

Feasibility Study and Plan for Yukon First Nations Healing and Wellness Centre



Prepared For: Yukon First Nations Self Government Secretariat

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Date: September 19, 2008



MEYERS NORRIS PENNY LLP



Date

Dear

Re:

Yours truly,

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DRAFT

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EXECUTIVE SUMMARY

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RECOGNITION

This report contains the assembled knowledge and experiences of the fourteen communities that comprise the Yukon First Nations. The communities shared their needs and experiences with our interviewers. As a result, the strength of this report reflects the communities' strength and commitment to caring for their members. We thank them for welcoming us, and we thank them for their wisdom.

Particularly, we would like to thank the following people:

- The community wellness workers, the Health Directors and other health unit staff who work within the communities
- The staff of Council for Yukon First Nations
- The elders who protect and teach their cultural traditions
- The elected leaders that provide the vision for their communities

Together, they are the ones who recognize the need for this wellness centre. They are the ones who understand how the healing must be conducted, and they are the ones who will take care of their community members well after treatment. Each day these people are committed to the strength of their community and culture. We thank them for the wisdom they shared, as we hope to honour their presence and wisdom throughout this report.

Gunalchéesh ax ée at yilatóowu

INTRODUCTION

In the summer of 2007, representatives from the fourteen Yukon First Nations met to discuss the future of aboriginal health in the Yukon. In the resulting Aboriginal Health Blueprint Action Agenda Submission, the following position was taken for alcohol and drug programs:

Future alcohol and drug programs should be under community control and reflect traditional First Nation knowledge, holistic approaches and be responsive to issues emerging from intergenerational effects of residential school and related trauma.

Meyers Norris Penny (MNP) LLP was engaged by the Yukon First Nations Government Secretariat to assess the feasibility of opening a Yukon First Nations residential treatment facility. The MNP team engaged Yukon First Nations communities to answer the following questions:

- What are the treatment needs of individuals suffering from addiction or abuse within First Nations communities across Yukon?
- What would be the ideal facility to treat such individuals?
- Can such a facility be set up and maintained in the Yukon?
- What would this facility cost and what is the best operational model for such a facility?

To answer these and other questions, the MNP team reviewed existing research into aboriginal health and treatment. As well, the team interviewed community members and administrators of existing First Nations treatment centers in BC and Alberta.

This report presents the findings of this research, and concludes that there is a clear need for a First Nations treatment centre in Yukon, that the greatest need is for a gender separated adult only facility that can deal with multiple and complex addictions and abuse issues.

The report also concludes that the Teslin Correctional Centre presents the most viable opportunity to house such a Yukon First Nations focused residential treatment facility. The report presents the programming, staffing, and governance models as envisioned by the interviewed community members, and addresses the funding requirements to achieve this vision.

Finally, the report concludes that given the relatively small size of the First Nations population in the territory that would be served by the treatment centre, balanced against the optimal number of patients a centre of this type needs to become self-sustaining, there is really only capacity in Yukon to have one treatment centre for Yukon that serves all fourteen First Nations.

BACKGROUND NEED

Yukon First Nations consists of over 8,000 people residing in communities dotted throughout the 480,000 square kilometers of the Yukon Territory. These communities are typically villages with populations in the hundreds. In these villages, people know each other; often, they are related. Because road access to these villages is limited or at least very distant, individuals in these communities rarely travel “down south” of the 60th parallel. Yet, “down south” is where many of the individuals suffering from residential school trauma, and alcohol or drug addiction are sent for treatment. As a result, these people are separated from the communities and families that understand them and care for them, something that is so crucial to their long-term wellbeing.

The research clearly indicates that for many of the Yukon First Nations’ needing a drug and alcohol program, they need one that caters to their unique circumstances and issues. Such a program would provide a balance for individuals dealing with addiction within the context of looking to the four aspects of the mind, body, spirit and heart. This balance can be achieved by the application of professional clinical practices supplemented with the traditional culture and values of the First Nations communities.

This section of the report describes the need for a local Health and Wellness Centre for Yukon First Nations. It contains the following parts:

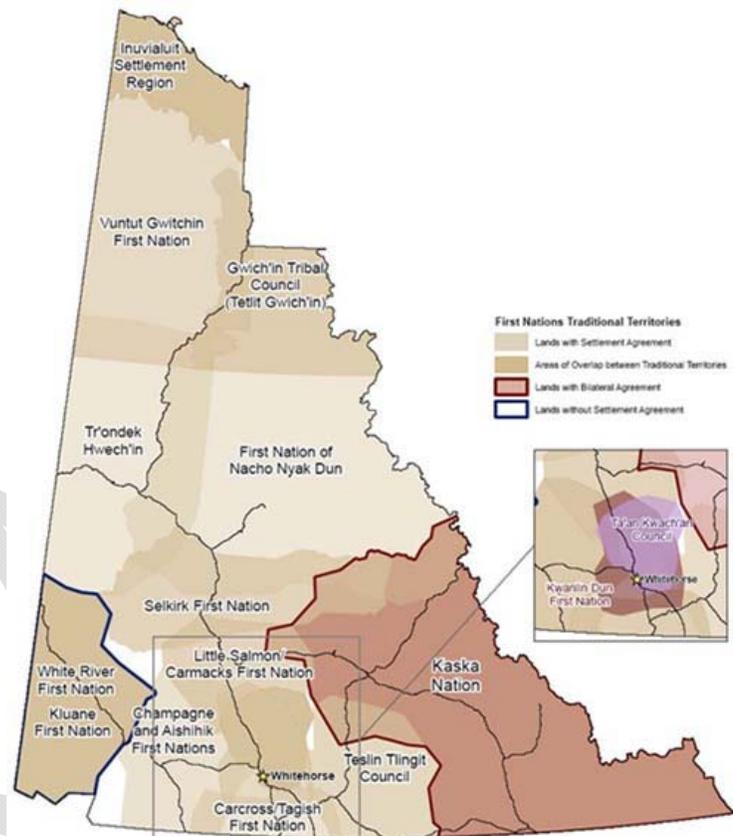
- A profile of the issues that face Yukon First Nations
- A review of the benefits of treatment
- A profile of the types of treatment offered
- A review of how current treatment is not meeting the needs of Yukon First Nations

This initial report section includes information collected via surveys of Yukon First Nations and First Nations treatment centres in other provinces. This information is supported by existing surveys conducted by Yukon Government as well as Statistics Canada and Health Canada.

PROFILE OF YUKON FIRST NATION

The Yukon First Nations are composed of the following communities:

First Nation	Population
Aishihik	167
Carcross/Tagish	602
Champagne	608
Dease River	161
Nacho Nyak Dun	471
Kluane	141
Kwanlin Dun	956
Liard	1062
Ross River	475
Selkirk	501
Ta'an Kwäch'än	229
Taku River Tlingit	373
Teslin Tlingit Council	560
Trondëk Hwëch'in	688
Vuntut Gwitchin	509
White River	135
Total	8225



The average size of each community is roughly 500. These small communities are often isolated from other regions and a few can only be accessed by unpaved road or aircraft.

CAUSES OF DRUG AND ALCOHOL ADDICTION

There are a number of factors that foster addiction. Some of these are common throughout Canada, while some are faced only by First Nations communities. Often multiple factors influence the health of the addicted community where drugs and alcohol have both psychological and physiological effects on a person. Overall wellness in these communities and individuals can be affected by a number of factors such as:

- Trauma from Indian Residential School:** The Indian Residential School program removed First Nations from their own communities. Many individuals who lived through this program still suffer from the trauma of abuse they experienced. Often alcohol becomes a coping mechanism for this trauma.

- **Family abuse:** Many addicts also suffer from physical and mental abuse received from members of their own family. Creating a safe support network is extremely challenging if those individuals continue to live with their source of suffering.
- **Mental Health:** Addicts, especially from high risk groups, often suffer from various co-morbidities including a mix of mental health illnesses.
- **Fetal Alcohol Syndrome:** Fetal Alcohol Syndrome (FAS) is not uncommon in First Nations communities. FAS affects the development of the brain to the point where entire sections of the brain are inactive. Individuals afflicted with FAS often exhibit poor impulse control, and are often more likely to become addicts.

SCALE OF FIRST NATIONS DRUG AND ALCOHOL ADDICTION

To assess the impact of the drug and alcohol addiction within Yukon First Nations communities, treatment workers from each community were interviewed. The results from these interviews indicated that treatment workers:

- unanimously agree that alcohol abuse poses a problem to their communities, with 70% saying that it is a “constant problem”
- consider the abuse of illicit drugs a problem, with 80% of treatment workers agreeing that it is, at least, a “frequent problem” for the community

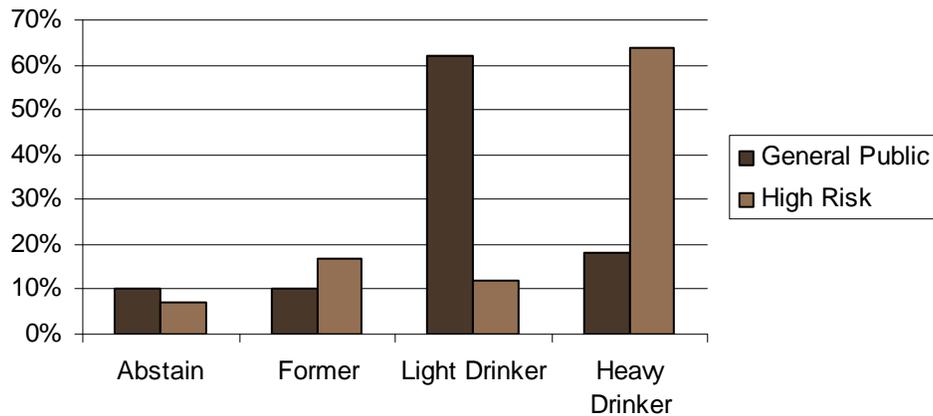
Based on a Yukon Government addictions survey, a sizable portion of Yukon First Nations are at risk of drug addiction. This 2005 survey focused on two groups of people: the general public and those considered at high risk. The high risk group contains individuals who belong to social groups where illicit drug use is more common and where availability would be expected to be higher than that of the general population. Typically high risk users are between the ages of 15-24. A portion of First Nation communities would belong to this group. Within rural settings, the survey found that the majority of the population considered it “fairly easy” or “very easy” to acquire cannabis or cocaine. Other drugs like ecstasy or heroin were more difficult to come by, but generally a rural population considered it easier to acquire than an urban one. Such percentages signal that rural First Nation communities are at a relatively high risk of addiction.

