NFN Outreach Program

Community Consultation Meeting Notes – Q&A

Community Consultation 1 April 28, 2021 2 pm

- Withdrawal management and suboxone program, are we looking at traditional medicines we could use to reduce the need for suboxone/methadone?

Our goal is to eventually transition people from suboxone/methadone to traditional medicines. Have had meetings with Joseph Pitawankit who is very knowledgeable about traditional medicines that can help. We do let our clients know that they are not a complete placement for suboxone or methadone, and they are telling us that the traditional medicines are very helpful. We also have to have people who can go out and harvest medicines because they are only available during certain times of the year.

Natasha - For the outreach program, are we going to be involving community members as part of the team? We did have a crisis team with community members with bright blue sweaters at one time.

Brendan - Yes, we are really hoping to have strong representation from the community when we recruit program staff. We would also like to see grassroots support, such as healing circles. Outside of the scope of staff, that will be part of implementation, to engage people who are passionate about providing support to their fellow community members. I would encourage anyone on this call to reach out and tell us how you would like to be involved. Training will be needed to participate and we can facilitate that. We don't have a defined model for that right now but we will be looking at this as we move forward.

Brenda – Natural helpers can receive training and work under the direction of the crisis response team. The team is technically part of our team but we don't have many people there anymore. We need people trained in harm reduction. I think we will need some people for outreach but they would need to be trained in harm reduction, how to make referrals, etc. and that would be different from the crisis response team. Our team has recognized the importance of peer support from people with lived experience. At some point, we would like to bring on peer support leaders to help with this work. And there might be a place for community volunteers.

- There needs to be a place for community members. I've talked to community members and they struggle going into these settings [offices], so having community members out there with training in outreach, having the bundles, etc., that would make people feel more comfortable. Community involvement is needed.

Brenda – Not suggesting we don't want community involvement, we just need to be thoughtful about the community component, because there could be liability issues as the clients will be high needs/high risk. We also have to be careful not to trigger volunteers with lived experience so that they relapse.

- Judy – I'm not clear on why we are not doing a treatment centre. People need to get out of their environments to get better. If this is working, why have we had 11 deaths since September?

Brenda – Treatment centres are one component of care but not the only one. We need a continuum of care. People often choose to leave their communities to go to outside TCs but they often go several

times. Also people using in their own homes may not be ready to go to treatment – community outreach will help us to help people to move through the stages of change and be ready to move to different types of support, including residential treatment. We also know that people want land-based programming, so if they do that in their communities, they can receive support through such programs at home.

- If we had one here, they would stay in their community – and other reserves would use it so it would pay for itself. A treatment centre here would be good, not sending them somewhere else.

Brenda – I agree that having one in the community might be helpful, but they would still be removed from their home or family, which makes it somewhat artificial.

- We could design our own that allows contact with family and friends.

Amanda – When you send someone to a TC, they end up back home after their treatment cycle and the home may not be a healthy environment. So we need to fix the unhealthy environment as well.

- My vision is a healing lodge with the community deciding what it should look like. This would build rapport and strengthen our community. People would see community members right there that they can connect with when they are finished treatment.

Amanda – the importance of community treatment without being removed from their situation is what we are trying to build.

Judy - Where are they getting detoxed then?

Brenda – we are supporting people with that through our withdrawal program – we support them with suboxone or methadone through professionals in North Bay. We have not promoted a TC with our leadership for several reasons, one being funding (NNADAP TCs are significantly underfunded and their accreditation requirements are high, so staff are not well paid and it is hard to recruit and retain). There are specific standards set by the province that have to be met also. So a TC was not seen as the quickest way to support people.

- Could you plan for a TC while you are doing this outreach program? The Chief said we have funding that could be used for that.

Scott – I said we have money to build TCs but we don't know if or what type of TC is best for our community and secondly, building a building is fine but it's the ongoing operational dollars that would be in question.

Marcus – It's great we are coming together today – my question is: I have this cousin who was underage and would do drugs sometimes – we never reacted or helped – we engaged with it because we were kids. He passed away a number of years ago. At what point do we help him, in between him engaging in the substance and disappearing from our lives? We're missing something vital from the outreach program and it's how to get funding. Detox is not always medically needed. If we build the building they will come. We need a rehabilitation program that meets our needs. Are we building something that is based on what everyone knows to be true? No. Why don't we ask the community – put it to a vote? We

could charge people to come here – we could charge colonizers thousands of dollars to come here and learn our ways. Who is going to stop us? We are sovereign.

Glenna – We should ask people if they would be more comfortable leaving their community or receiving services in the community? Sometimes the people who hurt them are around in the community and people prefer to go outside the community to traditional lodges.

