavy physical effort (other than lifting) - specify: _____			
Intense visual concentration - specify: □□□□□□□□□□□□□□□□ □_____			
Intense listening concentration - specify: _____			
Intense mental concentration - specify: _____			
Other - specify: _____			

## 12. WORKING CONDITIONS

(a) Explain any unpleasant aspects directly related to your job (e.g., heat, cold, odours, noise, outside work in adverse conditions, infection, and other dangers and hazards).

Minor disadvantages:

\_\_\_\_\_

Major Unpleasant aspects:

\_\_\_\_\_

- (b)    What is your scheduled work week?  
       What shift work do you have (if any)?  
       Other unusual hours?  
       On call?

- (c)    Overnight travel: \_\_\_\_% of time away?  
       Driving vehicle during work: \_\_\_\_% of time?

13. EMPLOYEE/EMPLOYER ACKNOWLEDGEMENT

I have reviewed the above information and agree with the contents of the job analysis survey to the best of my knowledge:

NAME of STAFF	POSITION / TITLE	Day/Month/Year	Approval Signature
EMPLOYER:			
EMPLOYEE:			
IMMEDIATE SUPERVISOR:			
CHIEF or DIRECTOR:			
HUMAN RESOURCES RECEIVED:			
HUMAN RESOURCES EVALUATED:			
EMPLOYER LOCATION: (CITY/PROVINCE)			

# Job Assessment and Analysis

After completing the above exercise, review the following points to see if attention has to be brought to a given area that needs additional consideration:

**1. Were all the ongoing aspects of the job described?**

**This includes duties or responsibilities that you are expected to carry out, even if only on an infrequent basis.**

- Example: Every 2 months you prepare a report that is usually 20 pages or longer, requires statistical research and analysis, and takes 4 to 6 days to prepare.

**2. Did you list each job duty and its related tasks?**

**Start with the duties that take the largest portion of time.**

- A duty is a distinct area of responsibility (e.g., conference coordination).
- A task is a particular work action performed to accomplish the duty (e.g., schedule speakers for bi-monthly departmental seminars by calling individuals from established listings, ascertaining availability, determining event dates, and composing correspondence).

**3. Did you include enough detail about the job? Be clear and concise.**

- Example: “Handles mail” could mean receiving, logging, reading, and distributing the mail; locating background material related to the correspondence; and attaching it for the reader’s information.

**4. Did you demonstrate how often, how much, or how long a task or a responsibility takes to perform?**

**Indicate the approximate amount of working time spent on each major duty using percentages, number of hours per day, and frequency (e.g., daily, weekly, monthly).**

**5. Did you explain technical terms used to describe processes and equipment in easy to understand**

**language? Be specific about the degree of responsibility involved and the equipment, processes, and work aids used.**

**6. Ask yourself “how” and “why” to help you more accurately describe aspects of the job. Use an alternative task statement format where there is too much information in a single sentence.**

**7. Were you able to define abilities that had not been previously rated or that are now being realigned due to changes in the job environment or requirements?**

**8. Did you focus on the facts? Do not overstate or understate duties, knowledge, skills, abilities, and other characteristics.**

**9. Have you avoided general references to personality, interest, intelligence, or judgement? Have you avoided the use of ambiguous or qualitative words such as “assist” or “complex” without providing clarifying examples?**

**10. Did you begin each task statement with an action verb present tense?**

- Examples: Write, calibrate, and analyze
- Use a “Glossary of Active Verbs” to help clarify actions and tasks.

**11. Did you exclude duties and responsibilities that are no longer performed or any contemplated future requirements? Did you exclude skills, education, or experience a staff member has or may acquire that are not required by the current position?**

**12. Ensure that you do not assume responsibilities and authority that are not yours. However, supervisors should make it clear which responsibilities are required.**



It is also important to note that some changes in jobs are abrupt and marked while others are more gradual. Remember that the promotion of an incumbent or changing to a new job does not mean that the job itself changes or should be re-evaluated. Job information should be focused on jobs, not on an individual's performance in their job. A copy of all reviewed and/or modified position descriptions should be kept on file and made available to

the individual in the position on request.

The identification of opportunities for consolidating roles and responsibilities while promoting the capable, shifting of funds will result in gains and these gains can be redistributed to the areas in which the need for compensation is greatest.

## Why Are Organizational Reviews a Necessary Step?

### Overview

Wages and benefits have been at the heart of discussions promoting change that rewards training, certification, and ongoing professional development; ensures that salary increases are equal to mainstream addiction workers; and ensures that salary adequately reflects scope of duties and responsibilities.

Work by the Treatment Centre Directors of Ontario shows that, historically, three common methods use here in Canada to seek redress are achieving pay equity through legislation, voluntary acceptance, and unionization.

Voluntary acceptance through sound, evidence-based human resource performance management is likely the most desirable of the three methods as it involves a commitment amongst stakeholders that have invested in a value-added workforce.

### Business Case in Support of Certification

The table below gives an overview of recent Federal Government investment that supports the certification of the NNADAP/YSAP workforce:

### Investments demonstrating value for a qualified workforce

Federal WFD Funding	2009/10	2010/11	2011/12	2012/13
Canada's Drug Strategy – Workforce Development <sup>5</sup>	\$1.1 M	\$1.1 M	\$1.1 M	\$1.1 M
N.A.D.S. – Worker Certification Incentives <sup>6</sup>	N/A	\$1.4 M	\$1.8 M	\$2.0 M
First Nations Wellness Addictions Counsellor Certification Board (FNWACCB) <sup>7</sup>	\$0.33 M	\$0.15 M	\$0.20 M	\$0.33 M
Enhancement Funding <sup>8</sup>	\$2.0M	\$2.0 M	\$2.0 M	\$2.0 M
Total per Fiscal Year	\$3.43 M	\$4.65 M	\$5.10 M	\$5.43 M

<sup>5</sup> With efforts underway to expand / re-profile services to address complex substance use issues, many centres have used this funding to support certified training. \$4.4M has been committed from Canada's Drug Strategy to date to support workforce development activities.

<sup>6</sup> Certification incentive bonuses of \$5.2 M have been financed by Health Canada with NADS certification payments per certified worker of \$3,000 in 2010/11, \$3,500 in 2011/12, and \$4,000 in 2012/13 committed to NNADAP and YSAP addiction budgets. This has allowed for the same incremental change to salary.

<sup>7</sup> \$1M has been invested in a First Nations specific certification body (formerly known as FNWACCB, now known as ICBoC), supporting the certification of almost a third of the treatment centres and community workforce.

<sup>8</sup> \$8M in enhancement/pressure funding has been used to support workforce related activities within regions including regional training gatherings.

Additional factors that impact establishing and managing wages include:

1. Compensation that reflects qualifications: A key point is the recognition of cultural knowledge and skills as both mandatory and/or desirable qualifications that are reflected in compensation. The return on this investment is being watched with anticipation, especially by front-line community workers that have supported the vision of a certified and culturally competent workforce.
2. Compensation that factors in expanding duties and responsibilities: The unique skills and understanding needed to provide services to First Nation clients
3. Compensation that reflects the demands of the job and provides supports that are equitable to the mainstream: *Honouring Our Strengths* also cites how the “high turnover of staff remains a significant problem, with skilled and experienced workers moving to the provincial system or leaving this work altogether. The reasons range from inadequate salaries and high workloads, to stressful working conditions and a lack of cultural supports.”<sup>10</sup>

---

<sup>9</sup> The First Nations Wellness/Addictions Counsellor Certification Board (FNWACCB) changed their name to the Indigenous Certification Board of Canada (ICBoC) on October 29, 2014.

<sup>10</sup> Health Canada, 68.

## What the Evidence Suggests Concerning Workload and Performance

### National Treatment Centre Performance Criteria Report

The Board of Directors of the National Native Addictions Partnership Foundation (NNAPF) requested a national survey be developed to gather information in order to build a better understanding of treatment centers' ability to meet the performance criteria for occupancy rates, operational days, and accreditation while also managing staff training, facility maintenance, etc.<sup>11</sup> It is notable that performance criteria has changed over the years for both NNADAP and YSAP and, whereas YSAP's operational days have decreased, NNADAP treatment centre operational days have increased.

There have also been incremental changes to occupancy days with both NNADAP and YSAP gradually being

required to meet the 80% requirement annually. Interpretations of the calculation of operational days and occupancy rates have not been uniform and there have been a variety of responses to the treatment centres' achievement of both or only one of those. Some flexibility has been afforded in order to meet various needs such as major renovations, program redesign to address staff turnover, or to address governance issues. However, the criteria for determining flexibility are situation specific which can, in some cases, lead to problems between treatment centres.

---

<sup>11</sup> The survey was conducted by Dr. Carina Fiedeldey-Van Dijk of Epsy Consulting and was distributed to 62 treatment centres in Canada with 37 responses. Dr. Fiedeldey-Van Dijk also followed up with personal phone calls and, although a few treatment centres indicated a lack of capacity to complete the survey, they were very much interested in the results.

# Performance Report Summary<sup>12</sup>

Results specific to occupancy and operational day calculations are important feedback for the Addictions Management Information System (A.M.I.S.) which was pilot tested in 2014. While there is a clear national policy on both occupancy and operational days, the survey demonstrates that regional variations reflect the specific needs within the region and of the treatment centres. The survey results also confirm the need to more clearly standardize operational and occupancy rates including activities that are often described as outreach. Outreach is defined in this context as client specific activities that occur either before or after intake and while no other clients are occupying treatment beds. Pre-intake and aftercare have continually been highlighted as needs within the system and there must be a standardized method of identifying treatment centres engaged in such activities.

Most notable challenges for the treatment centres were the capacity to budget for an unexpected high cost for maintaining casual staff, some of the staff being at high risk for burnout, and the staff feeling stretched to provide quality care. This is not surprising given that at least 60% of the treatment centres participating in the survey experienced staff vacancies and almost all of those treatment centres (56%) experienced more than one vacancy at a time. Four treatment centres experienced 4, 5, 7, and 11 staff vacancies at one time. These figures indicate significant stress on a treatment centre and a potentially compromised ability to offer continuous quality programming.

Another staff stress indicator is the use of sick time. The highest rate of sick time used by non-certified staff is among staff in supervisory or management positions; Addictions Supervisors, Outreach Workers, Addictions Team Leaders, and Treatment Coordinators or Directors all used 73% or more of their available sick time. Treatment counselors ranged on average from 60-70%. Treatment centres reported their most significant strengths as maintaining client records and case notes, providing high

quality treatment programs, and their culture based services.

It is important for treatment centres to further explore the types and range of the duties / responsibilities that supervisors and managers have in order to better understand this data. For example, a front line supervisor or program manager can be expected to be responsible for some of the following aspects which are based on a human resource strategy that cascades priorities and activities across the staff directly responsible or involved in the following areas:

- Human resource management – filling shifts, attending to disciplinary issues, clinical supervision for their staff, hiring and training staff
- Client care – monitoring and providing direct client care by attending to client treatment plans or getting involved in providing counseling services to clients; facilitating communication between the treatment centre and the client's family, referral worker, or other aftercare supports
- Program Design and Maintenance – attending to the program resources, activities, and monitoring the performance of the program against client outcomes; maintaining program and client care policies
- Legal and regulatory requirements – meeting licensing requirements for youth residential care or for accreditation standards, managing health and safety, emergency disaster and preparedness plans

The specific activities and duties within this outline vary but the range of responsibilities within this scope does not. The level of certification and education of staff also factor into the capacity to attend to this range of responsibilities. The report identifies that treatment centers generally have at least 50% of staff certified as addictions counselors.

---

<sup>12</sup> NNAAP, *National Report on Qualifying Performance Criteria in Treatment Centres*, September 2013.