According to the 2005 Yukon Addiction Study, four types of alcohol consumers were defined:

- **Abstainers** who have never had alcohol beyond sips or tastes
- **Former** drinkers who drank at sometime during their lives, but not during the 12 months preceding the survey
- **Light Drinkers** who drink fewer than five drinks when alcohol is consumed
- **Heavy Drinkers** who drink more than five drinks when alcohol is consumed

In the Yukon, these drinkers were identified as follows:

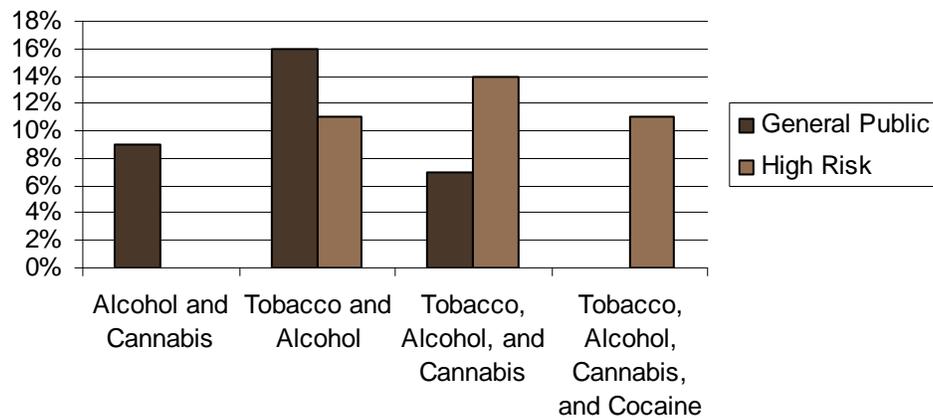
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Among the general population, half of the light and heavy drinkers consume alcohol more than once a week; two thirds of the high risk group drinks as frequently. If the Yukon First Nations, as a demographic, matched this survey, then the number of heavy drinkers would range between 1,400 to 2,300 people. These people may be in danger of developing a dependency to alcohol. A portion of this group also likely abuses illicit drugs.

The general Yukon population’s use of illicit drugs is in line with the Canadian population. Of all illicit drug usage, cannabis ranks the highest with 21% of the population having used it within the past year. The high risk group’s access and use of such drugs is markedly higher than the general population. An estimated 74% of this group uses cannabis. This group is also more likely to use cocaine, heroin, or other illicit drugs.

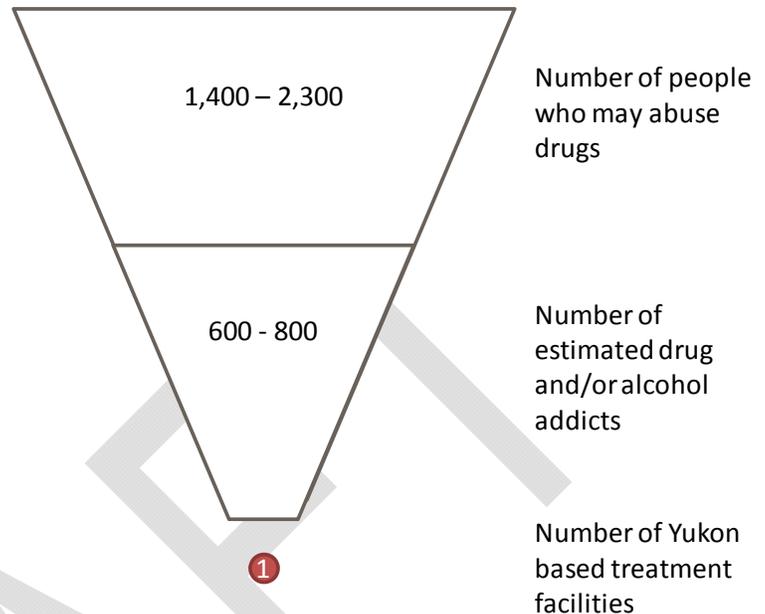
Additionally, multiple drug use is also common. Within Yukon, one third of the general population uses two or more type of drugs, as follows:



If these figures reflect the situation within First Nations communities, they would indicate that as many as 2,500 First Nations have used multiple drugs within the past year. As a result, the individuals who have developed a dependency to alcohol may also be dependent on another type of drug. Most commonly this would be a dependency on nicotine.

The survey results indicate that a percentage of First Nations may abuse drugs. The Canada Rehab service estimates that roughly 2,500 Yukon residents are in need of treatment. Assuming that First Nations represent a quarter of this estimate, this figure would imply that 625 First Nation residents currently require drug and alcohol related treatment. However, research results of this study indicate that First Nations proportionality represent a much greater percentage of Yukon residents requiring treatment.

When the Yukon First Nations treatment workers were interviewed they were asked to estimate the number of individuals who would benefit from immediate treatment for either drug or alcohol abuse. Summing the estimates, the treatment workers believe that roughly 800 First Nations are dependent on either alcohol or illicit drugs in the Yukon. This number indicates that 1 in 10 of members of Yukon First Nations communities need treatment.



TRAUMA FROM RESIDENTIAL SCHOOL ABUSE

Either as co-morbidity or on its own, trauma from abuse received from the residential school system affects individuals within every First Nations community in Yukon. As much as illicit drugs pose a problem for the community, the community treatment workers believe that residential school trauma poses an equal problem, with 80% of the workers agreeing that such trauma poses a “constant problem.” Individuals who went through the residential school system often suffer from Residential School Syndrome, a form of Post-Traumatic Stress Disorder. Individuals who suffer RSS have been more likely to resort to alcohol and other drugs. Currently, treatment workers estimate that roughly 500 individuals require treatment for RSS. Currently no residential treatment facility in the Yukon treats RSS.

THE NEED FOR TREATMENT

Drug and alcohol abuse cause a number of sociological and physiological problems for the abuser and the community. Addiction to drugs and alcohol can have detrimental long term effects on virtually every organ within the body. The long term effects of such abuse can:

- **Damage the central nervous system:** The brain and spinal cord can be damaged with the following potential results:
 - Impaired senses
 - Altered sense of time and space
 - Impaired motors skills, slow reaction
 - Impaired judgment
 - Blackouts

- Tingling and loss of sensation in hands and feet
 - Early onset of dementia (alcohol related brain damage)
 - Delirium
 - Mood and personality changes
- **Circulatory System:** Damage to the circulatory system can injure the heart and increase the chance of heart attack and stroke
 - **Liver:** Liver damage can range from an inflamed liver to cirrhosis up to liver failure, coma, and death
 - **Pregnancy:** Drinking while pregnancy can result in fetal alcohol effects for the baby, which will impair its development and potentially result in an individual affected with FAS
 - **Reproductive System:** Heavy drug abuse can result in reduced fertility, and irregularity with the functions of the sexual organs

The psychological and physical effects of such consumption have a profound impact on the addict and anyone associated with that individual. Because of the relatively high rates of addiction, fetal alcohol syndrome has become an unfortunately large issue within the First Nations communities. As well, physical abuse caused by addiction has endangered families and promoted further addictions. It has harmed the communities and damaged the image of First Nations throughout Canada.

There are four stages to drug addiction:

1. **Drug Use or Experimentation:** Drugs are used without experiencing any negative consequences. Enjoying a drink, smoking a marijuana joint without any serious social or legal consequences is regarded as drug use or experimentation.
2. **Misuse of Drugs:** When an individual experiences some form of negative consequence from drug use, he/she is deemed to have misused drugs. For example, a person who is stopped for drunk driving has misused drugs, even if that person normally never drinks.
3. **Abuse of Drugs:** When a person frequently misuses drugs in spite of any legal or social consequences has advanced to the stage of drug abuse. The consequences do not dampen the individual's appetite for drug consumption.
4. **Drug Addiction or Dependency:** At the dependency stage, an individual is compelled to take drugs despite all negative consequences with friends, family, work, job, finances, etc. At this stage most addicts cannot function without consuming drugs.

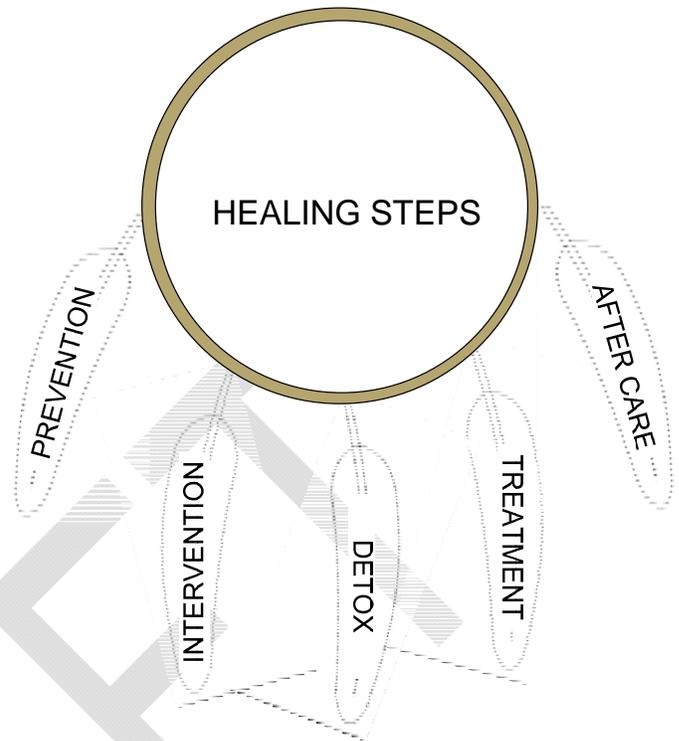
Individuals at the dependency stage of addiction generally require professional help to combat the compulsion to drink. At this stage, the addict's brain chemistry has been affected, which promotes this compulsion. With great discipline, addicts may be able to stop this addiction, but relapse rates are incredibly high.

Studies have shown that professional treatment greatly increases an addict's chances to recover from this addiction, and avoid future relapse. Professional treatment never works 100% of the time, but it does provide addicts with the therapy and tools they need to successfully confront their addictions, and live with abstinence.

HEALING PROCESS

The healing process to help addicts and high risk individuals cope with drug and alcohol abuse is performed over the following five phases:

- **Prevention:** These are the activities that are performed to prevent drug and alcohol abuse among individuals.
- **Intervention:** This is the first step of acknowledging and counteracting any of the damage that an addict may cause to him/herself and the community.
- **Detoxification (Detox):** Once the problem has been recognized, an addict then goes through a period of detoxification and withdrawal.
- **Treatment:** After an addict has completed detox, he/she can go through a recovery phase to receive treatment. During this phase, an addict receives the counseling necessary to be able to once again function as a productive individual within the community.
- **Aftercare:** This phase focuses on ensuring the recovered addict re-enters the community as smoothly as possible, and actively is supported and works to prevent a relapse into the addictions that harmed him/her.