Shari – We are a family-oriented program so we have had some success with engaging family members using a holistic approach, even the land-based programming. And a lot of the families are aware that their loved ones are struggling, but they lack the knowledge they need, which we have been able to provide them with. However, we do refer out if needed, e.g. the treatment facility in Blind River. Unfortunately, that has all gone virtual now due to Covid, which has really thrown a wrench into how services are delivered.

Brendan – Just to summarize and clarify, we have received a letter with signatures from members to support a healing lodge and we are committed to review that request and work with them on that. I'm hearing that we need to continue to focus on a full continuum of care, and we would want to undertake the same process we used for the outreach program to review the need for/set up a healing lodge. Is there any other feedback about the outreach program design itself at this point?

Tom – Chi Miigwetch to the team and the staff who are present. I think it's an awesome idea but what are we doing about the consequences of people who are coming here with the products to get our members hooked? We have people selling opioids out there and we need more serious consequences for these individuals, whether they are members or non-members; APS needs to do their job.

Brendan – that's why we need to build those external linkages as well, e.g., with policing services, to help inform our strategy on how we address those broader issues.

Scott – I'm frustrated about that part of things too Tom. We try our best and have been meeting with APS on those issues for quite some time, but the problem is also in the laws themselves. Everyone has rights including drug dealers; APS can't just go into people's homes because people say they're selling drugs there. We try to get no trespasses but there are issues there as well. And some of the dealers are our own members. If you kick people out, there are three more behind them. And even beyond that, drug dealers supplying drugs are a symptom of the problem. The problem is why are the drug dealers coming into our neighbourhoods? It's because people are struggling with trauma and looking for ways to deal with it. It's not as simple as keeping thieves out of our community.

It's a very tough issue. We have a whole team of professionals working tirelessly to develop these programs, and the best we can come up with is a long hard road to recovery. The substance can offer them instant relief. That's what we are up against. A very formidable foe. And yes, APS should be included in this and be part of the team working with us on this issue.

Marcus – Could we offer the dealers a job? They do it because they need money. As for dealers off the reserve, Chief Scott is right, and APS should be working with the outreach team.

Scott – Yes, it's closing a gap in services and connecting with people who are suffering. And if we give a drug dealer a job, there would be another one behind them.

Marcus – So we give them all jobs. We need to employ our children – they won't stay here if we don't offer them the security of a community who cares.

Scott – I understand that but there are more jobs offered than there is uptake. Employment is part of it but giving someone a job doesn't fix their addiction.

Keira – I don't know how open NFN is to other alternative healing sources, like Reiki. I'm a Reiki master and I work with people on healing the root of what's been affecting them, and I've seen incredible results with it. I would be very open to discussing this more in-depth. It's just another way to help people that I think would be super beneficial. I would like to introduce energy healing. It's something I can't recommend enough.

Natasha – And that's what I mean about having a lodge. And when are you starting the outreach program?

Brendan – We will forward a budget to Council within the next month, after the consultation process. I don't think it will be a long process – we could have people in place by mid to late summer.

Nancy – Re: the outreach program design. I appreciate the passion for healing in the community. I think our Right Path team has done a wonderful job putting together holistic programs. And we looked at doing a gap analysis as to why people are not accessing the programs and the one thing that is very positive about the outreach program is hearing the voice of those who are not sitting among us today. I see this as a draft model as to what is going to work for them. What you have shared today may be things they require that we haven't thought about yet, so it's going to be an evolving program. The question for us is why we are not reaching a certain proportion of our members and the outreach team will help us to answer that. I think the program will be designed based on what the members need in our community, and it will evolve around what many of you have talked about today. It will change based on the voice we haven't heard here today.

Brendan – Miigwetch Nancy.

Rick – Over the years there is always some reason we can't get a TC. Not to say we'll never have one – we should have one – but this program will at least give us something. We can't wait two or three years to build a healing lodge, we need something right away.

Natasha – that's why we need a healing lodge while we move toward getting a full TC.

Shari – We do have the teepee there, and we are happy to meet clients there but Covid has put a barrier there, so lately we haven't had a demand for it. I'd like to know how to promote it more.

Natasha – I wasn't even aware you were still doing circles?

Shari – It was every Wednesday but now it is unique to the withdrawal management program. Anything we could do to promote that would be good.

Natasha – Have the community members help to build it – go in the bush, get the trees and help to build it.

Scott – One of the gaps is getting clients into the programs – some of our members might be ready to seek help but can't walk through the door. The outreach program will be that link – building

relationships with members who are vulnerable and suffering right now, and waiting with them until they are ready. We can all sit here and talk about their needs but we aren't getting their input and the program is designed to tap into that – to identify their specific needs so that we can better tweak our services to fit their needs.