## Next Steps

The conversation with Health Canada and First Nations Inuit Health (Ottawa), specifically on the inclusion of pre-client intake and outreach activities, has begun:

1. The formulas for the Addictions Information Management System (A.M.I.S.) are being constructed and there is also development underway working to change the way the system counts and credits treatment centre activity.
2. Additional conversations are underway in regards to changing the national policy and the corresponding Contribution Agreements. This will take time to complete, given that the survey clearly speaks to staff turnover and sick times.
3. There will be more dialogue and development on the needs of treatment centre staff and the capacity of treatment centres to maintain qualified staff with outdated salary grids – NNAPF will be requesting

national data on certification to substantiate the certification investments to date (e.g., how many new NNADAP / YSAP workers have been certified and how many returning workers are getting re-certified annually). This information will be used alongside the data from the *National Report on Qualifying Performance Criteria in Treatment Centres* to support the argument that investments in training and certification without wage parity is an investment that is lost to the system.

4. NNAPF is working to develop a wage parity / equity strategy with the support of the Ontario Treatment Directors who put forward a resolution to the Chiefs of Ontario in support of wage parity. This resolution was passed by the Chiefs of Ontario as was a similar resolution at the Assembly of First Nations Annual General Meeting in Whitehorse in July 2013 (see Appendix A).

## Promoting Change and Promising Practices

While certification investments have been invaluable, they have not been able to offset the chronic salary shortages of the NNADAP / YSAP workforce. Despite the incremental increases to their budgets, First Nation employers have argued against wage increases because they are not able to provide the same salary increase to other employees in other programs and services. Another issue is that certification bonuses are not a salary increase; they are an acknowledgement of a worker's progression of skills and knowledge. Employers have faced challenges in being able to support the certification bonus because they have been left out of the conversation on worker certification and their bonuses.

Employers and employees have been able to negotiate the certification bonus in ways that benefit both parties when First Nation employers have been engaged in the conversation – part of the certification incentive is paid to the employee and part of the certification incentive is retained by the employer to cover training or staff backfill costs. The *Honouring Our Strengths* Framework emphasizes the importance of First Nation community services but, without new funding identified, it will be a challenge for communities to realign services to meet their needs including staffing models, mix of staff, and complementary salary grids.



A demonstrated long-term solution is job evaluations through organizational reviews where positions can be compared with others according to the complexity and level of duties / responsibilities. Salary ranking scales can then be established that match industry standards for all employees within the organization. Shifting funds, changing the way we do business, and building equity where resources exist are all ways of promoting change:

**1. Shifting funds:** The current discussion on the mental wellness continuum has highlighted the fact that a loss of investment is occurring through training and no retention of staff. Treatment centres need to start collecting data on the number of staff trained, certified, and then lost to NNADAP or YSAP in order to better understand its impact. This information will help build the business case to shift funds.

**2. Changing the way we do business:** Another issue being put forward is the lack of recognition of cultural knowledge / skill and ensuring that it is included in the assessment of where to place new hires on the pay scale. Data from the 2007/2008 NNAPF survey supports this argument but treatment centres need to collect more extensive data on this qualification.

**3. Building equity:** There is an ongoing discussion regarding what specific ways communities can be influenced to offer better pay for the NNADAP / YSAP addictions workers when they already receive the increase from Health Canada (e.g., certification bonus or salary increase). This approach leaves out the Employer and has been demonstrated to be problemat-

ic – there are numerous reports of workers not receiving the bonus and of Health Directors complaining that the First Nations Inuit Health Branch (FNIHB) communicates directly to the workers. It contravenes good governance and HR practices when Health Canada becomes a micro-manager of the certification bonus process. NNAPF has developed brochures and briefing notes on the topic and has formed a partnership with the First Nations Health Managers Association (FNHMA) in order to increase outreach and influence change. Promising practices to date include the following:

## Example 1: Alberta Region

The Alberta region developed a standardized salary grid in 2004 which provided First Nation communities and services that address substance use issues with a streamlined approach to salaries within the addictions workforce. A committee composed of First Nations leadership, FNIHB, and NNADAP staff developed an incentive-based salary funding model by streamlining job descriptions into a single, standardized wage scale. As a result of this work, funding of services to address substance use issues was increased based on staffing levels, salaries, and a remoteness factor. Funding to community-based programs was based on the Community Workload Information System (CWIS).



## Example 2: Ontario Region

47 out of 87 Ontario Treatment Centre addiction workers (or 54%) are certified and, as of December 2012 and when combined (Treatment Centre and Community based NNADAP workers), a total of 72 addiction workers have been certified. The 61 FNWACCB<sup>13</sup> certified addiction workers in Ontario alone represent 26.8% of the total number of workers certified by FNWACCB nationally. In Ontario's case, key informants advised that present salaries do not reflect certification – the exception to this is the retention and incentive dollars when used as an increase, but only if it is received by the worker. For example, the Dilico Treatment Centre does not differentiate between certified and non-certified workers but it has a salary grid that accounts for workers with a diploma, BA, HBA, or Master's degree – salaries start at \$32,760 for diploma graduates and increase up to \$43,680 for addiction workers with a Master's degree.

---

13 The First Nations Wellness/Addictions Counsellor Certification Board (FNWACCB) changed their name to the Indigenous Certification Board of Canada (ICBoC) on October 29, 2014.

## Example 3: Developing Nationally Standardized Pay Scales

NNAPF, the Regional Addiction Partnership Committees, and YSAP have put significant work into developing standardized salary scales for NNADAP / YSAP Addictions Counsellors that respectfully reflect duties and responsibilities of Counsellor Levels I to III. NNAPF has also completed comprehensive work specific to comparative wage analysis<sup>1</sup> (see Appendix B) with the results demonstrating opportunity for proposed salary scales that can address regional differences and disparities. The Ontario Regional Addictions Partnership Committee (ORAPC) proposed salary scale review shown in the table below reflects the latest Ontario Public Service Wage rates from the Institutional and Health Care Bargaining Unit (see Appendix C). Even Dilico Treatment Centre's salary grid lags behind mainstream wages by as much as 25%. (e.g., \$32K vs. \$47K as a base salary for Level I).



## Example 4: National Discussions on Wage Parity

The First Nations Mental Wellness Continuum National Gathering held in Ottawa in early June 2013 noted possible strategies to promote wage parity, including:

- Make wage parity "legislation" for the First Nations workforce.
- Ensure the terms and conditions for program contracts (contribution agreements) require that paid wages must be equivalent to qualifications and fee schedules for that profession / province.
- Ensure equivalent recognition of Indigenous knowledge, language, skills, and rights to cultural practices.
- Promote understanding of the First Nations community context / history of colonization as primary and essential to workforce effectiveness.
- Elders and cultural practitioners have to be acknowledged as a critical resource to the workforce in community. For example, crisis counseling is 24/7 and should therefore be compensated accordingly and with debriefing offered regularly.
- A recent June 2013 resolution supporting the pay equity initiatives of the Treatment Centre Directors of Ontario was endorsed by the Assembly of Ontario Chiefs. It was followed by a resolution from the Chiefs of Ontario to the Chiefs-in-Assembly – supporting pay equity for NNADAP and YSAP addiction workers (see Appendix A) – which was passed at the Assembly of First Nations Annual General Assembly in Whitehorse, Yukon in July 2013.

### ORAPC Proposed NNADAP / YSAP Addictions Counsellor Salary Range

Position Title / Classification	Proposed Base Salary	Ontario Institutional and Health Care Bargaining Unit (2012)
Addictions Counsellor Level I	\$35,437	\$47,736 – \$51,064
Addictions Counsellor Level II	\$41,283	\$50,273 – \$53,955
Addictions Counsellor Level III	\$47,130	\$53,268 - \$57,304



# Conclusion

## Key Points to Remember for Supervisors and Employers

- Organizational reviews are an effective way of improving staffing efficiencies so, before distributing the questionnaire, make sure you communicate to your employees about the purpose of the questionnaire.
- It must be made clear to employees that they are not being tested or evaluated in any way. They are simply describing the aspects of their job and not their performance as a means for the organization to better assess gaps and opportunities.
- Be sure employees understand and accurately answer the questions because other work-related issues may come up in the discussion, but keep the focus on pay equity and thank them for their participation.
- From a cultural safety perspective, the interview method may also be useful in workplaces where you have employees whose first language is not English, who have difficulty expressing themselves in writing, or whose literacy level is low. These employees may need extra help in completing a job questionnaire form.



# References and Annotated Bibliography

## Organizational Reviews Overview: Brown University

<http://brown.edu/about/administration/human-resources/manager-resources/managing-staff-and-resources/organizational-reviews>

Brown University's Human Resources Department is available to consult with departments looking to assess their organizational structure and operational efficiency. Organizational reviews can be formal or informal and may be conducted internally or by a consultant. One of the following three approaches is generally taken:

- **Informal Review** – department assesses their own organizational structure and presents a recommended structure to their HR Generalist for feedback and assistance in its implementation.
- **Formal Review (Internal)** – requires significant involvement from Human Resources, is typically three months in duration, and involves the steps outlined in the chart below.
- **Formal Review (External)** - Compensation and Organizational Services (COS) are available to assist a Senior Officer or Department Head evaluate and select a consultant to perform a review.

A formal Organizational Review is a service typically offered to companies by Compensation and Organizational Services (COS) that are designed to provide guidance with respect to organizational structure, organizational culture, and building and managing work and teams (see Appendix F for a list of Canadian-based COS firm). COS conduct organizational reviews by using the following established principles that foster organizational effective-

ness as a rubric:

- An organizational structure that allows for the provision of the best services and support to our students, faculty, and staff;
- Alignment of departments and groups that provide similar services so that Brown is well positioned to meet present and future goals and objectives, foster collaboration, and minimize duplication of effort;
- An organizational structure that supports work being performed at the right level and to the right standards;
- A team comprised of staff members who have the skills and abilities to perform the required work and/or have a professional development plan which includes a timeframe when incumbents should be functioning at full capacity;
- Methods for consultation and decision-making processes that are understood and transparent and result in informed, integrated, and timely decisions; and
- Mechanisms that foster consistent, clear, and timely communication as follows:

Requesting an Organizational Review	<ul style="list-style-type: none"> <li>• Senior Officer, Department, or Division Manager recognizes a need and submits a request to the Director of COS.</li> </ul>
Designing the Organizational Review Team	<ul style="list-style-type: none"> <li>• An organizational review team is typically comprised of members of Compensation and Organizational Services and the HR Generalist assigned to the Department.</li> </ul>
Pre-Work	<ul style="list-style-type: none"> <li>• Organizational Review Team meets with client to discuss and agree on the scope and guiding principles of the review.</li> <li>• Organizational Review Team drafts timeline, communications, interview questions, and surveys.</li> <li>• Client reviews, edits, and approves materials.</li> </ul>
Launching the Review	<ul style="list-style-type: none"> <li>• Client meets with directly impacted staff to discuss the review and answer any questions. Organizational Review Team attends if requested.</li> <li>• Client sends formal communication to identified groups.</li> <li>• The Organizational Review Team sends communication to identified groups (e.g., direct and indirectly impacted staff and faculty).</li> </ul>
Data Collection – one or several of the methods may be used	<ul style="list-style-type: none"> <li>• One-on-one interviews with staff</li> <li>• Reaction surveys</li> <li>• Focus group meetings</li> <li>• Benchmarking</li> <li>• Reviewing web sites and other pertinent reports/documents</li> <li>• Reviewing job descriptions</li> <li>• Interviewing subject matter experts on campus</li> <li>• Shadowing employees</li> <li>• Collecting market and internal salary data.</li> </ul>
Developing the Report, Findings, and Recommendations	<ul style="list-style-type: none"> <li>• Organizational Review Team develops and presents a draft report to the client outlining different organizational models and options, process improvement recommendations, training needs, and management and communication recommendations.</li> <li>• Subset of Organizational Review Team meets with client to review report and discuss recommendations/options.</li> <li>• Report is edited and finalized.</li> </ul>
Communication and Implementation	<ul style="list-style-type: none"> <li>• Client determines which recommendations to implement short-term, near-term, and long-term and discusses with senior officer.</li> <li>• Organizational Review Team and relevant HR specialists assist with implementation and communication and also shares the report with Employee Relations, Employment, and Learning &amp; Professional Development if additional assistance is needed with implementation steps.</li> </ul>



# Organizational Reviews at the University of Manitoba

[http://umanitoba.ca/admin/human\\_resources/lds/-consultation/473.html](http://umanitoba.ca/admin/human_resources/lds/-consultation/473.html)

Organizational reviews are done in order to ensure the most appropriate organizational structure, work processes, workflow, job descriptions, and compensation are in effect. The term “appropriate” includes attention to effectiveness, efficiency, and morale. Leaders may identify particular areas of interest and focus in their unit. As with any organizational intervention, the process of the review is as important as the action options identified at its conclusion. Staff (and in some cases students) must feel included, that their expertise is respected, and that action options are discussed in the context of the organizational culture.