There are limited drug rehabilitation facilities within the Yukon. There is a small detox facility and a residential treatment facility located in Whitehorse, and operated by Yukon Alcohol and Drug Services. This government funded centre has approximately 40 beds, which is available to the 2,500 who require treatment throughout the entire territory. As a result, there is a waiting period of at least six months to receive treatment at this facility. This treatment facility cannot meet the needs of non-aboriginal citizens, let alone the unique needs of Yukon First Nations.

The Yukon Alcohol and Drug Services facility is not designed to treat the unique needs and issues of Yukon First Nations. First Nations who attend this facility must also adapt to the non-aboriginal cultures, which is an added stressor to the patient. Treatment for First Nations is most effective if it is designed to reinforce the positive aspects of the patient's community. The Whitehorse facility lacks that focus. It also lacks the ability to address co-morbidities such as mental illness or trauma from residential school.

First Nations from the Yukon seeking residential treatment are often sent to facilities in either British Columbia or Alberta. These facilities are designed and operated by and for First Nations. The facilities are culturally relevant and include space for traditional crafts, spiritual activities, and traditional healers or elders. These facilities have been operating successfully for a number of years to treat drug and alcohol addiction, and more recently the impact of residential school trauma. The facilities most often accessed by Yukon First Nations include:

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	Treatment Centre Clients			Treatment Centre Programming		
	Adults	Families	Youth	Drugs/ Alcohol	IRS Trauma	Meth/ Solvent
BC First Nations Treatment Centre						
Carrier Sekani		✓		✓		
Gya'wa'tlaab Healing Centre	✓			✓		
Kakawis		✓		✓		
Ktunaza/Kinbasket Wellness centre	✓			✓		
Namgis	✓			✓		
Round lake	✓			✓		
Nenqayni			✓	✓		✓
North Wind	✓			✓		
Tsow-tun le lum	✓			✓	✓	
Wilp Si'satxw	✓	✓		✓	✓	

Each year these BC located facilities treat over 1,500 British Columbian and Yukon First Nations individuals for drug and alcohol abuse, and over 250 for residential school trauma. Each treatment centre offers a range of programming to either adult only in a gender specific setting, to families and or to youth.

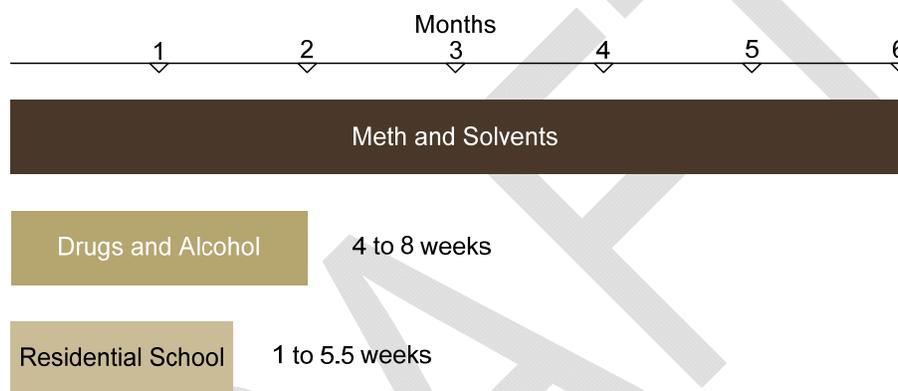
		Number of Clients Treated Each Year		
		Drugs and Alcohol	Residential School / Other Trauma	Meth and Solvents
Adults	Co-Ed	678	203	
	Gender Specific	260	57	
	Family	588		
	Youth			20
		1526	260	20

Comparison of Treatment Programming Features

The type of treatment offered at facilities in Western Canada typically defines the size and length of the program.

LENGTH OF PROGRAMS

The Meth and solvents treatment programs are the longest, lasting up to 6 months for recovery. Treatment for addiction to drugs and alcohol varies from four to eight weeks. The average length of time for this treatment is 5.3 weeks. Treatment for trauma caused by abuse, such as residential school treatment programs, varies the greatest. Programs range from less than a week up to a 5.5 week residential treatment. Shorter programs are often offered for elders. The following figure lists the comparative lengths of the programs.



PROGRAM DEMOGRAPHICS

For adult treatment there are three possible options for the demographic of a session:

- **Gender specific:** Gender specific programs either have two separate programs / facilities or alternate their intake of patients by selecting men and women separately. The advantage of such a program is that patients are often more willing to share with members of their own sex. Gender specific treatment has also been shown to be more effectively focus on trauma from sexual abuse.
- **Co-Ed:** Co-ed programs include both men and women during treatment. The advantage of such a program is the shorter wait times it offers and the opportunity for men and women to learn new ways of communicating with each other. However, mixing males and females may result in jealousy and sexual politics. As well, research has shown that women in particular receive a greater benefit from gender specific treatment.
- **Hybrid:** A hybrid program offers specialized services for groups such as families and couples. The advantage of such a program is that it is more inclusive. However, it requires specialized facilities that can accommodate family groups including children, and require a much wider scope of trained counselors. Because it offers specialized programs, wait times are generally longer between sessions.

PROGRAM MODELS

The program models depend on the type of treatment being offered. For drugs and alcohol treatment, facilities typically encourage the use of the Alcoholics Anonymous model. There facilities, which have between 11 to 40 beds, are focused on helping the patient recover after a period of withdrawal. One facility specifically focuses on early recovery. While all facilities accept patients who have not fully completed their withdrawal requirements, this facility officially begins earlier in the withdrawal process.

The meth and solvents program focuses on youth and their development of day to day skills, to help integrate them back into a regular lifestyle of school, chores, and healthy friendships.

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CHALLENGES TO GETTING TO TREATMENT

In general, any Yukon First Nation member who wants treatment will receive support from his/her community. This support includes:

- Travel and treatment costs covered by either the Nation or Non-Insured Health Benefits (the limitations and restrictions on these funds are discussed elsewhere in the report)
- Childcare and financial support provided by the Nation or Social Services during treatment
- Clients are assisted in the application process by community wellness workers

Despite the support within the community, there are a number of challenges to successful treatment for First Nations, which include:

- **Culture shock:** Clients are afraid of being away from their families for a long period of time, especially in a foreign environment. These foreign environments, even if designed to accommodate First Nations clients, often present a significant culture shock to many individuals.
- **Distance:** Most clients are not used to being so far away from their home communities. Sometimes, there are logistical issues to deal with such as court dates, social services issues concerning children, or accessing costly transportation that prevent a client from travelling to treatment.
- **Wait times:** Wait times for many of the facilities range from a few weeks to as many as six or more months.

OPPORTUNITY

Yukon First Nations have needs that are not currently being met by existing treatment services. These services, while excellent in their own right, require the client to leave the comfort and familiarity of their own community. As one community worker commented, “there have been times when I have driven people to Whitehorse for treatment, just to have them refuse at the last minute and demand to go back home.”

Individuals who fail to receive proper treatment are much more likely to relapse. In this case, the relapse patient once again poses a threat to him/herself and others in the community. Yukon First Nations need a facility that can address the distinct issues that First Nations face, in a cultural environment that is familiar to clients from the Yukon. This facility should be inclusive, and represent the entire First Nations population within the Yukon. The design and placement of this facility should address the following issues:

- **Distance:** The facility should be within or near existing First Nations land. At the same time, the facility should be separate enough so that patients are unlikely to be exposed to any of the addiction triggers that they may face at home.

- **Culture:** The facility should be designed to reflect the cultural elements of the Yukon First Nations. This includes culturally relevant activities such as berry picking, fishing, beadwork and carving.
- **Integration:** Given that treatment is only one step along the healing process, the treatment centre must work closely with the communities. The treatment centre can facilitate interaction between community workers, and provide training and distance professional services to support aftercare for patients. It is within a community where the best long-term support network is available for the returning patient. This centre must be designed to build on and compliment the community's strengths.

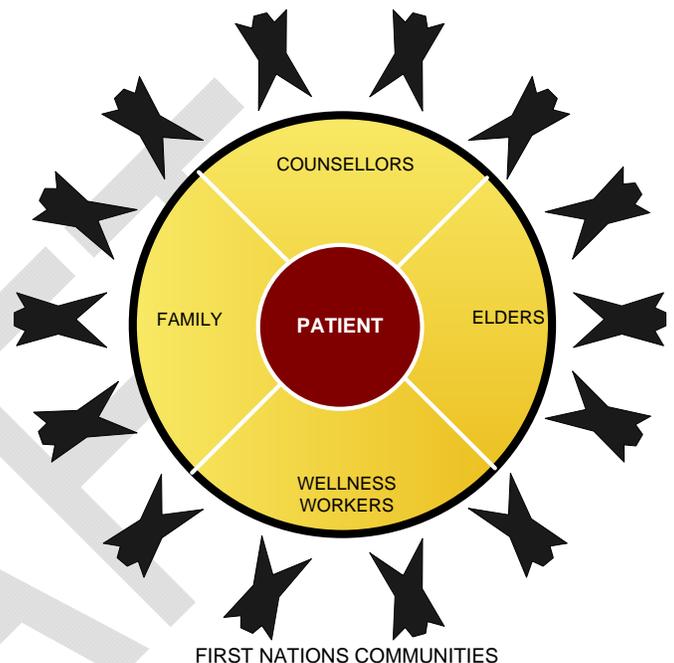
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A VISION FOR THE YUKON FIRST NATIONS HEALING AND WELLNESS CENTRE

The Vision for a Yukon First Nations Healing and Wellness Centre is to establish a residential treatment facility for First Nations within the Yukon; focusing on dealing with the affects of drug and alcohol addiction as well as trauma from Residential School or other abuse. The guiding principles of this centre would be:

- To provide a client centered and community based approach to addictions and healing
- To integrate aspects of traditional healing and wisdom in the treatment process, where possible.

This treatment facility would recognize that the patient is a member of a vibrant and dynamic community. He/She shall receive the support from members of that community, as well as the combined support of all the First Nations communities within the Yukon. This facility would not only help the patient cope with addiction, but enable that individual to become an effective member of the community upon his/her return.



The centre would accomplish this goal by focusing on the traditional healing practices incorporated with clinically proven addictions treatment programming.

Elders will be invited to become a key part of the residential facility team providing personal and traditional support to the patients. Such support will include teaching the cultural traditions as well as providing personal guidance and teachings. Elders selected to become part of the team will receive special training and will live at the facility on a rotating basis throughout the year.

Along with traditional cultural support, the treatment facility will include clinical professionals to offer both one on one and group counseling. Together with the elders, these professionals will work with each patient to regain the self-esteem he/she lost, develop new skills, and begin the journey to becoming a fully actualized member of the community.

The treatment facility will actively engage the community wellness workers. It will provide training for these workers to successfully support a patient prior to coming to the facility as well as in the aftercare process. It will provide a meeting place for community wellness works to discuss treatment efforts within the community. Patients will always be able to connect with their home communities via internet services, phone, or a telehealth set-up that will be installed in the facility.

