

NNADAP & NYSAP Treatment Centres

Impacts, Innovations and Responses to COVID-19

IMPACTS

Access to medications for opioid agonist therapy

Use of treatment centre facilities for community pandemic planning – space for those needing to isolate; also opened doors to homeless clients

Use of treatment centre kitchens, grocery supply, and staff to support food security in the community

Reprofiled budgets and staff to support change in services
(e.g., support virtual programming, support for community activities and initiatives)

Increase in violence, alcohol and substance use, mental health concerns

Pressure from communities for treatment centres to reopen

INNOVATIONS AND RESPONSE



Advocacy and aftercare programming for clients discharged early (due to pandemic) in meeting requirements for child welfare and justice departments.



Capacity building:

- Staff training.
- Infection control planning and implementation (facility and policy changes, reopening and screening protocols).
- Work towards other accreditation requirements.
- Purchase of technology and internet connection (data if needed).
- Training staff (e.g., considerations when delivering counselling from home) to support virtual programming.



Centres helped with food security (community/staff) and at least one centre was transformed to a community command centre.



Saskatchewan regions stockpiled Naloxone and harm reduction supplies to ensure access.



Face-to-face programming delivered through utilization of outdoor space(s), maintaining physical distancing and other safety protocols:

- Outdoor spaces and facilities utilized to support outpatient programming;
- On-the-land (land-based) programming developed and promoted.



Development of telehealth/virtual counselling services, virtual psychoeducational programming, and other virtual initiatives to support communities; virtual programming to be continued to support pre-treatment, treatment, and aftercare and outreach once residential programming resumes.

EXAMPLES



Charles J. Andrew Youth & Family Treatment Centre (NFL&L)

Early innovations for virtual community support:

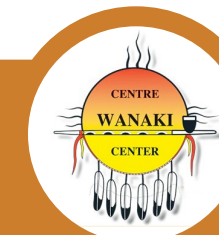
- Live streamed and recorded activities through Facebook (including Virtues classes, story time, wellness videos, and cultural activities)
- Scavenger hunt, contests, and other family activities (e.g., trivia)
- Zoom circles
- Provision of tablets for clients without connection wishing to access content
- On-call counselling available 24/7



Mark Amy Treatment Centre (AB)

Early innovations of virtual psychoeducational curriculum development:

- 'Lite' version of educational programming offered with sessions promoted through Facebook; program had clear criteria of expectations
 - Also offer Knowledge Keeper teachings without registration
- Shifted attention to those in recovery programs and aftercare during early months of pandemic, provided structured supports including employment support.



Wanaki Center (QC)

Supporting community and frontline workforce through virtual programming and services.

- Bilingual virtual psychoeducational programming: 3-weeks, 4 hours/day
- Virtual supports:
 - Weekly virtual circles
 - Wellness hotline
 - Facebook wellness contests
 - Telephone contact with past clients
 - Provision of tablets for clients without connection wishing to access content
- Center remains flexible and focused and has expanded support to frontline workers and community needs



Native Alcohol and Drug Abuse Counselling Association (NADACA) of Nova Scotia

Provided virtual programming nationally and to different populations.

- Use of Google Classroom to support 4 week virtual psychoeducational programming:
 - Video-based; non-triggering; 1 hour/day; counsellors available
 - Reach – able to deliver programming to some in incarceration and to clients nationally
- Provision of outpatient programming using outdoor facilities



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