Organizational reviews gather information about the current and the ideal aspects of an area of investigation through various methods that can include a document review, individual interviews, focus group methods, and process mapping. All staff and any key outside sources are included in the review.

Typical Areas of Investigation:

- Unit goals and work processes
- Workflow / workload
- Morale
- Organizational changes (current and anticipated)
- Organizational structure
- Appropriate mix of positions
- Reporting lines
- Job descriptions / compensation
- Benchmarks (other units of value for comparison)

- Job fit (right people in right jobs)
- Performance management processes / issues
- Relevant policies and/or collective agreements (regarding possible action options)

Typical Results Achieved:

- Suggestions concerning refined work processes
- Updated job descriptions
- Options and implications of those options on position mix, reporting lines, policies, and other emergent issues
- Suggestions concerning performance support processes
- Change support options including organizational and staff development

Sample Organizational Review Survey

<http://www.mapl.com.au/surveypublic/TakeSurvey.asp?SurveyID=34L8532L5862M>

Organizational Visioning:  
An Integrative Review

<http://www.sagepub.com/gill/gom%20103.full.pdf>



# Appendix A: Resolution passed at Assembly of First Nations Annual General Assembly on July 16 -18, 2013 in Whitehorse, Yukon

<b>TITLE:</b>	Pay Equity Renewal Opportunities for the National Native Alcohol and Drug Abuse Program (NNADAP) workforce in Honouring Our Strengths
<b>Subject:</b>	Pay equity strategy for NNADAP workforce
<b>Moved by:</b>	Chief Isadore Day, Serpent River First Nation, ON
<b>Seconded by:</b>	Chief Jowin Quequeish, Weagamow Lake First Nation, ON

## WHEREAS:

- A. Article 21 of the *United Nations Declaration on the Rights of Indigenous Peoples* notes that Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, etc.
- B. The Chiefs have unanimously endorsed *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada* on November 11, 2011 at the Assembly of First Nations National Health Forum.
- C. The *Honouring Our Strengths* Framework addresses workforce development issues which include wages and benefits for the NNADAP workforce.
- D. There has been significant advancements in the accreditation of NNADAP treatment centres (100%) and the ongoing certification of NNADAP treatment and community workers in addictions specialization.
- E. Increases in cost-of-living, coupled with chronic salary shortages, have resulted in higher staff turnover in the NNADAP workforce.
- F. Increasing demands are being placed on the workforce due to emerging awareness of the impacts of the Indian Residential School legacy, intergenerational trauma, and the increasingly complex needs of our First Nations clients.

## THEREFORE BE IT RESOLVED that the Chiefs in Assembly:

1. Support the pay equity initiatives being championed by the Treatment Centre Directors of Ontario and the Ontario Regional Addictions Partnership Committee.
2. Mandate the AFN to map out current wage trends and inequities across Canada, with a particular focus or comparison on NNADAP workers and general addiction workers (i.e., independent or provincial workers).
3. Support other regions in the development of pay equity initiatives.
4. Urge the First Nations and Inuit Health Branch to provide ample resources to support regionally-driven pay equity initiatives for the NNADAP community based workers and the NNADAP Treatment Centres nationwide.



## Appendix B: Proposed NNADAP Pay Ranges for Addictions Counsellors (I, II, III)

Region	Proposed NNADAP Wage Range (and Average)	Provincial Wage (and Average)	Minimum Wage (with Differential)	Proposed NNADAP Pay Range (with Variance)
British Columbia (NNADAP 2009)	\$30,180 to \$50,980/yr. (\$40,580 midrange)	\$54,891 to \$68,411/yr. (\$61,651 midrange)	\$8.00/hr. (-2.25)	\$35,437 to \$47,130 (\$17.04 to \$22.66/hour)
Alberta	Not available	Not available	\$8.80/hr. (-1.45)	\$35,437 to \$47,130 (\$17.04 to \$22.66/hour)
Saskatchewan (NOC 2006 and NNAPF 2007)	\$29,900 to \$43,400 (\$36,650)	(\$30,165)	\$9.25/hr. (-1.00)	\$35,437 to \$47,130 (\$17.04 to \$22.66/hour)
Manitoba (NOC 2007 and NNADAP 2009)	\$39,002 to \$45,175 (\$42,088)	(\$35,300)	\$9.00/hr. (-1.25)	\$39,002 to \$45,175 (\$18.75 to \$21.72/hour)
Ontario (NNADAP 2009, YSAC 2004, and NNAPF 2007)	\$35,200 (YSAC) to \$47,130 (NNADAP) (\$41,165)	\$29,900 to \$43,400 (\$36,650)	\$10.25/hr.	\$35,437 to \$47,130 (\$17.04 to \$22.66/hour baseline)
Quebec	Not available	Not available	\$9.50/hr. (-0.75)	\$35,437 to \$47,130 (\$17.04 to \$22.66/hour)



# Appendix C: Public Service Wage Rates (Ontario), Institutional and Health Care Bargaining Unit (2012)

Position	Salary Level / Range
Case Worker, Homes for Special Care	\$53,040 - \$62,269
Case Worker, Mental Health and Social Services	\$50,823 - \$62,269

Position	Salary Level / Range
Child Care Assistant 1	\$41,827 - \$43,802
Child Care Assistant 2	\$46,944 - \$50,080
Child Care Worker 1	\$51,047 - \$54,672
Child Care Worker 2	\$52,416 - \$57,366
Child Care Worker 3	\$55,976 - \$60,326
Child Care Worker 4	\$59,215 - \$68,248

Position	Salary Level / Range
Counsellor 1 (Residential Life)	\$47,736 - \$51,064
Counsellor 2 (Residential Life)	\$50,273 - \$53,955
Counsellor 3 (Residential Life)	\$53,268 - \$57,304

Position	Salary Level / Range
Residence Counsellor 1	\$44,761 - \$47,777
Residence Counsellor 2	\$50,585 - \$53,955
Residence Counsellor 3	\$54,288 - \$58,260

Position	Salary Level / Range
Residence Counsellor 1	\$44,761 - \$47,777
Residence Counsellor 2	\$50,585 - \$53,955
Residence Counsellor 3	\$54,288 - \$58,260

## Examples of some current NNADAP Ontario Wage Ranges

Position	Salary Level / Range
Counsellor	\$34,000
Daycare Worker	\$26,000
Intake Worker	\$32,000
Maintenance Supervisor	\$32,000
Night Attendant	\$28,000
Tutor	\$26,000
Manager	\$45,000 - \$48,000

## Proposed NNADAP Ontario Wage Ranges

NNADAP Position	Salary Level / Range
Secretary/Receptionist	\$26,000 - \$32,000
Prevention Worker (only support/light counseling)	\$32,018 - \$41,284
Intake Worker	\$32,018 - \$41,284
Addictions Counsellor	\$35,437 - \$47,130
Case Manager	\$40,637 - \$52,130
Supervisor/Director/ Administrator	\$60,000 - \$80,000

# Appendix D: Sample Organizational Review – Terms of Reference

**Organizational reviews** are effective vehicles for obtaining objective, well-informed advice about current and planned activities. They enhance internal communication and shared understanding by providing an important opportunity for key stakeholders to provide comprehensive, confidential input. Effective reviews inform planning and priority setting and facilitate implementation and organizational learning.

## Objectives

- Determine the needs and expectations of stakeholders and clients
- Evaluate the relevancy of our work to stakeholder needs and expectations through current strategic goals, vision, mission and mandate, and operational plan
- Assess and confirm the scope of the organization's mandate including its local regional work and direct services
- Determine the human resource capacity required to meet the mandate of the organization
- Assess the present governance and management structure and determine its accountability structure to stakeholders and funding agencies
- Define an organizational plan / strategy that builds, relevance, legitimacy, and credibility and clarifies human resources for the organization

## Expectations of the Organizational Review

A successful organizational review will:

- Respect the values of the organization
- Demonstrate sensitivity to issues identified by our stakeholders
- Demonstrate an appreciation of our organization's capacity to meet stakeholders' needs within an environ-

ment with restricted resources

- Analyze the adequacy of financial, human, and other resources to meet the stakeholders' needs, expectations, and therefore the organization's mandate
- Improve credibility in the organization's delivery of its programs and services
- Develop the organizational capacity required to realize improvement, including human and financial resources

## Specific Items for Review

### *Partnerships and Communication*

- Role clarity specific to Regional Working Groups and other peer groups
- Communications protocol with stakeholders and partners

### *Organizational Design*

- Staffing model and competencies to meet organization's mandate
- Resource capacity to meet organization's mandate
- Readiness and capacity for change

## Expectations of the Review

*A successful organizational review will:*

- Respect the values of the organization
- Demonstrate sensitivity to issues identified by stakeholders
- Demonstrate an appreciation of the organization's capacity to meet stakeholders' needs within an environment with restricted resources



***The organizational review must gather qualitative and quantitative information that:***

- Examines stakeholder perceptions of organizational efficiency and effectiveness
- Examines the relevancy of the organization's strategic goals to stakeholder needs and expectations
- Analyzes the adequacy of financial, human, and other resources to meet the stakeholders' needs, expectations, and therefore the organization's mandate
- Assesses the strength of organizational management structure and processes

***The organization's success depends on a well formulated plan that will clearly support:***

- Making the right first steps
- Assessment of readiness for change
- Focused action
- A way to make early progress towards key, strategic goals with clear outcome measures

***The final report requires communication on the following to ensure success:***

- A deep understanding of stakeholder issues and environmental climate to support change
- Plans that reconcile needs and aspirations with present realities
- How to establish effective collaboration that is fostered within the organization and between the organization and its stakeholders / partners
- Professional development needed as a priority to ensure the organization possesses the right skills demanded for success in leadership roles and management structure
- Joint efforts to identify the important first steps that include a performance plan with clearly identified mechanisms and the processes required to execute the plan in a way that fosters collaboration and teamwork
- An assessment of the organization's readiness for change that includes reviewing factors that may impact change
- An implementation plan that improves capacity for ongoing development

***The review will synthesize this information:***

- Isolate key issues
- Test validity of key issues with participating stakeholders
- Readiness and capacity for change (e.g., internal staff discussions and strategic planning)
- Recommendations for action

***Recommendations must support:***

- Stakeholder commitment of the organization's mandate
- Improved credibility in the organization's delivery of its programs and services
- Development of the organizational capacity required to realize improvement including human and financial resources
- A process to manage change with success
- A clear path to improve organizational performance

***The organizational review and report must consider the following assumptions:***

- Change can be perceived as a threat and a problem, or as a challenge and an opportunity
- Change may be a decision to simplify and focus on a limited number of core activities, or a restructuring of the program / process / organization
- Implementation of change based on the results of the organizational review can be difficult, especially because established routines and structures may be changed
- The consultant must work with the Board of Directors, organization Staff, and key partners to assess the broader capacity of the organization to take on complex treatment options



# Appendix E: Five Sample Job Descriptions – NNADAP/YSAP Addictions Counsellor Levels I-III, Case Manager, and Program Manager

The five sample position description templates that follow are proposed as the ideal for use in a treatment centre or community setting. Formal education, certification, experience, and linguistic needs for the position may vary due to regional requirements. The templates also allow the em-

ployer to determine and modify the knowledge / ability and qualifications that the employer considers necessary for the position, just as the percentage of time related to duties and accountabilities may be modified depending on work setting.