The facility would be governed by a Board of Directors representing the combined First Nations communities in the Yukon. This Board would seek active input from the elders and community wellness workers who will be responsible for the treatment of the patients. By placing ownership among all the First Nations communities, this facility would be much better positioned to guarantee that the needs of all Yukon First Nations will be served.

FACILITY AND PROGRAMMING DETAILS

The proposed facility and program is described based on the assumption that without constructing any additions or undergoing any substantial renovations, the existing Teslin Correctional Facility, could readily be adapted for use as the new Yukon First Nations Health and Wellness Centre.

This section describes the features of both the proposed facility and treatment program.

PROPOSED CAPACITY

The existing Teslin Correctional Facility can accommodate in total, 23 patients for treatment at any one time. The layout of the Yukon First Nations Health and Wellness Centre would contain:

- 15 beds in the male wing
- 8 beds in the female wing

To optimize the amount of time a patient spends in treatment, this study assumes an average of six weeks will be booked for each treatment session. An additional seventh week would be available before the next treatment group intake which is not accessed by patients, could be used to provide a training period where community wellness workers and or elders could be brought in. Assuming on average there is a seven week period from the start of one treatment session until the start of the next session, it would be possible to have seven sessions throughout a year. Based on this formula, it would be possible to have seven sessions lasting seven weeks accommodating 23 patients at a time, with a maximum total of 161 patients being treated in one year.

The study compared the number of beds available for the residential treatment among the Western provinces/territories. A single treatment facility exists in the Yukon with its bed space is divided among a detox facility and a residential treatment centre. Of the 40 beds available in the entire facility, only 12 are used for residential treatment. These 12 beds are available for all residents of the Yukon Territory. With an estimated population of 33,372 people, there are only .36 beds available per thousand people. The following table contains data from the other Western Provinces:

Province/Territory	First Nations Population	# Beds	Beds/1000 First Nations
Yukon	8,225	3 ¹	.36
British Columbia	196, 075	225 ²	1.14
Alberta	188,365	116	.62
Saskatchewan	141,890	109	.77
Manitoba	175,395	83	.47

With the new facility, the number of new beds available to First Nations jumps to 2.7 beds/1000 people. If the estimated 800 were to receive treatment, and no one else became an addict, it

¹ This is an estimate based on the percentage of First Nations as a representative of the entire population.

² All provincial bed counts include only facilities focused on First Nations treatment

would take 22 years to treat every person using the existing Yukon facility. With the proposed facility, it would take approximately 5 years to treat all addicts if they only required and received a single residential treatment session. The 800 figure estimate is obviously, not a static number. However, these figures indicate that the new facility would provide a means for Yukon First Nations to seriously tackle a problem that has plagued communities for years.

Treatment workers estimate roughly 200-250 Yukon First Nations may require treatment each year for drug and alcohol abuse or trauma. This residential facility will be able to handle 65-80% of this need. From the remaining percentage, subtract individuals who require special treatment not available in an adult, gender specific facility. As a result, the vast majority of the annual treatment requirements can be handled by a single facility.

The frequency and type of treatment offered at the Yukon First Nations Health and Wellness Centre can be scaled up or down to meet the needs of the communities and patients. For example, down periods between sessions can be trimmed to add another session during the year. Longer sessions can be held for patients suffering from a number of co-morbidities. Conversely, shorter sessions can be held for high functioning patients who are only alcoholics. As a result, the proposed facility can meet current recovery needs, and play an important role in Yukon First Nations effort to protect their people.

WHY A SINGLE FACILITY

Currently, the population need does not justify more than a single facility. With just one facility, Yukon First Nations can offer proportionally more treatment service than any of the Western provinces. The proposed facility contains enough space to serve the vast majority of Yukon First Nations suffering from addiction or trauma. An additional facility would compete with the proposed facility for available funding and limited resources.

Benefits:

There are a number of benefits by implementing a single multi-community facility for all Yukon First Nations.

- **Size of community:** As mentioned in a previous section, the size of individual Yukon First Nations communities is small enough so that people all know each other. Part of the recovery treatment includes separating an individual from the triggers of his/her addiction. Such a trigger may be a family member or another individual within the community. An addict can escape these triggers by going to a multi-community facility, as proposed, rather than facing treatment in a facility next to the addiction trigger.
- **Coordination of services:** Community Wellness workers operate in relative independence of each other. The proposed facility would include a meeting space to provide wellness workers with an opportunity to coordinate their efforts, and share success stories. It would also provide a space for specialized training and capacity building for various addiction workers.
- **Cost:** The cost of building, staffing, and maintaining a clinical facility such as the proposed Yukon First Nations Health and Wellness Centre would be prohibitive for any one community to stage. By sharing the responsibility of owning and operating a single facility, Yukon First Nations also reduce individual community cost.

- **Elders:** Part of the proposed program includes resident elders. MNP estimates that approximately 26 elders would be required to stay with the patients over the course of the year. These elders must be capable of providing therapeutic treatment, and will receive training to do so. The available pool of elders is much broader if all Yukon First Nations communities are considered.

TREATMENT

The proposed characteristics of the Program described in this section were based on the feedback received from interviews with community wellness workers within the Yukon, extensive secondary research, and input received from other subject matter experts.

In selecting an effective treatment Program there are a number of key principles that need to be understood³:

- **No single treatment works for everyone:** Treatment services must be matched to the individual's particular problems and needs.
- **Treatment needs to be readily available:** Patients on drugs may be uncertain about entering treatment. If they do decide to enter treatment, it must be readily available to them; otherwise the opportunity may be lost.
- **Must attend to patient's multiple needs:** Treatment must address a patient's co-morbidities. As mentioned trauma from abuse received within the residential school system can be an addiction trigger. To help the patient recover from addiction, treatment must attend to this trauma.
- **Patient's treatment plan must be continually assessed and modified:** A patient may require a combination of services and treatment components during the course of the recovery.
- **An adequate period of time is necessary:** Different durations are required depending on the scope of a patient's problems and needs. The most effective treatment program from intervention to after care would last at least three months. Research has shown that this duration generally produces significant improvement in the patient. A program must include strategies to prevent a patient from leaving treatment prematurely.
- **Counseling is an essential aspect of treatment:** Therapy provides patient's with the motivation and the skills to resist drug use and replace the former destructive activities with constructive activities. Behavioural therapy facilitates a focus on interpersonal relationships and the patient's ability to function in the community.
- **Medications may be an effective component of treatment:** Different medications are effective methods of weaning a patient off of drug dependency. For example, methadone is an effective medication for helping a patient dependent on heroin to stabilize their lives. More commonly, Nicotine replacement products are effective treatment for tobacco dependent individuals.

³ NSW Health, *Drug and Alcohol Treatment Guidelines for Residential Settings* (February 2007), 8.

- **Mental health issues and addictions must be treated in an integrated way:** Because of the high possibility of co-morbidities in drug and alcohol addicts, all patients should be assessed and if required treated for mental disorders including trauma.
- **Recovery is only one stage of treatment:** Recovery treatment begins after the patient has gone through an initial withdrawal from his/her dependency. The objective of full recovery is to provide a patient with the means to achieve long-term abstinence from the drug dependence.
- **Involuntary treatment can be effective:** Strong motivation can help the treatment process. External pressures on an individual can increase both entry into treatment and retention rates. These pressures can include sanctions and encouragement from family, employers, and the criminal justice system.
- **Monitoring clients for drug use during treatment can be effective at helping them withstand urges:** During treatment a patient may lapse into drug use. Monitoring such as urinalysis and other tests can help a patient withstand the urge to use drugs. As well, it provides evidence of drug use so that the individual's treatment plan can be adjusted.
- **Treatment programs should provide assessment for infectious diseases and assist any at risk individuals with the knowledge and skills to decrease their risk transmission:** Counselling helps a patient avoid high risk behaviour and/or manage their illness.
- **Recovery is a long term process and may require multiple treatments:** Relapses to drug use can occur during or after successful treatment. As a result, substance dependent individuals may require multiple treatment sessions to achieve long term abstinence.

Any program that is implemented at the Yukon First Nations Health and Wellness Centre should take into account the thirteen principles listed above.



The development of the program for the Yukon First Nations Health and Wellness Centre should be a collaborative effort between communities, health organizations, government organizations and other specialists.

As shown in the figure to the left, there are a number of issues that the Yukon communities must consider when developing this program. These issues address the physical and psychological needs of the patient and his/her friends and family before, during, and after going through the residential treatment

program at the Yukon First Nations Health and Wellness Centre. To address these issues, the fourteen Yukon First Nations communities should consult experts both within and outside the community. These experts include:

- Addictions Clinicians and Psychologists
- Mental Health professionals
- Justice workers and Criminal System professionals
- Community Wellness Workers other community based health workers
- Elders
- Yukon and Canadian government agencies

OPTIONS FOR TREATMENT STRATEGIES

This section presents potential components for a residential treatment program that could be offered at the Yukon First Nations Health and Wellness Centre. These components are based on feedback received from community wellness workers, and from research studies in multicultural treatment methodology during this engagement. Where appropriate, we have suggested a preferred option based on this research.

There are several treatment strategies or models that can be used for drug addiction and trauma.

AA Model

When most people think of addiction treatment models, they consider the model designed by Bill Wilson and Dr. Bob Smith in 1934 for their organization, Alcoholics Anonymous. This model considers drug and alcohol addiction to be a disease that an addict must live with throughout his/her entire life. To combat this disease an addict would place faith in a higher power, perhaps a deity or even the community, to provide the strength to deal with the addiction.⁴ An addict in the AA program may then progress through the twelve steps:

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understand Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.

⁴ For more information on AA see: <http://www.aa.org/?Media=PlayFlash>

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Rational Recovery

The Rational Recovery model positions itself as being completely converse to the AA model. This philosophy advocates the mindful use of biologically active substances, such as drugs and alcohol. It is based on the premise that abuse of a substance is a learned behaviour and that any learned behaviour can be unlearned and replaced with more appropriate behaviours. As such, the addiction experienced by the patients is seen not a disease, but a dysfunctional habit.

To combat this dysfunctional habit, the Rational Recovery model explores the factors that caused this behaviour. It then helps the patient learn how to regulate use to appropriate times, places, and amounts, in order to promote an overall healthy lifestyle.

The Rational Recovery program focuses on the human quest for pleasure as the underlying motivation for all addiction. According to the Rational Recovery model addictions can occur for anything that causes pleasure, which can range from drugs and alcohol to playing video games. As a person indulges in these pleasures, he/she becomes less sensitivity to the substance, and requires more to achieve the same pleasure. As the user increases this consumption, he/she becomes dependant on the substance, and is addicted.