Brenda – I heard some really important recommendations today like the need for community engagement and involvement, and that is foundational. The second thing is creating a safe space for people where they own it and feel they belong there, whatever it is, which will give them a sense of purpose and belonging and meaning and hope. Helping to build lodges could be very helpful in that regard. Others have made comments about programs that have shown success, and we need to ensure that whatever we develop is built on our values and meets the needs of our community. There are many components to healing and we do have a lot of community members with skills that could contribute to that.

Miigwetch to all from everyone.

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Keira – I was in the last session but I have more questions. I noticed with the mental health area that there are not enough counsellors on reserve. Are there going to be more? Because there is a wait list right now.

Brenda – the intervention service has 1 ½ workers in the mental health program and we are recruiting for a second adult mental health therapist. I don't think there are currently plans for more but that is due to funding – the formula doesn't allow for the number of people we need to adequately service the membership.

Keira – That makes sense. I've lived on and off reserve but there is not much to do here, so many people will leave and they do need support. I think off reserve are just as important as on reserve. They often experience a lot of trauma, drugs or prostitution. I know the program says it will serve people off reserve over time, but if we had a prevention program in place for people before things get really bad – having enough support and feeling safe enough to talk to someone. When I was off reserve, I didn't feel comfortable or safe enough to discuss things with counsellors. I think a lot of people do not feel comfortable with non-Indigenous counsellors. I don't know how we get past this if there is not enough funding. And on another note, people living off reserve don't even know what supports are in place or if they can access help on reserve. More of a media push or campaign would be good – and tell people they don't have to be dying or suicidal or addicted to drugs to get help.

Brendan – to add to Brenda's comments, we will have more capacity to address that waitlist with another therapist. And we are launching a communications campaign around our mental health and addictions services.

Brenda – We need to break down stigma around people who need help or using substances. Those kinds of campaigns will encourage people to seek help sooner. I appreciate the reminder that we need to help people know how to get supports. And we need people who are not only non-judgemental but who come from a place with cultural knowledge and how to use that to achieve wellness. And wellness is different for everybody. The Right Path has historically offered services to people off reserve and we attempt to support band members as much as we can. We have been challenged to offer those services

to band members who live far away – we will offer brief service to help stabilize them or support them through an urgent issue and then help them to access services that are closer to them. It goes back to the federal government not doing a good job funding mental wellness and addictions services. That means our leadership are advocating for improvements in equitable, sustainable funding. Hopefully, we will be in a better position to resource our services moving forward.

Kim – Yes, we need to continue to do more, and there is a lack of adequate federal funding – our role here is to keep pushing and advocating to realize those resources, including the infrastructure that we need. We need to make the decisions and have self-determination. I will take that away that we need to keep moving along and reach people where they are.

Rick – I'm glad you brought that up. A lot of our community members are not treated very well off reserve. I've heard people say they've been told, go back to your FN, and that isn't right.

Brenda – I lead the FPWC and Co-Chair the Implementation Team of the FNMWC Framework and one of our priorities is sustainable, flexible, enhanced funding. We are advocating for that ongoing.

Natasha – The consultations for this program – you interviewed the staff and high-risk clients – did you also consult with Elders and knowledge keepers?

Brendan – We wanted to come to the community with something tangible – this is the time we are engaging the community and collecting those perspectives. Once we get to the implementation phase, there will be some work there engaging with Elders and cultural healers. This is the process we felt was best to bring to the community but that will be an important part of it.

Keira – About ending the stigma, there is something very specific – family and friends have a problem coming forward to discuss things – they have a fear that if they tell this person what they are doing that it could affect them negatively, e.g. end up in a mental institution or in jail. I understand that there is a confidentiality agreement for counselling but there needs to be more awareness about that, in a more relaxed way, like "hey you can come talk to us and we won't tell anyone what you said". A full explanation about how "you can talk about all of these things and it will just be between us." Even through a marketing person – more than just posters – maybe online, maybe a group, Youtube videos – a full media force that explains what you can talk about and that it won't go anywhere else.

Brendan – That's a very important piece of input and we appreciate you bringing that to our attention, and the outreach program is part of that in terms of building relationships but we need to put some thought into it.

Natasha – community volunteers doing outreach. Community members have told me they feel more comfortable talking to me than the band. I just want to note that. You need to be approachable or this outreach program is not going to be successful.

Brendan – yes we discussed that this afternoon. I appreciate that.

Natasha – because there is no funding for counsellors – what about a volunteer line for counselling through NFN, where people who have the background volunteer their time?

Brenda – that's a great idea. We've had a community or group of communities trying to do that – the challenge is getting volunteers. Even finding someone to work in the field can be a challenge. But for people who have the skills or want to be trained, that could be a good idea.

Jane – I've mentioned this before in our Council meetings but what if I was a person who needs some help and I decided today is the day, what is the first step, what do I do? Or what should I tell someone in that position?