## POSITION DESCRIPTION #1 - Addictions Counsellor Level I

### Position Title:

Addictions Counsellor Level I

### Proposed Salary Range Level I

\$38,722 to 42,978

### Community/Band Department:

Health / NNADAP Program

### Name of Incumbent:

### Name & Title of Supervisor:

Executive Director, Health Manager, or Band Administration Manager

### Position Scope:

Accountable to the First Nations Administration / Executive Director / Health Manager or equivalent in the community, participates as an integral member of the community health or case management team, and performs duties in accordance with the mandate and priorities of the NNADAP program.

### Statement of Qualifications - Basic for all Levels:

- To be living a lifestyle free of addictions for a minimum period of 3 years;
- To have a personal self-care or holistic wellness plan;
- To have a basic knowledge of case-work / counselling

techniques;

- To have volunteering experience;
- To have knowledge of First Nation communities and their socio-cultural systems and of community health needs;
- To have knowledge of and willingness to actively support traditional healing practices;
- Fluency or comprehension of the local First Nation language would be an asset and/or is mandatory, depending on regional requirements;
- Good to above-average verbal and written communication skills;
- Competent in computer skills (e.g., word processing); and
- Must have a valid driver's license.

Statement of Qualifications - Education, Certification, Experience, Knowledge, and Ability: Addictions Counsellor Level I

### **Has relevant education and addictions work-related experience:**

- Recognition and respect of cultural-specific knowledge, skills, and/or community sanctioned rights to cultural practice.
- Completion of a Certificate in the social or behavioural sciences (human services, counseling psychology, social work, psychology, or other relevant field).
- For Quebec applicants, a DEC (3-year technical program of studies in addictions or social services).
- Willingness to obtain certification as an Addictions Counsellor from one of the recognized Canadian Certification bodies (e.g., ICBoc, CACCF, CCPE, etc.), with emphasis on Cultural Competency, within the initial three (3) years of employment.

A minimum of one year (2000 hours) in an Indigenous addiction treatment setting.

**The Level I Addictions Counsellor must also have the ability to:**

- Function as a contributing team member, in many cases, and work with limited supervision;
- Communicate program philosophy, objectives, policy, and expectations for clients and staff;
- Conduct client pre-post assessments and develop individual case plans;
- Work with clients and provide supportive counselling, case planning, referral, follow-up, and aftercare functions to clients;
- Collaborate and provide input into the development of individual case plans;
- Network and maintain good working relations with other programs, organizations, and agencies;
- Organize and maintain a working filing system including complete case notes, reports, and documentation effectively and appropriately;
- Facilitate informational workshops and cultural activities; and
- Be willing and able to be absent from home for up to two weeks at a time to attend training sessions (e.g., supportive family/friends to address home/family issues while away on training).

## Specific Duties and Accountabilities for Addictions Counsellor Level I

### 1. Networking:

**Percentage of time allocated to Networking \_\_\_\_\_%**

Will work towards establishing and maintaining a good working relationship with the Chief and Council; Health Administrators / Staff; Referral Workers; Treatment Centre Management, Staff and/or Boards (regional / national); First Nation program personnel; community-based and regional-based resources; and other community members to ensure efficient networking, by:

- a) Participating in meetings and workshop facilitation
- b) Distributing and interpreting appropriate information
- c) Being aware of other programs and resources
- d) Maintaining contact information with regional and national databases

### 2. Primary Prevention:

**Percentage of time allocated to Primary Prevention \_\_\_\_\_%**

Will work towards facilitating and participating in informational activities that enhance community awareness and prevention of alcohol and drug abuse by:

- a) Conducting lectures, video sessions, workshops, and other activities within the community, including the schools
- b) Disseminating education information relating to addictions to individuals, families, groups, schools, and agencies within the community
- c) Discussing and preparing, where applicable, lesson plan materials for on-going school curriculum related to addiction

education to ensure prevention curriculum delivery in the schools

- d) Facilitating and encouraging the establishment of community groups and recreational, social, and cultural activities that promote positive and healthy lifestyle choices

### 3. Secondary Prevention:

**Percentage of time allocated to Secondary Prevention \_\_\_\_\_%**

Will provide counselling services to individuals, families, and groups within the community/treatment centre, by:

- a) Using and updating concurrent counselling skills as needed, specifically in the areas of addictions and mental health
- b) Maintaining a work schedule that identifies times of availability for counselling activities
- c) Using one of the many assessment tools to determine their client's needs and care / case plans
- d) Providing outreach services as needed
- e) Documenting information and maintaining case files
- f) Maintaining confidentiality as per the Code of Ethics and Confidentiality Agreement below

### 4. Counselling / Referral:

**Percentage of time allocated to Counselling / Referral \_\_\_\_\_%**

Will provide counselling and provide outreach services and act as a contact for referrals and/or facilitate the process when required, by:

- a) Providing the necessary information and education in counselling and supportive services to all clients, including outreach services regarding recovery support, enabling behaviours, and possible relapse
- b) Receiving self-referrals and agency-referrals of individuals who are experiencing difficulties due to addictions
- c) Obtaining, upon consent of the client, any health-, disability-, justice-, or welfare- related information for use upon referral
- d) Assessing the client's addictions history and living situation
- e) Making referrals, when necessary, of individuals to a treatment program and/or other appropriate agencies or support groups
- f) Establishing and maintaining trusting relationships and environments for/with clients
- g) Assisting clients with the development of relevant treatment or care plans and goal setting
- h) Work with clients in the development of goals for treatment, relapse prevention, supports, networking, and aftercare
- i) Giving the client the responsibility for their own care plan when they are able
- j) Knowing and following ethical standards, band administration policy, and NNADAP program policy
- k) Maintaining working knowledge of area treatment centres and their admission requirements/schedules, etc.
- l) Documenting cases of clients who are referred for treatment
- m) Knowledgeable of client travel policy
- n) Maintain awareness of client transportation arrangements and ensuring client transportation to treatment is arranged when required
- o) Ensuring that clients have arranged the required support

- services for family, with applicable community resources
- p) Utilizing and keeping abreast of various counselling techniques and modalities
- q) Maintaining accurate and up-to-date client files respecting best practices
- r) Designing and delivering educational, informational sessions / lectures

## 5. Aftercare / Follow-Up:

**Percentage of time allocated to Aftercare / Follow-Up** \_\_\_\_\_%

Will provide follow-up rehabilitation services for clients by:

- a) Providing the necessary information to family regarding enabling behaviours and denial, prior to and during the client's referral and/or treatment
- b) Consulting with the counsellor before and during the after-release of the client
- c) Encouraging clients to follow post-care plans / contract
- d) Maintaining contact with the client and the client's family on a regular basis
- e) Ensuring the client has access to applicable supports such as self-help groups, therapy, employment, and other formal, informal, and cultural support networks
- f) Encouraging the clients involvement in an on-going community programs that promote healthy lifestyles and choices
- g) Documenting relevant information on clients' case files and sharing relevant information with appropriate agencies, as per client release of information consent
- h) Encouraging client involvement in the planning and implementation of workshops, discussion, or support groups and other community activities
- i) Supporting clients during court proceedings as required and if necessary
- j) Ensuring up-to-date knowledge of the philosophies of the 12 step programs and/or other treatment models, of holistic healing processes, and other self-help groups;
- k) Assessing the progress of the clients' rehabilitation at regular intervals and, by recommendations that circumstances dictate, that follow-up is no longer necessary
- l) Working with referral workers and other agencies to provide continued support

## 6. Administration:

**Percentage of time allocated to Administration** \_\_\_\_\_%

Will be required to perform a variety of administrative functions, such as:

- a) Providing monthly activity schedules and reports to supervisor as required
- b) Providing a calendar of availability for appointment purposes
- c) Working evening hours and weekends as agreed upon
- d) Preparing and submitting activity reports, work plans and year-end reports as required in the NNADAP program/Health Canada agreement
- e) Writing correspondence and case notes as required
- f) Developing and monitoring plans for intervention with measurable short and long term goals
- g) Assisting in the planning and evaluation of the program work plans

- h) Maintaining client case and other files with discretion and confidentiality
- i) Maintaining appropriate or relevant statistics as required (OCAP compliant - e.g., First Nations Ownership, Control, Access, and Possession of data)
- j) Maintaining confidentiality as per the Code of Ethics and Confidentiality Agreement below

## Sample Code of Ethics:

- Maintain a positive identification with First Nations culture and traditional values dedicated to healing;
  - Living a lifestyle free of addictions, including abstinence, as desired of community members and clients - teaching by example;
  - Relate to others on the basis of their unique qualities as individual human beings without distinction as to race, creed, spiritual affiliation, sexual orientation, socio-economic status, age, or disabilities;
  - Honour the personal affairs of another individual - not invade the personal affairs of client without his/her consent, except when in an emergency to prevent injury to the client or others, to the best of one's capabilities;
  - Maintaining ethical boundaries including in dual relationships (e.g., providing counselling to a close relative or to someone in an intimate relationship);
  - Use information gained in professional relationships in a responsible and confidential manner;
  - Accept responsibility to help protect clients, programs, and the community against unethical practice;
  - Not participate in or practice Lateral Violence, but practice and promote the development and maintenance of healthy relationships;
  - Work in cooperation with other professionals or agencies to share knowledge, skills and work, when necessary;
  - Be consistent and follow through with commitments;
  - Know one's limitations in relation to scope of duties and professional boundaries;
  - Treat with respect the findings, views, and actions of colleagues and use appropriate channels to express judgement and initiate positive change;
  - Clearly distinguish boundaries between statements and actions as an individual and those statement and actions as a representative of the organization;
  - Help others look for alternate solutions to their problems when requested, but leave the decision-making up to them;
- Assist in best possible decision-making and only if an individual's situation immobilizes them from making any decision on their own;
- Support the principle that a professional service requires a professional education;
  - Recognize strengths and limitations and, when needed, seek knowledge from colleagues and other community resources and add these findings to the work knowledge and practice of the profession;
  - Work toward the creation and maintenance of conditions within the professional setting which enable conduct that is in keeping with this Code; and

- Refrain from any activities including the abuse of alcohol, drugs, or other mood altering substances where personal conduct might diminish personal capabilities, denigrate professional status, or constitute a violation of law.

#### Confidentiality Agreement:

I, \_\_\_\_\_, do solemnly affirm that I will faithfully provide services as an employee of (Name of Employer) and will observe and comply with the applicable labour code and policies of my place of employment. I have been advised and acknowledge that in the course of providing services hereunder I will or may become privy to certain confidential, personal private, or privileged information and advice concerning the activities of my employer, clients of the organization, or other employees ("Confidential Information") which includes the implementation of the objectives and programs of my employer. Confidential Information includes all written and/or oral information relating to the organization and/or clients and/or other employees of the organization including general business operations, treatment program information, and medical records / information that is not generally known by the public which has been garnered through my employment.

The disclosure of any such Confidential Information would be highly detrimental to the best interest of my employer and I understand and agree that my employer wishes to maintain the

confidentiality of such information or advice. Except as I may be legally required, I will not disclose to any Confidential Information without the prior written consent of my employer. If in doubt as to what is or is not confidential, personal, private, or privileged information, I agree to request clarification, from time to time, from my supervisors.