The major difference between Rational Recovery and AA is that AA considers addiction to be an incurable disease. Even after the addicted person has stopped consuming the affective substance, he/she is still considered a “recovering” addict. The Rational Recovery model does not require the client to constantly attend AA meetings.

The Rational Recovery model is best suited for treating high functioning clients. It places a greater emphasis on self-sufficiency, and is considered a more progressive treatment model. The goal of this model is to enable its patients to become self-actualized, productive members of the community, connected with their culture and people. A patient that successfully goes through the Rational Recovery process should theoretically be much better off than a client who practices the AA model.

The Rational Recovery Model does not provide treatment centre based training or instruction, nor does it support the notion of recovery support groups. It is based entirely on individual learning and achievement of results.⁵

There are some concerns regarding the Rational Recovery model particularly for the First Nations populations identified in this study. Individuals who are at the dependency stage of an addiction might lack the resources or capacity to be able to acquire the discipline to combat addiction, especially during the recovery period of residential treatment. Individuals who are dealing with co-morbidities like nicotine dependency or fetal alcohol syndrome may find it too challenging to follow the Rational Recovery model.

⁵ For more information of the Rational Recovery Model see: <http://www.rational.org/faq.html>

Motivational Enhancement Therapy

Motivational Enhancement Therapy (MET) is designed to produce rapid, internally-motivated change. It does not guide or train the client step by step, but uses motivational change strategies to engage the patient's own change resources. This therapy may be used as part of a larger program to encourage the patient to change.⁶

Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is a treatment strategy that addresses how we think, feel, and behave. CBT is effective for many common mental disorders. It is a relatively quick family of treatment practices that focus on emotional, behaviour, and psychological conditions. It has been found to be effective for the treatment of alcohol problems, among other mental disorders.⁷

Dialectical Behaviour Therapy

Dialectical Behaviour Training (DBT) is a blend of change and acceptance approaches for patients. It uses multiple modes of treatment to patient. It is an optimistic treatment, designed to preserve the morale of the therapist.⁸

LENGTH OF STAY

Typically, the longer a patient stays within residential treatment, the more successful that program is and the less likely the chance of relapse. The goal of this facility will be to provide treatment for as long as possible keeping in mind the need to:

- maximize the number of patients accessing treatment per year, and
- reduce individual patient challenges resulting from leaving their community for an extended length of time

Based on the received feedback and research, typically programs of 28 days or less are generally ineffective particularly for individuals suffering with co-morbidities (drug, alcohol, mental illness and or trauma), which many of the identified Yukon individuals needing treatment present as. The length of time required is often dependent on the number of co-morbidities and the degree of the addiction. In general, a 45-50 day program is recommended.

The proposed program will be split into three phases:

- **Phase 1 Coping with trauma/addiction:** During this phase patients will be provided with the tools to be able to handle the addiction and/or trauma. The selection or use of a particular treatment strategy (AA, Rational Recovery, other) will need to be determined in consultation between the clinical experts and the community representatives.
- **Phase 2 Cultural Emersion:** This phase consists of a proposed intensive 5 day journey on the land. Near the middle of the residential treatment session, the elders will lead a small group of patients on a journey into the land. This will be a culturally significant journey to re-establish traditional teachings among the patients
- **Phase 3 Re-entering the community:** During this final phase, the treatment will focus on further building the patient's self esteem and dignity to help him/her function within

⁶ For more information on MET see: <http://www.motivationalinterview.org/clinical/METDrugAbuse.PDF>

⁷ For more information on CBT see: <http://www.nacbt.org/whatiscbt.htm>

⁸ For more information on DBT see: <http://priory.com/dbt.htm>

the community. Linking the patient to the community wellness work who will provide the transition and aftercare will be critical during this phase.

PATIENT PROFILE – PATIENT GROUP TO BE SERVED

The Yukon First Nations Health and Wellness Centre will focus on treating adults. Although there is a need for both youth as well as family group treatment among Yukon First Nations communities, based on the feedback and research findings of this study, the greatest need appears to be for an adult only treatment Centre.

Based on the best practices models for effective treatment, this facility will be gender separated with the male patients living in one assigned wing of the facility and attending group sessions only with other male patients; and female patients living only with other female patients and attending sessions with other female patients.

Research results indicate there are greater psychological risks posed by putting a youth in a residential treatment facility of the type proposed; alternative youth only models require quite different facilities and programming. There are various treatment possibilities that include mixed youth and family based treatment; however, the challenges posed for those models would require a much more complex facility design.

The benefits of an adult only, gender specific treatment include:

- Clients more willing to share with members of their own sex
- More effective treatment for those also dealing with sexual abuse trauma
- Allowance for better bonding and the establishment of support networks that last beyond residential treatment
- Provision of a gender specific focus in counseling (e.g. Fetal alcohol prevention, anger management)

TRADITIONAL TEACHINGS

The overall program at the Yukon First Nations Health and Wellness Centre will integrate traditional cultural training and programming for all the patients. The traditional activities will be provided through the cultural teachings of the elders in residence. The object of these activities is to help reconnect the patient with the cultural traditions of their community. These will range from traditional activities such as beadwork, drum making, fishing, berry picking to story telling and language. While there are subtle differences among the communities within the Yukon, they are far more similar overall as a group than the cultural practices of communities south of the 60th parallel.

RESIDENT ELDER

Throughout the year there will always be two elders in residence, a male and a female, living in the facility with the patients. These elders will guide the patients during their time in treatment as well as in preparation for their return to the community. The elders will offer one on one advising sessions as well as participate in group discussions; they will also be responsible for leading culturally relevant activities and offering the steady hand of their presence. Elders from all fourteen First Nation communities will be invited to apply to take specialized training and to each spend a portion of their time in residence (approximately 30 days a year at most). An estimated

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26 elders will be selected to become part of the treatment centre team with some 22-24 actually spending time in residence in any given year.

CULTURAL ACTIVITIES

A requirement of the program is that patients remain active as much as possible. Some of these activities include the group sessions, and exercises. Some of the culturally relevant activities may include:

- **Beadwork:** Beadwork has been a significant part of the Yukon First Nations heritage. Both male and female patients will have the opportunity to engage in this craft. Sessions will be led by the resident elder in the designated craft room.
- **Wood / stone carving:** Patients will have an opportunity to learn and practice traditional wood and stone carving. This activity will enable patients to learn these culturally significant arts, and find expression through either medium. These skills may also benefit the patients upon return to their community and potentially can translate into income generation as well.
- **Canoe-making:** Located approximately one mile away, the Teslin Community Cultural Centre has a dedicated canoe-making workshop that could be made available to the patients from the Treatment Centre. It is possible that some mutually beneficial funding and or economic development arrangement can be established between the Treatment Centre and the Cultural Centre. .
- **Berry Picking, Fishing and Trapping:** Elders will guide patients in some traditional practices on the land. Note: The full details of any component requiring patients to leave the facility and live for a period of time off the land still needs to be explored and developed. Issues surrounding required training, safety and equipment needs in particular need to be determined.

PROCUREMENT/CAPACITY BUILDING

An objective of this program is to provide each patient with the means to become a fully productive member of his/her community upon his/her return. Along with the cultural traditions that are being taught, further capacity building should also be provided to increase the patient's ability to improve his/her employability upon return to the community. Such capacity building potentially can be performed in conjunction with various employment and training programs.

Some patient's may be identified as potential candidates to become community workers themselves. Having gone through the experience of addiction and recovery, they will be best able to help those who are lost in drug and alcohol dependency. The Yukon Health and Wellness Centre can help prepare these candidates for any additional capacity building they will require.

PROPOSED FACILITY

The facility that has been envisioned by members of the First Nations would have private and semi-private rooms, space to house resident elders, and room for various physical and culturally specific activities. The facility would require essential utilities and services such as laundry, centralized telephone services, kitchen, eating area, clinician offices, counseling and treatment space, telehealth and internet access. Space would also be required for activities including:

- Crafts and cultural activities
- Wood and stone carving
- Skin preparation and drying
- Life skills training and capacity building
- Spiritual practices
- Physical Fitness

TESLIN CORRECTIONAL CENTRE

The proposed facility is the former Teslin Correctional Centre which is currently owned by the Teslin Tlingit Council. This facility was initially opened in 1994, and subsequently closed six years later with only a small number of offenders having ever resided there. The facility was then sold to the Teslin Tlingit Council, in an agreement, in which the Yukon Government agreed to assist with maintenance costs while the council examined potential uses for the building.

The facility is located just west of the Teslin airstrip, and 200 metres north of the Alaska Highway. The site is separate from any other existing facilities. It is bordered by trees on all sides. There are two buildings:

- Main Building
- Garage

An initial feasibility study of the Teslin Correctional Centre, described it as follows:

The existing building is a two story wood-frame construction over a crawl space build on concrete strip footings. The thermal envelope of the existing building meets current standards for insulation.

The main building contains approximately 1000 square metres (10,300 square feet) of space on two floors; a satellite building of some 160 metres is used as a garage/shop/storage facility. The centre is configured with the following spaces:

- A main entrance and walled-in administrative area featuring reception and three small offices with adjacent storage/utility space
- A central open area immediately inside the main entrance, intended as multi-purpose space for entrance, lounge, dining, and the like
- Full-service cafeteria-style kitchen with commercial-quality appliances, tables, storage, prep, and work areas. Capacity is ample to serve in excess of 100 people.
- Two “program” or meeting room spaces featuring approximately 37 square metres and 46 square metres of space, respectively.
- A 20 square metre craft room.



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- Accommodation on the main floor (referred to as the male wing) of 7 double and 6 single units, or 20 beds, along with a gang washroom and showers.
- Accommodation on the second floor (the female wing) of 5 double units or 10 beds; one single washroom and one powder room; and a 30 square metre lounge area.

Note: These double units are larger than those on the main floor and could accommodate three or four beds each; washroom capacity is limited on this floor.

This facility would be ideal for a residential treatment centre. It is large enough to meet the proposed facility size. It is within a First Nation community, but still separated from any specific community. It is already owned by a Yukon First Nation and has the majority of the facilities intact. It would require minimal work to convert the facility for the proposed Treatment Centre.

The development of the proposed facility will be split into two phases:

- **Phase 1:** To minimize costs and begin treatment sooner, the first phase requires minimal work to upgrade the proposed facility. This phase focuses on the minimum staffing and facility requirements to begin a treatment program within the Yukon.
- **Phase 2:** This phase would expand upon the original scope of phase 1. The facility would be renovated to include new rooms such as a gymnasium, a spiritual room and an auditorium. As well, the program would be augmented to train new staff and add new cultural programs to the facility.