Brenda – People will get an answering machine unfortunately with the pandemic and people working from home. We do have on our answering machine the number of the crisis line, but for someone who wants services, they have to call and we will call them back. Right now we have no admin support, but we are checking the phone a couple of times a day. We do have a long wait list for services and we are hearing that this is the case across the country. We are doing our best to triage people and pick them up as soon as possible. If they have some needs and could use some brief services, we can offer that to help stabilize people, but if they are not seen as urgent, they are being placed on a wait list. There is no wait for addictions services or for someone who is using and needs to stabilize – withdrawal management will provide immediate supports. If it is getting access to harm reduction equipment, we will make arrangements within one business day. And we have a very small wait list for children's services.

Jane – maybe that information could be put in the newsletter or mid-monthly mail outs to members.

Gen – Yes definitely, and we appreciate the feedback here about the needs.

Natasha – We had a crisis support team when Davis passed away. We should have that available for when the office is closed. People have those moments when they want to get clean or reach out to someone. There needs to be 24/7 supports out there for our community. I would volunteer. I know healers who want to volunteer. If you put it out there that we have a community volunteer team, that would be good. Add to the existing programs.

Brenda – I appreciate that suggestion.

Gail - How will this program help with this issue of wait lists? I believe that this is a major issue that needs immediate solutions.

Brenda – I don't know if I have an answer to that question. The program is not intended to help with wait lists, it is intended to support people who are struggling in the community and need immediate support. It will primarily reach people who are not ready to or comfortable with accessing services. It's about going to people where they're at in a safe way, to remove gaps in care. The wait list is a concern and our team has recognized that the outreach program may further burden the service, rather than decreasing it.

Kim – And this may relate to some of our other discussions about offering more group work.

Brenda – Yes, we've looked at possibilities for group work and done some around, say, people struggling with anxieties, or who need education and information. We've done some of that although the uptake was limited, and that relates to Keira's point about prevention services. This would be more around early intervention so people have the skills to cope and manage better, and a safe space to explore their mental health needs. Amanda has done some of this work through the pandemic but there was limited

participation. We haven't evaluated it – is it because people are concerned about lack of confidentiality or they lack the equipment or WiFi? We don't know.

Keira – I am online every day all day and I didn't know about this. So this is where the media part comes in.

Gen – The problem going external is we have non band members wanting to access the services, but I do use every media and social media tool we have. I would suggest following the admin and health feeds. It's not perfect and we can build on it but we are trying.

Keira – in order for people to see your posts, you need comments, you need to engage people so they comment and that will bump it up.

Gen – I understand – we have a lot of engagement on some posts and not as much on others. We do put out a lot of information. I hope it gets to people. I also agree that engaging a marketing firm would be helpful. That is something I will take away from this. We have to get better at getting the word out.

Scott – And let's remember, the outreach positions will be the foot soldiers on the ground developing relationships to get that information to the people who need it. That is one of the reasons for this program. The where do I start question will be given to the outreach workers. That's the whole concept of this. It's really hard because the social media platforms work on algorithms so it's not always the best platform for putting out important information. We are also looking at the possibility of a community radio station that could be used to disseminate a lot of information.

Jane – just a comment that I had reached out to the services at the health clinic a few times in the past and I'm glad they were there and had answers for me. This is a very multi-faceted thing – we have to treat it like every individual is not the same as the next one, and also we should be supporting each other and make the bridges work where they can and keep the goal in the forefront of our minds that we are here to help our people, wherever they are.

Keira – Not discrediting anyone. I was just trying to explain that social media is an art. There is more that goes into it than sharing an event. If there was a way to hire someone who knows how to engage people. Maybe outreach could hire a social media person who understands the algorithms. If you share something, and you interact with people, it attracts more people. It's like a full-time job. You have to know what will catch people's attention.

Gen – Yes I understand and it would be a full-time job and that's outside the scope of what I do. We could use some support there.

Scott – social media has evolved somewhat. And there is so much disinformation to compete with. And it can be difficult to have a proper conversation about some of these topics because it goes into the weeds very fast. It's a delicate balance between putting information and engaging.

Yvette – I just wanted to say everyone is doing a fantastic job despite all of the things the pandemic is causing. Some days technology gets to be way too much – that is why I suggested mail outs. There are downfalls to technology. We are in difficult times and it's going to be like that for another year or year and a half, so we need to pat each other on the back and thanks.

Scott – that's a good note to end on. Miigwetch to everyone, especially those who came for a second time. It shows your passion. These are complicated issues and there is no silver bullet. If we can figure this out, we're up for a Nobel Prize because this is a world-wide problem. I thank everyone for coming out and the staff for their hard work. Despite the trials we've faced with this pandemic, it's shone a light on how good our health workers are.