Signed at \_\_\_\_\_ (Name of Community) \_\_\_\_\_, in the Province/Territory of \_\_\_\_\_

\_\_\_\_\_, this

\_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year)

I have read and understand this position description:

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## POSITION DESCRIPTION #2 - Addictions Counsellor Level II

#### Position Title:

Addictions Counsellor Level II

#### Name of Incumbent:

#### Proposed Salary Range Level II

\$45,111 to 49,370

#### Community/Band Department:

Health / NNADAP Program

#### Name & Title of Supervisor:

Executive Director, Health Manager, or Band Administration Manager

#### Position Scope:

Accountable to the First Nations Administration / Executive Director / Health Manager or equivalent in the community, participates as an integral member of the community health or case management team, and performs duties in accordance with the mandate and priorities of the NNADAP program.

#### Statement of Qualifications - Basic for all Levels:

To be living a lifestyle free of addictions for a minimum period of 3 years;

To have a personal self-care or holistic wellness plan;

To have a basic knowledge of case work / counselling techniques;

To have volunteering experience;

To have knowledge of First Nation communities and their socio-cultural systems and of community health needs;

To have knowledge of and willingness to actively support traditional healing practices;

Fluency or comprehension of the local First Nation language would be an asset and/or is mandatory, depending on regional requirements;

Good to above-average verbal and written communication skills;

Competent in computer skills (e.g., word processing); and

Must have a valid driver's license.



## Statement of Qualifications - Education, Certification, Experience, Knowledge, and Ability: Addictions Counsellor Level II

### Has relevant education and addictions work-related experience:

- Has recognition and respect of cultural-specific knowledge, skills, and/or community sanctioned rights to cultural practice.
- Completion of an Associate of Arts (AA) degree or two-year diploma in the social or behavioural sciences (human services, counseling psychology, social work, psychology, or other relevant field).
- For Quebec applicants, a DEC (three (3) year technical program of studies in addictions or social services ) AND one (1) year of university certificate in social or behavioural sciences (human services, counseling psychology, social work, psychology, or other relevant field), a minimum of 3 years work-related experience, and NO clinical supervisory responsibilities.
- Certification as an Addictions Counsellor or Specialist from one of the recognized Canadian Certification bodies (e.g. ICBoC, CACCF, CCPC etc.), with emphasis on Cultural Competency.
- Minimum of three years (6000 hours) full-time paid work experience in good standing (e.g., performance reference check) in an Indigenous addiction treatment setting.

### The Level II Addictions Counsellor must also have the ability to:

- Function as a contributing team member, in many cases, and work with limited supervision;
- Conduct client pre-post assessments and develop individual case plans;
- Develop staff work assignments for team members and ensure delivery of program activities;
- Communicate program philosophy, objectives, policy, and expectations for clients and staff;
- Follow, monitor, and evaluate client case plans and progress;
- Work with clients and provide (supportive) counselling, referral, case planning, follow-up, and aftercare functions to clients while having knowledge of a variety of counselling modalities and techniques;
- Network and maintain good working relations with other programs, organizations, and agencies;
- Organize and maintain a working filing system - documentation and report writing effectively as well as completing case notes, reports, and documentation effectively and appropriately;
- Design, develop, and facilitate informational workshops and cultural activities; and
- Identify community / client needs relative to addictions and mental health.

## Specific Duties and Accountabilities for Addictions Counsellor Levels II

### 1. Networking:

**Percentage of time allocated to Networking \_\_\_\_\_ %**

Will work towards establishing and maintaining a good working

relationship with the Chief and Council; Health Administrators / Staff; Referral Workers; Treatment Centre Management, Staff and/or Boards (regional / national); First Nation program personnel; community-based and regional-based resources; and other community members to ensure efficient networking, by:

- a) Participating in meetings and workshop facilitation
- b) Distributing and interpreting appropriate information
- c) Being aware of other programs and resources
- d) Maintaining contact information with regional and national databases

### 2. Primary Prevention:

**Percentage of time allocated to Primary Prevention \_\_\_\_\_ %**

Will work towards facilitating and participating in informational activities that enhance community awareness and prevention of alcohol and drug abuse by:

- a) Conducting lectures, video sessions, workshops, and other activities within the community, including the schools
- b) Disseminating education information relating to addictions to individuals, families, groups, schools, and agencies within the community
- c) Discussing and preparing, where applicable, lesson plan materials for on-going school curriculum related to addiction education to ensure prevention curriculum delivery in the schools
- d) Facilitating and encouraging the establishment of community groups and recreational, social, and cultural activities that promote positive and healthy lifestyle choices

### 3. Secondary Prevention:

**Percentage of time allocated to Secondary Prevention \_\_\_\_\_ %**

Will provide counselling services to individuals, families, and groups within the community / treatment centre by:

- a) Using and updating concurrent counselling skills as needed, specifically in the areas of addictions and mental health
- b) Maintaining a work schedule that identifies times of availability for counselling activities
- c) Using one of the many assessment tools to determine their client's needs and care / case plans
- d) Providing outreach services as needed
- e) Documenting information and maintaining case files
- f) Maintaining confidentiality as per the Code of Ethics and Confidentiality Agreement below

### 4. Counselling / Referral:

**Percentage of time allocated to Counselling / Referral \_\_\_\_\_ %**

Will provide counselling and provide outreach services and act as a contact for referrals and/or facilitate the process, when required, by:

- a) Providing the necessary information and education in counselling and supportive services to all clients including outreach services regarding recovery support, enabling behaviours, and possible relapse
- b) Receiving self-referrals and agency-referrals of individuals who are experiencing difficulties due to addictions
- c) Obtaining, upon consent of the client, any health-, disability-,

justice-, or welfare- related information for use upon referral

- d) Assessing the client's addictions history and living situation
- e) Making referrals, when necessary, of individuals to a treatment program and/or other appropriate agencies or support groups
- f) Establishing and maintaining trusting relationships and environments for/with clients
- g) Assisting clients with the development of relevant treatment or care plans and goal setting
- h) Work with clients in the development of goals for treatment, relapse prevention, supports, networking, and aftercare
- i) Giving the client the responsibility for their own care plan when they are able
- j) Knowing and following ethical standards, band administration policy, and NNADAP program policy
- k) Maintaining working knowledge of area treatment centres and their admission requirements / schedules, etc.
- l) Documenting cases of clients who are referred for treatment
- m) Knowledgeable of client travel policy
- n) Maintain awareness of client transportation arrangements and ensuring client transportation to treatment is arranged when required
- o) Ensuring that clients have arranged the required support services for family, with applicable community resources
- p) Utilizing and keeping abreast of various counselling techniques and modalities
- q) Maintaining accurate and up-to-date client files respecting best practices
- r) Designing and delivering educational, informational sessions / lectures

## 5. Aftercare / Follow-Up:

### Percentage of time allocated to Aftercare / Follow-Up

%

Will provide follow-up rehabilitation services for clients by:

- a) Providing the necessary information to family regarding enabling behaviours and denial, prior to and during the client's referral and/or treatment
- b) Consulting with the counsellor before and during the after-release of the client
- c) Encouraging clients to follow post-care plans / contract
- d) Maintaining contact with the client and the client's family on a regular basis
- e) Ensuring the client has access to applicable supports such as self-help groups, therapy, employment, and other formal, informal, and cultural support networks
- f) Encouraging the clients' involvement in ongoing community programs that promote healthy lifestyles and choices
- g) Documenting relevant information on clients' case files and sharing relevant information with appropriate agencies, as per client release of information consent
- h) Encouraging client involvement in the planning and implementation of workshops, discussion, or support groups and other community activities  
Supporting clients during court proceedings as required and if necessary
- j) Ensuring up-to-date knowledge of the philosophies of the 12 step programs and/or other treatment models, of holistic healing processes, and other self-help groups
- k) Assessing the progress of the clients' rehabilitation at regular intervals and, by recommendations that circumstances dictate, that follow-up is no longer necessary
- l) Working with referral workers and other agencies to provide continued support

## 6. Administration:

### Percentage of time allocated to Administration %

Will be required to perform a variety of administrative functions such as:

- a) Providing monthly activity schedules and reports to supervisor as required
- b) Providing a calendar of availability for appointment purposes
- c) Working evening hours and weekends as agreed upon
- d) Preparing and submitting activity reports, work plans, and year-end reports as required in the NNADAP program / Health Canada agreement
- e) Writing correspondence and case notes as required
- f) Developing and monitoring plans for intervention with measurable short and long term goals
- g) Assisting in the planning and evaluation of the program work plans
- h) Maintaining client case and other files with discretion and confidentiality
- i) Maintaining appropriate or relevant statistics as required (OCAP compliant - e.g., First Nations Ownership, Control, Access, and Possession of data)
- j) Maintaining confidentiality as per the Code of Ethics and Confidentiality Agreement below

## Sample Code of Ethics:

- Maintain a positive identification with First Nations culture and traditional values dedicated to healing;
- Living a lifestyle free of addictions, including abstinence, as desired of community members and clients - teaching by example;
- Relate to others on the basis of their unique qualities as individual human beings without distinction as to race, creed, spiritual affiliation, sexual orientation, socio-economic status, age, or disabilities;
- Honour the personal affairs of another individual - not invade the personal affairs of client without his/her consent, except when in an emergency to prevent injury to the client or others, to the best of one's capabilities;
- Maintaining ethical boundaries including in dual relationships (e.g., providing counselling to a close relative or to someone in an intimate relationship);
- Use information gained in professional relationships in a responsible and confidential manner;
- Accept responsibility to help protect clients, programs, and the community against unethical practice;
- Not participate in or practice Lateral Violence, but practice and promote the development and maintenance of healthy relationships;
- Work in cooperation with other professionals or agencies, sharing knowledge, skills, and work, when necessary;
- Be consistent and follow through with commitments;
- Know one's limitations in relation to scope of duties and professional boundaries;
- Treat with respect the findings, views, and actions of colleagues and use appropriate channels to express judgement and initiate positive change;
- Clearly distinguish boundaries between statements and actions as an individual, and those statement and actions as a representative of the organization;
- Help others look for alternate solutions to their problems when requested, but leave the decision-making up to them;
- Assist in best possible decision-making, and only if an individual's situation immobilizes them from making any decision on their own;

- Support the principle that a professional service requires a professional education;
- Recognize strengths and limitations and, when needed, seek knowledge from colleagues and other community resources and add these findings to the work knowledge and practice of the profession;
- Work toward the creation and maintenance of conditions within the professional setting which enable conduct that is in keeping with this Code;
- Refrain from any activities including the abuse of alcohol, drugs, or other mood altering substances where personal conduct might diminish personal capabilities, denigrate professional status, or constitute a violation of law.

#### Confidentiality Agreement:

I, \_\_\_\_\_, do solemnly affirm that I will faithfully provide services as an employee of \_\_\_\_\_ Name of Employer and will observe and comply with the applicable labour code and policies of my place of employment. I have been advised and acknowledge that in the course of providing services hereunder I will or may become privy to certain confidential, personal private, or privileged information and advice concerning the activities of my employer, clients of the organization, or other employees ("Confidential Information") which includes the implementation of the objectives and programs of my employer. Confidential Information includes all written and/or oral

information relating to the organization and/or clients and/or other employees of the organization including general business operations, treatment program information, and medical records / information that is not generally known by the public which has been garnered through my employment.

The disclosure of any such Confidential Information would be highly detrimental to the best interest of my employer and I understand and agree that my employer wishes to maintain the confidentiality of such information or advice. Except as I may be legally required, I will not disclose to any Confidential Information without the prior written consent of my employer. If in doubt as to what is or is not confidential, personal, private, or privileged information, I agree to request clarification, from time to time, from my supervisors.