PHASE ONE LAYOUT

For Phase One, no additions to the building are proposed. Instead the existing facilities will be used to provide the required treatment space. Male patients will stay within the male wing on the first floor. Female patients will stay on the second floor, which is the female wing. Counseling, cultural, spiritual and physical activities will be performed either on the first floor or within the facility's garage. The common space on the first floor will serve as the dining room and auditorium.

Note: For a detailed description of the Phase One layout, see the [Appendix ??](#).

RENOVATION REQUIREMENTS

The facility, with minor modifications can be used as a treatment centre. For Phase One, it will require the following equipment/renovations:

- **Complete 2005 National Building Code of Canada Review:** As the building was constructed in 1994, building codes and standards have been revised. The team will need to conduct a thorough review of the building and systems to ensure that all components are code compliant. This process will identify what costs will need to be incorporated in the budget to address current deficiencies.
- **Building Systems Upgrade:** As noted, building code upgrades may be required to accommodate the new building use. This could include changes to the existing heating and ventilation system, plumbing and other life safety components.

Note: For a complete list of the proposed furniture and its cost, see Appendix XX

- **Interior Finishes:** All interior finishes likely need to be replaced. This includes paint (walls, ceilings, trims, doors/frames), flooring and fixtures, New low environmentally safe paint and flooring will be installed to reflect colour and material selections more appropriate for the facilities intended use.
- **Furniture:** All furniture was removed from the Teslin Correctional Centre when it was closed. Either new furniture is to be purchased, or where possible, existing furniture is to be moved back into the facilities. Some of the required furniture includes:
 - Beds
 - Drawers
 - Tables
 - Chairs
 - Bookcases
 - Exercise equipment
- **Male Lounge:** the male lounge is currently an open common lounge space on the ground floor. To facilitate gender separation, this lounge should be closed off to connect it to the male wing of the facility. A second and separate lounge will be located on the second floor in the women’s wing.
- **Washroom facilities:** The existing female washrooms, located on the second floor, may be inadequate for the number of patients. An additional washroom may be required and require the conversion of an existing powder room into a three piece bath. This will allow for two private baths on the second floor. Overall, the existing washroom facilities are appropriate for the intended use in the new facility.
- **Accessibility:** The female wing is currently on the second floor of the facility, which is not fully accessible. The female elder’s residence is also on this floor. In this case, she may have difficulty climbing the stairs. To facilitate access to the elder’s residence and second floor area, an accessible lift should be installed.

Phase 1 renovation costs are predicted to be roughly \$--,---. For a detailed breakdown of costs see Appendix XX.

Phase 2

For Phase 2, the existing facilities would be expanded to include the following rooms:

Number	Name	Description
1	Gymnasium/Multi-purpose Activity Area	The treatment of patients necessitates regular activity. Along with the cultural based events, the Phase 1 programme areas provide limited workout space. This space can be expanded with the addition of a gymnasium.

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2	Auditorium	Training will be performed at the treatment facility to provide community wellness workers with the capacity to engage potential clients in their own communities. Phase 1 training will be provided in the common area. For Phase 2, an auditorium will be built to facilitate relevant presentations for training.
3	Spiritual room	In Phase 1, the spiritual room is shared with the group therapy room. For Phase 2, a separate dedicated spiritual room should be built to permit the offering of spiritual guidance at all times.

CAPACITY BUILDING

The Yukon First Nations Health and Wellness Centre will also provide training and capacity building for community wellness workers. This training will be required to coordinate the treatment available at the facility with the after care services that the community wellness workers provide. It will also create an opportunity for community wellness workers to collaborate with other wellness workers and share their experiences.

Community wellness workers have indicated an interest in receiving such training. This facility could also provide additional capacity building for wellness workers to help improve their ability to serve their communities.

ELDER AND COUNSELOR TRAINING

On site staff, including elders will not necessarily have the required training to take care of patients. Elders will require basic counseling training to provide them with the means to care for and perform some basic counseling services. Other staff may require training to deliver the specific treatment services offered through the treatment centre.

AFTER CARE TRAINING

The Health and Wellness Centre may use a number of therapy and treatment models to help patients recover from drug and alcohol addiction.

To continue the recovery process after residential treatment, community wellness workers should become familiar with the various treatment models identified in an earlier section of the report. Currently, most wellness workers are only familiar with the AA model of treatment, which considers drug dependency as an incurable disease and follows a fairly rigid twelve step process. This model is very different from the Rational Recovery model, which is a high functioning model intent on the self actualization of the patient. The after care treatment would be very different for both models. Therefore, to improve the chances that the residential treatment will foster continued drug abstinence, it is recommended that Rational Recovery model training should also be provided to the community wellness workers.

ADDITIONAL CAPACITY BUILDING

There will be periods during the year when the Yukon Health and Wellness Centre will not have patients. During these moments between residency sessions, capacity building can be offered to community wellness workers, elders, and other care givers to help them improve their ability

to detect addiction problems and prevent members of their community from reaching the dependency stage of addiction. Also, such capacity building will provide these workers/volunteers with the means to help community members who are suffering from trauma related to abuse.

EDUCATION AND TRAINING

One of the most critical success factors identified throughout the research was the need to have specially training individuals offering services throughout all stages of the healing process from prevention through to aftercare.

Feedback from the Community Wellness Workers, Treatment Centre staff, First Nation's Directors of Health, and Elders all indicated the need to have formal education and professional development training available in Yukon. The Yukon Healing and Wellness Centre, presents a unique opportunity for potential partnership with an accredited post secondary institution. There are a number of institutions across Canada that offer certificate, diploma and or degree programs in addictions and trauma intervention training. In-depth research into potential partnership institutions was outside of the scope of this study; however, it is recommended that this option be explored.

The benefits of entering into a partnership with an accredited post secondary training institution and offering on-site training and development include:

- **Generating additional revenue for the Yukon First Nations Healing and Wellness Centre:** Fees would be collected for each course offered. These fees can be used to support the addiction treatment services offered at the centre.
- **Providing additional training beyond training programs provided by groups such as NNADAP:** The treatment workers interviewed by MNP want more training than what is currently available. The Yukon First Nations Healing and Wellness Centre can provide that training.
- **Opportunity to share experiences and perspective:** Members of the Yukon First Nations can share their experiences and perspectives when they meet with other representatives at these training sessions.

COURSES OFFERED

A variety of courses could be offered at the Yukon First Nations Healing and Wellness Centre. These courses can cover the spectrum of addiction treatment from prevention to after care. The objective would be to provide capacity building to enable Yukon First Nations workers to keep current with the latest sociological, psychological, and clinical developments within addiction treatment.

The courses could cover a spectrum including:

- **Intensive residency sessions:** Students would stay at the Yukon First Nations Healing and Wellness Centre for intensive training. These sessions can range from a single weekend to a two week program. The Healing and Wellness Centre can provide room and board as well as the class room space and break-out rooms required for the training program.

- **Day workshops:** Smaller workshops covering specialized topics can be conducted at the Yukon First Nations Healing and Wellness Centre for a much shorter time span. These courses can feature a lunch provided by the cafeteria staff, but residency accommodations are not required.
- **Online courses:** The courses offered through the partnered post secondary institution can be recorded and broadcasted for future learners. These courses can be transmitted via internet or via the telehealth system.

ADVOCACY

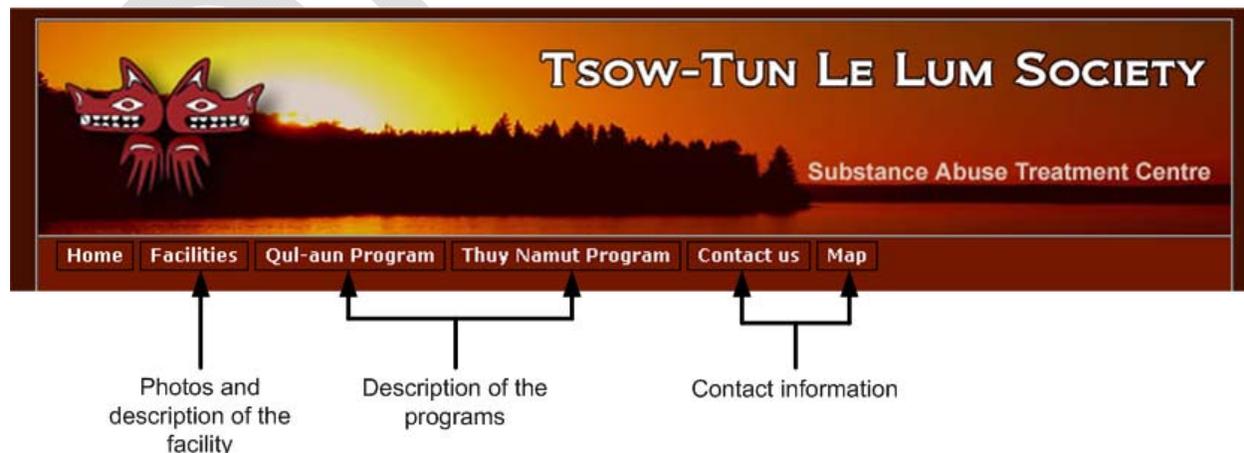
Currently, there is a social stigma regarding addiction treatment, especially residential treatment. Because of this social stigma, many potential patients do not confront their problems and avoid receiving treatment that could provide them with the skills they need to cope with their addictions. To address this problem, the Centre should work with individual communities to promote the positive aspects of residential treatments.

The objectives of the advocacy program are:

- To raise awareness about the Yukon First Nations Health and Wellness Centre
- To encourage the community to actively promote addiction treatment for its members who need such treatment
- To promote the community's investment in the treatment centre.

The advocacy program should include web and print promotion as well as face to face presentations to community councils. The following media are recommended:

- **Internet:** The Yukon First Nations Health and Wellness Centre should have a website that describes the available treatment program as well as the facilities. The website could be organized in a relatively straightforward manner such as the Tsow-Tun Le Lum Society web site,⁹ as shown:



⁹ Website address: <http://www.tsowtunlelum.org/index.html>

- **Print:** Various printed materials can be designed and distributed to communities. These may include:
 - Posters
 - Pamphlets
 - Alternative documents (e.g. comic books)

The print material would include contact information and descriptions of the program and facility. It would be targeted to individuals suffering from drug dependency or trauma, as well as their family and friends.

- **Presentations:** Representatives of the Treatment Centre can meet with the community on occasions throughout the year. The representatives can present the services that are offered at the facility. These presentations would be targeted to both the individuals suffering from addiction and their friends and families. Depending on the structure and governance model adopted for the Board of Directors, this could become one of the identified responsibilities for Board members.

DRAFT

GOVERNANCE, MANAGEMENT AND STAFFING

This section describes the proposed governance, management and staffing requirements for the Centre.

GOVERNANCE

The Yukon First Nations Health and Wellness Centre belongs to all Yukon First Nations communities. No one community has greater authority over it than any other. If any First Nations member is to be treated within this facility, it stands to reason that the individual's community has a stake in the facility. This way, the success of the facility becomes part of the community's success, and falls under one of the fundamental guiding principles for developing a First Nations oriented treatment facility. A shared community approach also reduces the financial burdens such a facility may place on any one community.

If in defining governance we refer the manner in which the organization is run and controlled, for this Yukon First Nations oriented approach, the governance model of the facility is ideally administered as a not-for-profit Society with the members being each of the fourteen First Nations and it overseen by a Board of Directors representing each of the First Nations communities.

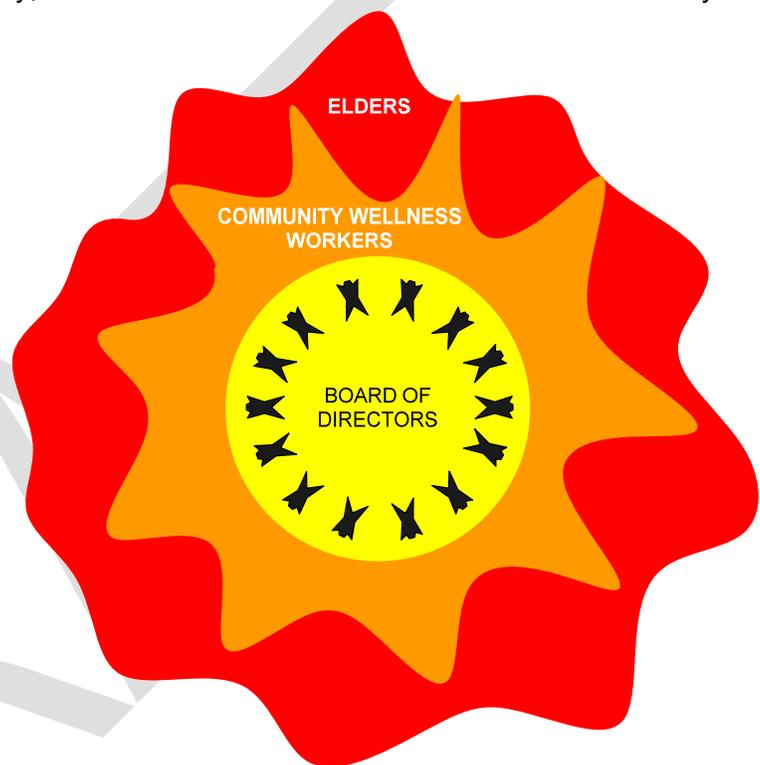
This Board of Directors will receive support and advice from two key groups:

- **Community Wellness Workers:** The community wellness workers working with other clinical specialists will provide the front line perspective on the treatment centre.
- **Elders:** The residential elders, who work as part of the Centre team and come from the fourteen communities, will have a say in the direction and programming offered in the facility.

This system will represent the communities' interest in administrating the Yukon Health and Wellness Centre, as well as connect the clinical needs of the Centre with its cultural context. Together they will be responsible to the Yukon First Nations.

MANAGEMENT

Day to day operations will be managed by the following positions:



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- **Director:** The Director will be the most senior individual on staff. He/She will be responsible for the day to day management of the facility, implementing Board directives and ensuring the facility meets all legal and regulatory requirements. The Director will be accountable to the Board and will be responsible for the staffing, proposal writing, and financial management of the Centre.
- **Operations Supervisor:** The operations supervisor will oversee the physical plant and facilities of the Centre. This individual will be responsible for the management and operations of the:
 - Kitchen
 - Grounds
 - Outsourced Services
 - Maintenance
- **Clinical Supervisor:** The Clinical Supervisor will be a certified Psychologist and responsible for the treatment program and supervision of all the treatment and therapy provided by the clinical staff and elders. The Supervisor will manage the schedules and any rising issues from the clinical staff.

STAFFING

The Yukon Health and Wellness Center will employ an interdisciplinary team of highly trained staff to work with the patients.

CLINICAL STAFF

The following staff will be required:

- **Counselors:** Addiction counselors will be available to counsel patients and provide therapy and treatment. They will be the first level of clinical support for the patients. Their role will include evaluating the patient's progress and communicating the degree of that progress to other staff members. A counselor should be on site every hour during treatment. Typical staffing ratios would be 1 counselor to 2-3 patients during daytime and 1 counselor to 12 patients during the evening. Using these ratios, roughly 20 counselors should be employed by the Yukon Health and Wellness Centre.
- **Clinical Psychologists:** Psychologists would be required to conduct any of the therapy treatment programs designed to help a patient during the recovery period. These psychologists would perform both group and one on one therapy sessions with the patients. They would also be involved in the creation and design of the treatment provided at the Yukon Health and Wellness Centre. Two psychologists must be present for each treatment session: one for female residents and one for male residents.
- **Psychiatrist (outsourced):** A psychiatrist with a specialty in mental health must be available on an on-call basis to support the other clinical staff team members particularly in the treatment of patients who are suffering from deep psychological and mental health problems.

ADMINISTRATIVE STAFF

The following staff will be required:

- **Administrative Assistant:** A dedicated administrative assistant will be required to perform reception duties, maintain office records and provide support for the Director and the Clinical Supervisor.
- **Kitchen staff:** The Yukon Health and Wellness Centre must employ staff to maintain and operate the kitchen and to feed patients and staff. This staff should include:
 - Cooks
 - Servers/Preparers/Dishwashers
- **Maintenance & Support staff:** The Yukon Health and Wellness Centre will require maintenance staff to maintain the facilities. Such staff will include:
 - Maintenance/Repair worker(s)
 - Note: it is anticipated that patients will be responsible for the provision of janitorial and laundry services.

ADDITIONAL OUTSOURCED STAFF

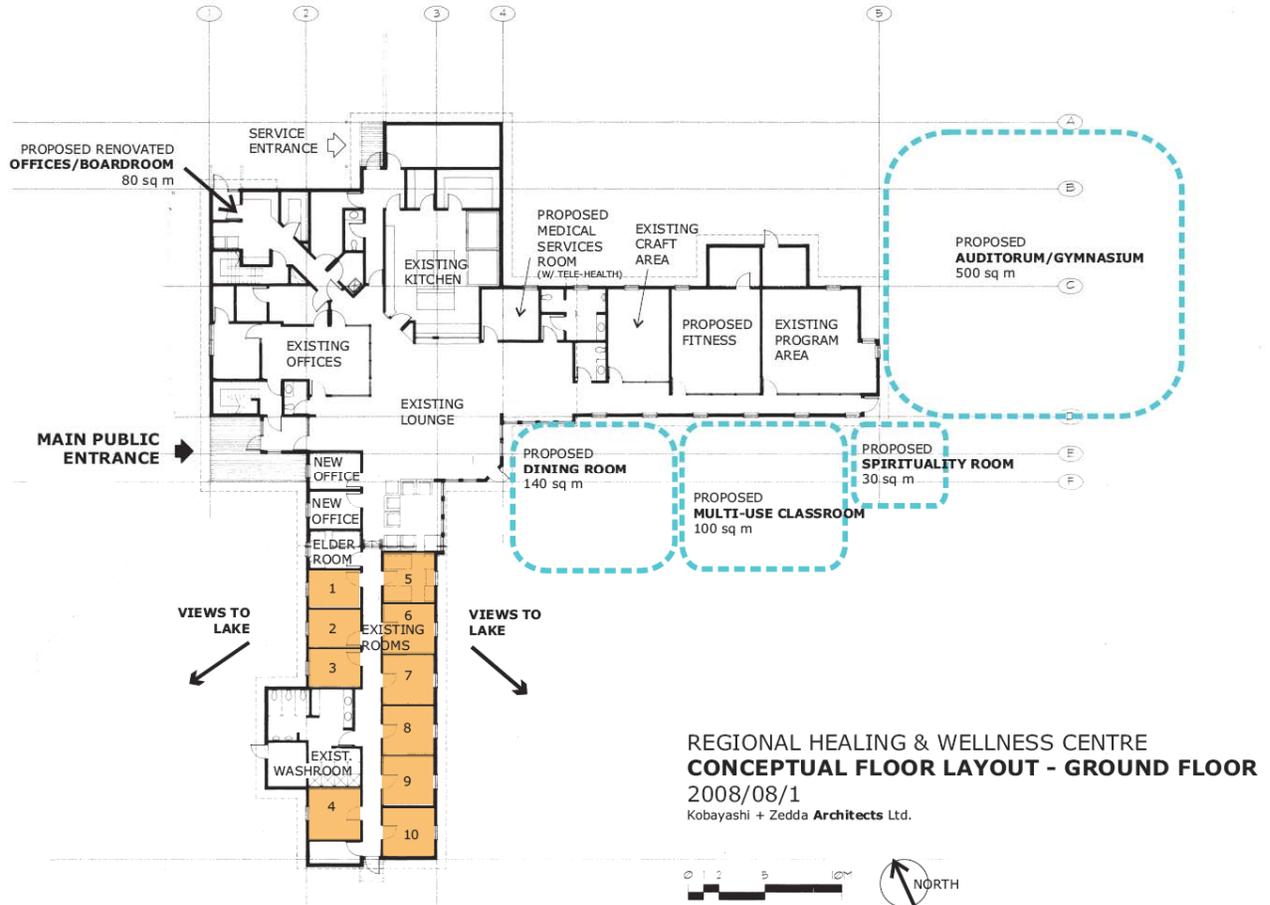
To reduce the overall size of the Yukon Health and Wellness Centre, certain functions will be contracted out. Such services include:

- **Accounting/Payroll:** Accounting and payroll services can be organized by the Director and administered by an independent clerk.
- **Groundskeeper/snow removal:** This service can likely be outsourced.
- **Human Resources:** Initial hiring can be contracted to a human resources firm, to acquire the initial clinical and administrative staff. On-going hiring can be managed by the supervisors and the Director.
- **Capacity Building:** Instructors may have to be contracted to provide training for the elders and the community support workers. These instructors may include:
 - Medical / addictions professionals
 - Members from other First Nations treatment centres

Note: For a detailed description of the organization profile and costs, see Appendix XX.

FACILITY ASSESSMENT

FIRST FLOOR



Number	Name	Description
1	Existing Offices	These offices were part of the original Teslin Correctional Centre. There is a large window in the wall that separates the office from the large common area, which enables staff to keep an eye on the activities within the facility. Part of the existing offices may be converted into a small computer lab to enable patients to use e-mail and the internet.
2	New Office	Adjacent to the existing lounge, one of the existing rooms can be converted into an office for a counselor, psychologist, or psychiatrist.