Signed at \_\_\_\_\_ (Name of Community) \_\_\_\_\_, in the Province/Territory of \_\_\_\_\_, this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ year)

I have read and understand this position description:

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## POSITION DESCRIPTION #3 - Addictions Counsellor Level III

#### Position Title:

Addictions Counsellor Level III

#### Name of Incumbent:

#### Proposed Salary Range Level III

\$51,500 to 54,636

#### Community/Band Department:

Health / NNADAP Program

#### Name & Title of Supervisor:

Executive Director, Health Manager, or Band Administration Manager

#### Position Scope:

Accountable to the First Nations Administration / Executive Director / Health Manager or equivalent in the community, participates as an integral member of the community health or case management team, and performs duties in accordance with the mandate and priorities of the NNADAP program.

#### Statement of Qualifications - Basic for all Levels:

- To be living a lifestyle free of addictions for a minimum period of 3 years;

- To have a personal self-care or holistic wellness plan;
- To have a basic knowledge of case work / counselling techniques;
- To have volunteering experience;
- To have knowledge of First Nation communities and their socio-cultural systems and of community health needs;
- To have knowledge of and willingness to actively support traditional healing practices;
- Fluency or comprehension of the local First Nation language would be an asset and/or is mandatory, depending on regional requirements;
- Good to above-average verbal and written communication skills;
- Competent in computer skills (e.g., word processing); and,
- Must have a valid driver's license.

#### Statement of Qualifications - Education, Certification, Experience, Knowledge, and Ability: Addictions Counsellor Level III

#### Has relevant education, addictions work-related experience, and NO clinical supervisory responsibilities:

- Recognition and respect of cultural-specific knowledge, skills, and/or community sanctioned rights to cultural practice.
- Completion of a Minimum four (4) year degree BSC/BA in the social or behavioural sciences (human services, counseling psychology, social work, psychology, or other relevant field) from an accredited educational institution.
- For Quebec applicants, three (3) year or more baccalaureat/degree in social or behavioural sciences (human services, counseling psychology, social work, psychology, or other relevant field).
- Certification as an Addictions Counsellor or Specialist from one of the recognized Canadian Certification bodies (e.g., ICBoC, CACCF, CCPC

etc.) with emphasis on Cultural Competency.

- Minimum of four years full-time paid work experience in good standing (e.g., performance reference check) in an Indigenous addiction treatment setting.

### **The Level III Addictions Counsellor must also have the ability to:**

- Work with minimal supervision, have some administrative and supervisory skills, and demonstrate leadership qualities;
- Communicate program philosophy, objectives, rules, and expectations for clients and staff;
- Work with clients and provide (supportive) intensive counselling, referral, case planning, follow-up, and aftercare functions to clients while having knowledge of a variety of counselling modalities and techniques;
- Network and maintain good working relations with team members, other programs, organizations, and agencies;
- Act as a liaison for client with staff, referral workers, and families of clients;
- Organize and maintain a working filing system and have excellent report writing / documentation skills;
- Design, develop, and facilitate informational workshops and cultural activities;
- Identify and address community needs relative to addictions and mental health;
- Conduct client pre-post assessments and develop individual case plans;
- Conduct individual, group, and family counselling sessions;
- Collect, analyze, and share appropriate information;
- Demonstrate basic knowledge on how to prepare and maintain budgetary requirements;
- Be organized, develop action / work plans, set priorities, and evaluate outcomes;
- Conduct, monitor, and/or carry out case management and/or program management

## **Specific Duties and Accountabilities for Addictions Counsellor Level III**

### **1. Networking:**

#### **Percentage of time allocated to Networking \_\_\_\_\_ %**

Will work towards establishing and maintaining a good working relationship with the Chief and Council; Health Administrators / Staff; Referral Workers; Treatment Centre Management, Staff and/or Boards (regional / national); First Nation program personnel; community-based and regional-based resources; and other community members to ensure efficient networking, by:

- a) Participating in meetings and workshop facilitation
- b) Distributing and interpreting appropriate information
- c) Being aware of other programs and resources
- d) Maintaining contact information with regional and national databases

### **2. Primary Prevention:**

#### **Percentage of time allocated to Primary Prevention \_\_\_\_\_ %**

Will work towards facilitating and participating in informational activities that enhance community awareness and prevention of alcohol and drug abuse by:

- a) Conducting lectures, video sessions, workshops, and other activities within the community, including the schools
- b) Disseminating education information relating to addictions to

individuals, families, groups, schools, and agencies within the community

- c) Discussing and preparing, where applicable, lesson plan materials for ongoing school curriculum related to addiction education to ensure prevention curriculum delivery in the schools
- d) Facilitating and encouraging the establishment of community groups and recreational, social, and cultural activities that promote positive and healthy lifestyle choices

### **3. Secondary Prevention:**

#### **Percentage of time allocated to Secondary Prevention \_\_\_\_\_ %**

Will provide counselling services to individuals, families and groups within the community/treatment centre, by:

- a) Using and updating concurrent counselling skills as needed, specifically in the areas of addictions and mental health
- b) Maintaining a work schedule that identifies times of availability for counselling activities
- c) Using one of the many assessment tools to determine their client's needs and care / case plans
- d) Providing outreach services as needed
- e) Documenting information and maintaining case files
- f) Maintaining confidentiality as per the Code of Ethics and Confidentiality Agreement below

### **4. Counselling / Referral:**

#### **Percentage of time allocated to Counselling / Referral \_\_\_\_\_ %**

Will provide counselling and provide outreach services and act as a contact for referrals and/or facilitate the process when required by:

- a) Providing the necessary information and education in counselling and supportive services to all clients including outreach services regarding recovery support, enabling behaviours, and possible relapse
- b) Receiving self-referrals and agency-referrals of individuals who are experiencing difficulties due to addictions
- c) Obtaining, upon consent of the client, any health-, disability-, justice-, or welfare- related information for use upon referral
- d) Assessing the client's addictions history and living situation
- e) Making referrals, when necessary, of individuals to a treatment program and/or other appropriate agencies or support groups
- f) Establishing and maintaining trusting relationships and environments for/with clients
- g) Assisting clients with the development of relevant treatment or care plans and goal setting
- h) Work with clients in the development of goals for treatment, relapse prevention, supports, networking, and aftercare
- i) Giving the client the responsibility for their own care plan when they are able
- j) Knowing and following ethical standards, band administration policy, and NNADAP program policy
- k) Maintaining working knowledge of area treatment centres and their admission requirements / schedules, etc.
- l) Documenting cases of clients who are referred for treatment
- m) Knowledgeable of client travel policy
- n) Maintaining awareness of client transportation arrangements and ensuring client transportation to treatment is arranged when required
- o) Ensuring that clients have arranged the required support services for family, with applicable community resources
- p) Utilizing and keeping abreast of various counselling techniques and modalities
- q) Maintaining accurate and up-to-date client files respecting best practices
- r) Designing and delivering educational, informational sessions / lectures



## 5. Aftercare / Follow-Up:

Percentage of time allocated to Aftercare / Follow-Up %

Will provide follow-up rehabilitation services for clients by:

- a) Providing the necessary information to family regarding enabling behaviours and denial, prior to and during the client's referral and/or treatment
- b) Consulting with the counsellor before and during the after-release of the client
- c) Encouraging clients to follow post-care plans / contract
- d) Maintaining contact with the client and the client's family on a regular basis
- e) Ensuring the client has access to applicable supports such as self-help groups, therapy, employment, and other formal, informal, and cultural support networks
- f) Encouraging the clients' involvement in ongoing community programs that promote healthy lifestyles and choices
- g) Documenting relevant information on clients' case files and sharing relevant information with appropriate agencies, as per client release of information consent
- h) Encouraging client involvement in the planning and implementation of workshops, discussion, or support groups and other community activities
- i) Supporting clients during court proceedings as required and if necessary
- j) Ensuring up-to-date knowledge of the philosophies of the 12 step programs and/or other treatment models, of holistic healing processes, and other self-help groups
- k) Assessing the progress of the clients' rehabilitation at regular intervals and, by recommendations that circumstances dictate, that follow-up is no longer necessary
- l) Working with referral workers and other agencies to provide continued support.

## 6. Administration:

Percentage of time allocated to Administration %

Will be required to perform a variety of administrative functions, such as:

- a) Providing monthly activity schedules and reports to supervisor as required
- b) Providing a calendar of availability for appointment purposes
- c) Working evening hours and weekends as agreed upon
- d) Preparing and submitting activity reports, work plans, and year-end reports as required in the NNADAP program / Health Canada agreement
- e) Writing correspondence and case notes as required
- f) Developing and monitoring plans for intervention with measurable short and long term goals
- g) Assisting in the planning and evaluation of the program work plans
- h) Maintaining client case and other files with discretion and confidentiality
- i) Maintaining appropriate or relevant statistics as required (OCAP compliant - e.g., First Nations Ownership, Control, Access, and Possession of data)
- j) Maintaining confidentiality as per the Code of Ethics and Confidentiality Agreement below

## Sample Code of Ethics:

- Maintain a positive identification with First Nations culture and traditional values dedicated to healing;
- Living a lifestyle free of addictions, including abstinence, as desired of community members and clients - teaching by example;
- Relate to others on the basis of their unique qualities as individual human beings without distinction as to race, creed, spiritual affiliation, sexual orientation, socio-economic status, age, or disabilities;
- Honour the personal affairs of another individual - not invade the personal affairs of client without his/her consent, except when in an emergency to prevent injury to the client or others, to the best of one's capabilities;
- Maintaining ethical boundaries including in dual relationships (e.g., providing counselling to a close relative or to someone in an intimate relationship);
- Use information gained in professional relationships in a responsible and confidential manner;
- Accept responsibility to help protect clients, programs, and the community against unethical practice;
- Not participate in or practice Lateral Violence, but practice and promote the development and maintenance of healthy relationships;
- Work in cooperation with other professionals or agencies, sharing knowledge, skills, and work, when necessary;
- Be consistent and follow through with commitments;
- Know one's limitations in relation to scope of duties and professional boundaries;
- Treat with respect the findings, views, and actions of colleagues and use appropriate channels to express judgement and initiate positive change;
- Clearly distinguish boundaries between statements and actions as an individual, and those statement and actions as a representative of the organization;
- Help others look for alternate solutions to their problems when requested, but leave the decision-making up to them;
- Assist in best possible decision-making, and only if an individual's situation immobilizes them from making any decision on their own;
- Support the principle that a professional service requires a professional education;
- Recognize strengths and limitations and, when needed, seek knowledge from colleagues and other community resources and add these findings to the work knowledge and practice of the profession;
- Work toward the creation and maintenance of conditions within the professional setting which enable conduct that is in keeping with this Code; and
- Refrain from any activities including the abuse of alcohol, drugs, or other mood altering substances where personal conduct might diminish personal capabilities, denigrate professional status, or constitute a violation of law.



# POSITION DESCRIPTION #4 – Case Manager

**Position Title:**

Case Manager

**Proposed Salary Range - Case Manager:**

\$50,683 to 56,963

**Name of Incumbent:****Community/Band Department:**

Health / NNADAP Program

**Name & Title of Supervisor:**

Executive Director, Health Manager, or  
Band Administration Manager

**Position Scope:**

Accountable to the Executive Director / Health Manager, First Nations Leadership /Administration, or equivalent in the community; participates as an integral member of the community health or treatment team; and performs duties in accordance with the mandate and priorities of the NNADAP program.

## Statement of Qualifications - Basic:

- To be living a lifestyle free of addictions for a minimum period of 3 years;
- To have a personal self-care or holistic wellness plan;
- To have a basic knowledge of case work / counselling techniques;
- To have volunteering experience;
- To have knowledge of First Nation communities and their socio-cultural systems and of community health needs;
- To have knowledge of and willingness to actively support traditional healing practices;
- Fluency or comprehension of the local First Nation language would be an asset and/or is mandatory, depending on regional requirements;
- Good to above-average verbal and written communication skills;
- Competent in computer skills (e.g., word processing); and
- Must have a valid driver's license.