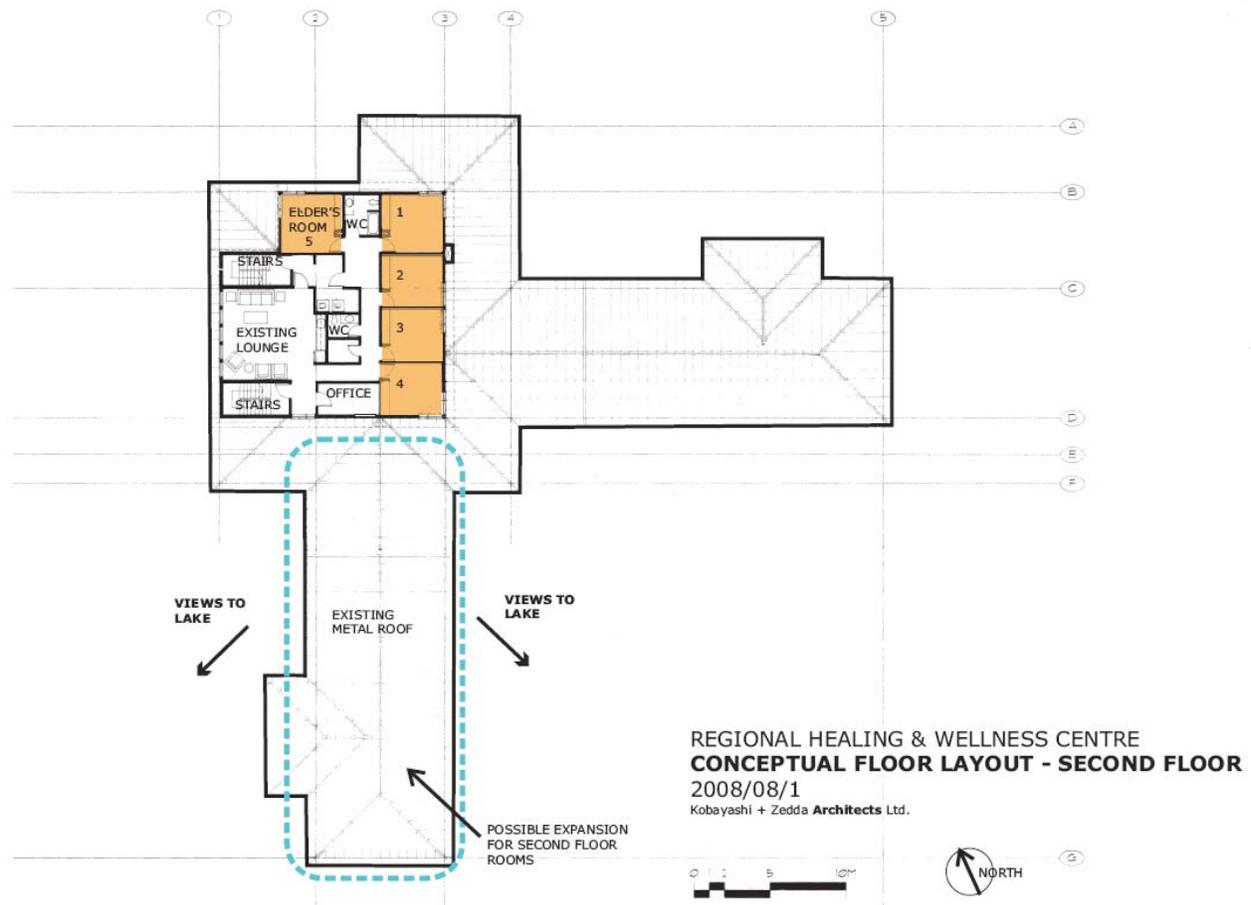
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3	Elder Residence	This room would be reserved for the resident male elder. The room is just on the edge of the male wing, so the elder can maintain a vigilant eye on the patients who enter and exit the wing during quiet times. The room is also located near the centre of the facility to minimize walking distance for the elder.
4	Male wing	The male wing of the treatment centre would have four single occupancy rooms and seven double occupancy rooms for a total available space of 18 beds per residency session. The entrance of the male wing is just past the male elder's residence.
5	Existing Lounge	This lounge will be used for the male patients. Currently, it is an open lounge, but the room will be enclosed permit private sessions for the patients.
6.	Common area	The common area will be the main gathering space for meals and large presentations. It is located in the centre of the facility next to the main entrance, offices, and kitchen.
7	Kitchen	The kitchen is large enough to serve 100 people. It contains commercial quality equipment and a full walk in cooler and freezer.
8	Telehealth facility	All Yukon First Nation communities are now equipped with telehealth facilities. These facilities enable communication with medical professionals via video conferencing systems. Such a system will be installed in the treatment centre, and will be used for the following purposes: <ul style="list-style-type: none"> • Medical consultation • Patient communication with family and community members
9	Craft area	The craft area will be used to perform traditional First Nation activities such as beading. This area will be used to focus on culturally relevant activities that can be performed indoors.
10	Fitness room	Just past the craft area, a fitness room will be installed. This room will feature mostly cardio machines/devices such as treadmills and swiss balls. There will also be a set of free weights for patients who want to engage in strength building exercises.
11	Group Therapy/Spiritual room	At the end of the facility, separate from the more common areas, will be a group therapy room. This room will be used to conduct group sessions to help patients cope with their addiction and regain the esteem to become a viable member of the

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		<p>community.</p> <p>This room will also serve as a spiritual room when not being used for group therapy. Traditional spiritual practices will be performed in this room, to help the patient connect with his/her traditional culture, and to seek the ineffable wisdom to live with true self respect and dignity for all living beings.</p>
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SECOND FLOOR

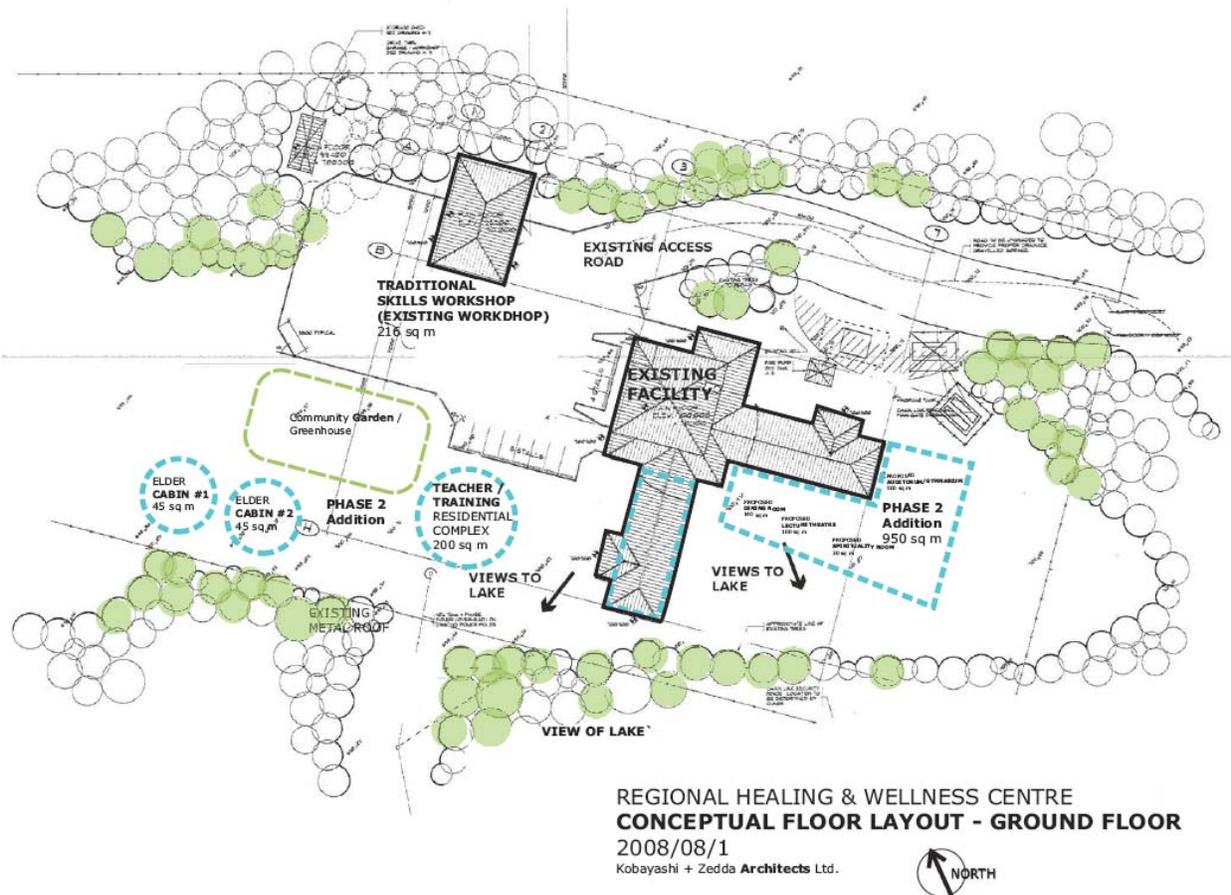


Number	Room	Description
1	Elder Residence	This room will be reserved for the visiting female elder. From this room she can observe the other female patients. This room is to be located adjacent the existing stairs. The elder will be able to hear anyone who uses these stairs. Because there is no elevator

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		within this building, an wheelchair lift will be necessary to provide access to the second floor,
2	Patient rooms	These rooms are reserved for the female patients of the facility.
3	Female Lounge	This lounge is reserved for female patients.
4	Office	An office can be created from the existing storage room. It will likely require the addition of a new exterior window.
5	Washrooms	The current washroom facility for women is much smaller than the men's room. Renovations will be required to convert the second powder room into a full three piece bathroom.

SITE PLAN



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The following table describes the exterior of the facility

Number	Name	Description
1	Garage / Workshop	This garage will be used for two purposes: <ul style="list-style-type: none">• Workshop: A workshop will be set up to encourage patients to perform traditional activities such as woodcarving and leather curing.• Storage: The garage contains some storage space that can be used by the treatment centre
2	Existing Facility	This is the main building which will house the patients and where the vast majority of treatment will take place
3	Woods	Part of the treatment will consist of outdoor activities where patients will reconnect with cultural traditions such as trapping.

FUNDING

This section focuses on the sources of funding that can be explored to finance the Yukon Health and Wellness Centre, and provides a five year forecast for its operations.

FUNDING SOURCES

There are several sources of funding for the treatment:

- NIHB
- NADDAP
- Interagency support
- Yukon First Nations communities

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FIVE YEAR FORECAST

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START-UP - WHAT NEEDS TO BE ADDRESSED

Issues to consider:

- Hiring
- Renovations
- Approvals/Certification

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APPENDIX

This section would include:

- Detailed financial forecasts:
 - Cash flow
 - Income statement
- Detailed layout/drawings
- Detailed organization chart

APPENDIX RESEARCH FINDINGS

Spreadsheet

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