## Statement of Qualifications - Education, Certification, Experience, Knowledge, and Ability: Case Manager

Has relevant education and/or addictions work-related experience with clinical supervisory responsibilities:

- Recognition and respect of cultural-specific knowledge, skills, and/or community sanctioned rights to cultural practice.
- Completion of a three or four-year Bachelor's degree in Social • Work or other addictions/social service-related University program from an accredited post-secondary institution and/or Certification as an Addictions Counsellor or Specialist from one of the recognized Canadian Certification bodies (e.g., ICBoC, CACCE, CCPC etc.), with emphasis on Cultural Competency.
- Minimum three to five years (5-10 for treatment facility) of work-related experience in good standing (e.g., performance reference check).

*Note: The number of years of work experience should be consistent across the board with at least 3 years of work experience as a case manager / program manager and 5 additional years of experience in the field of*

*wellness and addictions.*

**The Case Manager must also have the ability to:**

- Work with minimal supervision, have some administrative and supervisory skills, and demonstrate leadership qualities;
- Communicate program philosophy, objectives, policy, and expectations for clients and staff;
- Work with clients and provide (supportive) intensive counselling, referral, case planning, follow-up, and aftercare functions to clients while having knowledge of a variety of counselling modalities and techniques;
- Act as a liaison for client with staff, referral workers, and families of clients;
- Organize and maintain a working filing system while having excellent report writing / documentation skills;
- Conduct client pre-post assessments and develop individual case plans;
- Conduct individual, group, and family counselling sessions;
- Collect, analyze, and share appropriate information;
- Demonstrate basic knowledge on how to prepare and maintain budgetary requirements;
- Be organized, develop action / work plans, set priorities, and evaluate outcomes; and
- Monitor and carry out case management responsibilities.

## Specific Duties and Accountabilities for Case Manager

**1. Networking:**

**Percentage of time allocated to Networking \_\_\_\_\_ %**

Will work towards establishing and maintaining a good working relationship with the Chief and Council; Health Administrators / Staff; Referral Workers; Treatment Centre Management, Staff, and/or Boards (regional / national); First Nation program personnel; community-based and regional-based resources; and other community members to ensure efficient networking, by:

- a) Participating in meetings and workshop facilitation
- b) Distributing and interpreting appropriate information
- c) Being aware of other programs and resources
- d) Maintaining contact information with regional and national databases

**2. Primary Prevention:**

**Percentage of time allocated to Primary Prevention \_\_\_\_\_ %**

Will work towards facilitating and participating in informational activities that enhance community awareness and prevention of alcohol and drug abuse by:

- a) Conducting lectures, video sessions, workshops, and other activities within the community, including the schools
- b) Disseminating education information relating to addictions to individuals, families, groups, schools, and agencies within the community
- c) Discussing and preparing, where applicable, lesson plan materials for ongoing school curriculum related to addiction education to ensure prevention curriculum delivery in the schools
- d) Facilitating and encouraging the establishment of community groups and recreational, social, and cultural activities that promote positive and healthy lifestyle choices

**3. Secondary Prevention:**

**Percentage of time allocated to Secondary Prevention \_\_\_\_\_ %**

Will provide counselling, case supervision, and/or case management services to individuals, families, and groups within the community / treatment centre by:

- a) Using and updating concurrent counselling skills as needed, specifically in the areas of addictions and mental health
- b) Maintaining a work schedule that identifies times of availability for counselling activities
- c) Using one of the many assessment tools to determine their client's needs and care / case plans
- d) Providing outreach services as needed
- e) Documenting information and maintaining case files
- f) Maintaining confidentiality as per the Code of Ethics and Confidentiality Agreement below

#### 4. Counselling:

**Percentage of time allocated to Counselling \_\_\_\_\_ %**

Will provide counselling and provide outreach services and act as a contact for referrals and/or facilitate the process when required by:

- a) Providing the necessary information and education counselling and supportive services to all clients including outreach services, recovery support, enabling behaviours, and possible relapse
- b) Receiving self-referrals and agency-referrals of individuals who are experiencing difficulties due to addictions
- c) Obtaining, upon consent of the client, any health-, disability-, justice-, or welfare-related information for use upon referral
- d) Assessing the client's addictions history and living situation
- e) Making referrals, when necessary, of individuals to a treatment program and/or other appropriate agencies or support groups
- f) Establishing and maintaining trusting relationships and environments for/with clients
- g) Assisting clients with the development of relevant treatment or care plans and goal setting
- h) Work with clients in the development of goals for treatment, relapse prevention, supports, networking, and aftercare
- i) Giving the client the responsibility for their own care plan when they are able
- j) Knowing and following ethical standards, band administration policy, and NNADAP program policy
- k) Maintaining working knowledge of area treatment centres and their admission requirements / schedules, etc.
- l) Documenting cases of clients who are referred for treatment
- m) Knowledgeable of client transportation policy
- n) Maintain awareness of client transportation arrangements and ensuring client transportation to treatment is arranged when required
- o) Ensuring that clients have arranged the required support services for family, with applicable community resources
- p) Utilizing and keeping abreast of various counselling techniques and modalities
- q) Maintaining accurate and up-to-date client files respecting best practices
- r) Designing and delivering educational, informational sessions / lectures

#### 5. Aftercare / Follow-Up:

**Percentage of time allocated to**

**Aftercare / Follow-Up \_\_\_\_\_ %**

Will provide follow-up rehabilitation services for clients by:

- a) Providing the necessary information to family regarding enabling behaviours and denial, prior to and during the client's referral and/or treatment
- b) Consulting with the counsellor before and during the after-release of the client
- c) Encouraging clients to follow post-care plans / contract
- d) Maintaining contact with the client and the client's family on a regular basis
- e) Ensuring the client has access to applicable supports such as self-help groups, therapy, employment, and other formal, informal, and cultural support networks
- f) Encouraging the clients' involvement in ongoing community programs

that promote healthy lifestyles and choices

- g) Documenting relevant information on clients' case files and sharing relevant information with appropriate agencies, as per client release of information consent
- h) Encouraging client involvement in the planning and implementation of workshops, discussion, or support groups and other community activities
- i) Supporting clients during court proceedings as required and if necessary
- j) Ensuring up-to-date knowledge of the philosophies of the 12 step programs and /or other treatment models, of holistic healing processes, and other self-help groups
- k) Assessing the progress of the clients' rehabilitation at regular intervals and, by recommendations that circumstances dictate, that follow-up is no longer necessary
- l) Working with referral workers and other agencies to provide continued support

#### 6. Administration:

**Percentage of time allocated to Administration \_\_\_\_\_ %**

Will be required to perform a variety of administrative functions such as:

- a) Providing monthly activity schedules and reports to supervisor as required
- b) Providing a calendar of availability for appointment purposes
- c) Working evening hours and weekends as agreed upon
- d) Preparing and submitting activity reports, work plans, and year-end reports as required in the NNADAP program / Health Canada agreement
- e) Writing correspondence and case notes as required
- f) Developing and monitoring plans for intervention with measurable short and long term goals
- g) Assisting in the planning and evaluation of the program work plans
- h) Maintaining client case and other files with discretion and confidentiality
- i) Maintaining appropriate or relevant statistics as required (OCAP compliant - e.g., First Nations Ownership, Control, Access, and Possession of data)
- j) Maintaining confidentiality as per the Code of Ethics and Confidentiality Agreement below
- k) Assisting in supervision and human resource management when required

#### Code of Ethics:

- Maintain a positive identification with First Nations culture and traditional values dedicated to healing;
- Living a lifestyle free of addictions, including abstinence, as desired of community members and clients - teaching by example;
- Relate to others on the basis of their unique qualities as individual human beings without distinction as to race, creed, spiritual affiliation, sexual orientation, socio-economic status, age, or disabilities;
- Honour the personal affairs of another individual - not invade the personal affairs of client without his/her consent, except when in an emergency to prevent injury to the client or others, to the best of one's capabilities;
- Maintaining ethical boundaries, including in dual relationships (e.g., providing counselling to a close relative or to someone in an intimate relationship.)
- Use information gained in professional relationships in a responsible and confidential manner;
- Accept responsibility to help protect clients, programs, and the community against unethical practice;
- Not participate in or practice Lateral Violence, but practice and promote the development and maintenance of healthy relationships;
- Work in cooperation with other professionals or agencies, sharing knowledge, skills, and work, when necessary;
- Be consistent and follow through with commitments;
- Knowing one's limitations in relation to scope of duties and professional boundaries;
- Treat with respect the findings, views, and actions of colleagues and

use appropriate channels to express judgment and initiate positive change;

- Clearly distinguish boundaries between statements and actions as an individual, and those statement and actions as a representative of the organization;
- Help others look for alternate solutions to their problems when requested, but leave the decision-making up to them;
- Assist in best possible decision-making, and only if an individual's situation immobilizes them from making any decision on their own;
- Support the principle that a professional service requires a professional education;
- Recognize strengths and limitations and when needed, seek knowledge from colleagues and other community resources, and add these findings to the work knowledge and practice of the profession;
- Work toward the creation and maintenance of conditions within the professional setting which enable conduct that is in keeping with this Code; and
- Refrain from any activities including the abuse of alcohol, drugs, or other mood-altering substances where personal conduct might diminish personal capabilities, denigrate professional status, or constitute a violation of law.

#### Confidentiality Agreement:

I, \_\_\_\_\_, do solemnly affirm that I will faithfully provide services as an employee of \_\_\_\_\_ Name of Employer \_\_\_\_\_ and will observe and comply with the applicable labour code and policies of my place of employment. I have been advised and acknowledge that in the course of providing services hereunder I will or may become privy to certain confidential, personal, private, or privileged information and advice concerning the activities of my employer, clients

of the organization, or other employees ("Confidential Information") which includes the implementation of the objectives and programs of my employer. Confidential Information includes all written and/or oral information relating to the organization and/or clients and/or other employees of the organization including general business operations, treatment program information, and medical records / information that is not generally known by the public which has been garnered through my employment.

The disclosure of any such Confidential Information would be highly detrimental to the best interest of my employer and I understand and agree that my employer wishes to maintain the confidentiality of such information or advice. Except as I may be legally required, I will not disclose to any Confidential Information without the prior written consent of my employer. If in doubt as to what is or is not confidential, personal, private, or privileged information, I agree to request clarification, from time to time, from my supervisors.

Signed at \_\_\_\_\_ (Name of Community) \_\_\_\_\_, in the Province/Territory of \_\_\_\_\_, this

\_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

I have read and understand this position description:

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## POSITION DESCRIPTION #5 – Program Manager

#### Position Title:

Program Manager

#### Proposed Salary Range - Program Manager:

\$50,683 to 56,963

#### Name of Incumbent:

Community/Band Department: Health / NNADAP Program

Name & Title of Supervisor: Executive Director, Health Manager, or Band Administration Manager

#### Position Scope:

Accountable to the Executive Director / Health Manager, First Nations Leadership / Administration, or equivalent in the community; participates as an integral member of the community health or treatment team; and performs duties in accordance with the mandate and priorities of the NNADAP program.

#### Statement of Qualifications - Basic:

- To be living a lifestyle free of addictions for a minimum period of 3 years;
- To have a personal self-care or holistic wellness plan;
- To have a basic knowledge of case work / counselling techniques;
- To have volunteering experience;
- To have knowledge of First Nation communities and their socio-cultural systems and of community health needs;
- To have knowledge of and willingness to actively support traditional healing practices;
- Fluency or comprehension of the local First Nation language would be an asset and/or is mandatory, depending on regional requirements;

- Good to above-average verbal and written communication skills;
- Competent in computer skills (e.g., word processing); and
- Must have a valid driver's license.

#### Statement of Qualifications - Education, Certification, Experience, Knowledge, and Ability: Program Manager

##### Has relevant education and/or addictions work-related experience with clinical supervisory responsibilities:

- Recognition and respect of cultural-specific knowledge, skills, and/or community sanctioned rights to cultural practice.
- Completion of a three or four-year Bachelor's degree in Social Work or other addictions/social service-related University program from an accredited post-secondary institution and/or Certification as an Addictions Counsellor or Specialist from one of the recognized Canadian Certification bodies (e.g., ICBoC, CACCE, CCPC, etc.) with emphasis on Cultural Competency.
- Minimum three to five years (5-10 for treatment facility) of work-related experience in good standing (e.g., performance reference check).  
*Note: The number of years of work experience should be consistent across the board with at least 3 years of work experience as a case manager / program manager and 5 additional years of experience in the field of wellness and addictions.*

##### The Program Manager must also have the ability to:

- Work with minimal supervision, have some administrative and supervisory skills, and demonstrate leadership qualities;
- Communicate program philosophy, objectives, policy, and expectations

for clients and staff;

- Network and maintain good working relations with team members, other programs, organizations, and agencies;
- Act as a liaison for client with staff, referral workers, and families of clients;
- Organize and maintain a working filing system and have excellent report writing / documentation skills;
- Design, develop, and facilitate informational workshops and cultural activities;
- Identify and address community needs relative to addictions and mental health;
- Conduct client pre-post assessments and develop individual case plans;
- Conduct individual, group, and family counselling sessions;
- Collect, analyze, and share appropriate information;
- Demonstrate basic knowledge on how to prepare and maintain budgetary requirements;
- Be organized, develop action / work plans, set priorities, and evaluate outcomes; and
- Monitor and carry out program management responsibilities.

## Specific Duties and Accountabilities for Program Manager:

### 1. Networking:

**Percentage of time allocated to Networking \_\_\_\_\_ %**

Will work towards establishing and maintaining a good working relationship with the Chief and Council; Health Administrators / Staff; Referral Workers; Treatment Centre Management, Staff, and/or Boards (regional / national); First Nation program personnel; community-based and regional-based resources; and other community members to ensure efficient networking by:

- a) Participating in meetings and workshop facilitation
- b) Distributing and interpreting appropriate information
- c) Being aware of other programs and resources
- d) Maintaining contact information with regional and national databases

### 2. Primary Prevention:

**Percentage of time allocated to Primary Prevention \_\_\_\_\_ %**

Will work towards facilitating and participating in informational activities that enhance community awareness and prevention of alcohol and drug abuse by:

- a) Conducting lectures, video sessions, workshops, and other activities within the community, including the schools
- b) Disseminating education information relating to addictions to individuals, families, groups, schools, and agencies within the community
- c) Discussing and preparing, where applicable, lesson plan materials for ongoing school curriculum related to addiction education to ensure prevention curriculum delivery in the schools
- d) Facilitating and encouraging the establishment of community groups and recreational, social, and cultural activities that promote positive and healthy lifestyle choices

### 3. Secondary Prevention:

**Percentage of time allocated to Secondary Prevention \_\_\_\_\_ %**

Will provide counselling, case supervision, and/or case management services to individuals, families, and groups within the community / treatment centre by:

- a) Using and updating concurrent counselling skills as needed, specifically in the areas of addictions and mental health
- b) Maintaining a work schedule that identifies times of availability for counselling activities
- c) Using one of the many assessment tools to determine their client's needs and care / case plans
- d) Providing outreach services as needed
- e) Documenting information and maintaining case files
- f) Maintaining confidentiality as per the Code of Ethics and Confidentiality

Agreement below

### 4. Counselling:

**Percentage of time allocated to Counselling \_\_\_\_\_ %**

Will provide counselling and provide outreach services and act as a contact for referrals and/or facilitate the process when required by:

- a) Providing the necessary information, education counselling, and supportive services to all clients including outreach services, recovery support, enabling behaviours, and possible relapse
- b) Receiving self-referrals and agency-referrals of individuals who are experiencing difficulties due to addictions
- c) Obtaining, upon consent of the client, any health-, disability-, justice-, or welfare-related information for use upon referral
- d) Assessing the client's addictions history and living situation
- e) Making referrals, when necessary, of individuals to a treatment program and/or other appropriate agencies or support groups
- f) Establishing and maintaining trusting relationships and environments for/with clients
- g) Assisting clients with the development of relevant treatment or care plans and goal setting
- h) Work with clients in the development of goals for treatment, relapse prevention, supports, networking, and aftercare
- i) Giving the client the responsibility for their own care plan when they are able
- j) Knowing and following ethical standards, band administration policy, and NNADAP program policy
- k) Maintaining working knowledge of area treatment centres and their admission requirements / schedules, etc.
- l) Documenting cases of clients who are referred for treatment
- m) Knowledgeable of client transportation policy
- n) Maintain awareness of client transportation arrangements and ensuring client transportation to treatment is arranged when required
- o) Ensuring that clients have arranged the required support services for family, with applicable community resources
- p) Utilizing and keeping abreast of various counselling techniques and modalities
- q) Maintaining accurate and up-to-date client files respecting best practices
- r) Designing and delivering educational, informational sessions / lectures

### 5. Aftercare / Follow-Up:

**Percentage of time allocated to Aftercare / Follow-Up \_\_\_\_\_ %**

Will provide follow-up rehabilitation services for clients by:

- a) Providing the necessary information to family regarding enabling behaviours and denial, prior to and during the client's referral and/or treatment
- b) Consulting with the counsellor before and during the after-release of the client
- c) Encouraging clients to follow post-care plans / contract
- d) Maintaining contact with the client and the client's family on a regular basis
- e) Ensuring the client has access to applicable supports such as self-help groups, therapy, employment, and other formal, informal, and cultural support networks
- f) Encouraging the clients' involvement in ongoing community programs that promote healthy lifestyles and choices
- g) Documenting relevant information on clients' case files and sharing relevant information with appropriate agencies, as per client release of information consent
- h) Encouraging client involvement in the planning and implementation of workshops, discussion, or support groups and other community activities
- i) Supporting clients during court proceedings as required and if necessary
- j) Ensuring up-to-date knowledge of the philosophies of the 12 step programs and /or other treatment models, of holistic healing



- processes, and other self-help groups
- k) Assessing the progress of the clients' rehabilitation at regular intervals and, by recommendations that circumstances dictate, that follow-up is no longer necessary
- l) Working with referral workers and other agencies to provide continued support

#### 6. Administration:

**Percentage of time allocated to Administration \_\_\_\_\_ %**

Will be required to perform a variety of administrative functions such as:

- a) Providing monthly activity schedules and reports to supervisor as required
- b) Providing a calendar of availability for appointment purposes
- c) Working evening hours and weekends as agreed upon
- d) Preparing and submitting activity reports, work plans, and year-end reports as required in the NNADAP program / Health Canada agreement
- e) Writing correspondence and case notes as required
- f) Developing and monitoring plans for intervention with measurable short and long term goals
- g) Assisting in the planning and evaluation of the program work plans
- h) Maintaining client case and other files with discretion and confidentiality
- i) Maintaining appropriate or relevant statistics as required (OCAP compliant - e.g., First Nations Ownership, Control, Access, and Possession of data)
- j) Maintaining confidentiality as per the Code of Ethics and Confidentiality Agreement below
- k) Assisting in supervision and human resource management when required

### Code of Ethics:

Maintain a positive identification with First Nations culture and traditional values dedicated to healing;

- Living a lifestyle free of addictions, including abstinence, as desired of community members and clients - teaching by example;
- Relate to others on the basis of their unique qualities as individual human beings without distinction as to race, creed, spiritual affiliation, sexual orientation, socio-economic status, age, or disabilities;
- Honour the personal affairs of another individual - not invade the personal affairs of client without his/her consent, except when in an emergency to prevent injury to the client or others, to the best of one's capabilities;
- Maintaining ethical boundaries including in dual relationships (e.g., providing counselling to a close relative or to someone in an intimate relationship.)
- Use information gained in professional relationships in a responsible and confidential manner;
- Accept responsibility to help protect clients, programs, and the community against unethical practice;
- Not participate in or practice Lateral Violence, but practice and promote the development and maintenance of healthy relationships;
- Work in cooperation with other professionals or agencies, sharing knowledge, skills, and work, when necessary;
- Be consistent and follow through with commitments;
- Knowing one's limitations in relation to scope of duties and professional boundaries;
- Treat with respect the findings, views, and actions of colleagues and use appropriate channels to express judgment and initiate positive change;
- Clearly distinguish boundaries between statements and actions as an

individual, and those statement and actions as a representative of the organization;

- Help others look for alternate solutions to their problems when requested, but leave the decision-making up to them;
- Assist in best possible decision-making, and only if an individual's situation immobilizes them from making any decision on their own;
- Support the principle that a professional service requires a professional education;
- Recognize strengths and limitations and when needed, seek knowledge from colleagues and other community resources, and add these findings to the work knowledge and practice of the profession;
- Work toward the creation and maintenance of conditions within the professional setting which enable conduct that is in keeping with this Code; and
- Refrain from any activities including the abuse of alcohol, drugs, or other mood-altering substances where personal conduct might diminish personal capabilities, denigrate professional status, or constitute a violation of law.

#### Confidentiality Agreement:

I, \_\_\_\_\_, do solemnly affirm that I will faithfully provide services as an employee of \_\_\_\_\_ Name of Employer \_\_\_\_\_ and will observe and comply with the applicable labour code and policies of my place of employment. I have been advised and acknowledge that in the course of providing services hereunder I will or may become privy to certain confidential, personal, private, or privileged information and advice concerning the activities of my employer, clients of the organization, or other employees ("Confidential Information") which includes the implementation of the objectives and programs of my employer. Confidential Information includes all written and/or oral information relating to the organization and/or clients and/or other employees of the organization including general business operations, treatment program information, and medical records / information that is not generally known by the public which has been garnered through my employment.

The disclosure of any such Confidential Information would be highly detrimental to the best interest of my employer and I understand and agree that my employer wishes to maintain the confidentiality of such information or advice. Except as I may be legally required, I will not disclose to any Confidential Information without the prior written consent of my employer. If in doubt as to what is or is not confidential, personal, private, or privileged information, I agree to request clarification, from time to time, from my supervisors.

Signed at \_\_\_\_\_ (Name of Community) \_\_\_\_\_, in the Province/Territory of \_\_\_\_\_, this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

I have read and understand this position description:

**Signature of Employee:**

**Date:**

**Signature of Supervisor:**

**Date:**



# Appendix F: Canadian-Based Compensation and Organizational Services (COS) Business Firms

## Institute on Governance – Ottawa

60 George Street

Ottawa, Ontario, Canada

K1N 1J4

Tel: (613) 562-0090 or (613) 562- 0092

Fax: (613) 562-0087

## Institute on Governance – Toronto

150 Bloor St West, Suite 200

Toronto, Ontario, Canada

M5S 2X9

Tel: (647) 295-8506

Fax: (416) 572-3736

## Institute on Governance – Vancouver

200F-1228 Hamilton Street

Vancouver, British Columbia, Canada

V6B 6L2

Tel.: (604) 739-7550

Fax: (604) 736-9902

## Ernest Young

Various locations across Canada noted at <http://www.ey.com/ca/OurLocations>

## Price Waterhouse Consulting

Various locations across Canada noted at <http://www.pwc.com/ca/en/office-location/index.jhtml>

## KPMG

Various locations across Canada noted at <http://www.kpmg.com/ca/en/about/locations/pages/default.aspx>

## Meyers Norris Penny

Various locations across Canada noted at <http://www.mnp.ca/en/contact>



