



Created by the
Citizens of the Kaska Nation
& the Town of Watson Lake

*Can You
Hear the
Drum Beat?*

Our **FINAL**
10 Year
VISION
for
Health & Healing



Facilitation and Report Prepared by
Beringia Community Planning Inc.



April 2010

Executive Summary

In April 2008, the Liard First Nation (LFN), under the project leadership of the Liard Aboriginal Women's Society (LAWS), launched a community-based process with the Kaska community and individuals of the Town of Watson Lake to identify a path leading to a healthy community. We wanted to answer questions on how best to address the epidemic problem of alcohol and drug addiction in our community. This two-year process was funded by the Northern Strategy Trust Initiative to complete a three-year treatment strategy. Beringia Community Planning Inc. was hired to assist with planning facilitation, research, analysis, and documentation.

Based on our participatory five-phase planning process, we engaged over 256 individuals including Elders and youth, women and men, Kaska Chiefs and Councils, the Mayor and Council of the Town of Watson Lake, principals and teachers, and health professionals, organizations and agencies involved in the health and well-being of our community. This was a tremendous effort. After two years of engaging individuals through talking, questioning, drawing, listening, storytelling, researching, and writing, we are celebrating the completion of our *Regional Treatment Strategy*.

We have created this strategy for a community-based substance abuse healing system that is for the community, by the community. It is based on traditional and local knowledge and values, targeting our strengths and assets. Our vision is for a culturally appropriate healing system. We also want a more inclusive and self-reliant community, one that emphasizes effective intergenerational relationships, cross-cultural partnerships and relations, collaborative and cooperative working relationships, and increased equity in the contribution of men's and women's roles within our community.

Our strategy provides a framework for action to support the long-term change we desire. It sets out our vision statement, identifies priorities based on wise choices, and uses our resources to achieve our nine agreed-upon objectives. It is holistic and comprehensive in that it considers the social, economic, health, cultural, educational, and land-based needs of individuals in our region. We believe that this strategy and the social learning generated from the planning process will ultimately lead to improved health and wellness, increased social capital, sustainable development, and environmental stewardship.

Our 52 actions are grouped under 12 action themes as follows: 1) Planning Process; 2) First Steps – Implementation; 3) Current & Expanding Actions; 4) Health Governance; 5) Agency Collaboration; 6) Capacity; 7) Financial & Economic Development; 8) Community Engagement; 9) Youth; 10) Healing Programming; 11) Learning & Education; and 12) Health Infrastructure (Healing Centre).

The projected cost to implement our 52 projects over 3+ years is estimated to be \$16.2 million.

This executive summary report is organized into five planning phases: 1) Getting Ready; 2) Assessment; 3) Vision; 4) Action; and 5) Results. There is a longer version of this report and a 500+ page Appendices Binder to support our findings.

On behalf of LFN and LAWS, thank you to the many individuals who made this strategy possible.



Table of Contents

2 Dedication

2 Acknowledgement

3 Phase 1 – Getting Ready

12 Phase 2 – Assessment

15 Phase 3 – Vision

22 Phase 4 – Action

29 Phase 5 – Results

31 Appendices



Dedication

We would like to dedicate this healing strategy to the late Lorna Reid. Lorna was a member of the Crow Clan, born in Dease Lake, British Columbia (BC). She was the oldest of five children born to Fred and Fanny Carlick. Lorna raised three children, and also looked after many children in Lower Post, BC.

Lorna will long be remembered for her personal healing journey that began 28 years ago and for her dedication towards improving the lives of Kaska people. Lorna believed in the healing power of faith. She joined the LAWS in 2000 and remained steadfast in her conviction to heal our people until her passing in 2008.

Lorna would be very pleased today as we move toward her prayer of healing our people from the epidemic of addictions. She would smile knowing that our strategy includes the return of our cultural identity.

Acknowledgement

The completion of this *Regional Treatment Strategy* could not have been possible without the dedication and contribution of community individuals. LAWS would like to extend a sincere thank you to all those who worked hard to achieve our vision of a healthy community.

A special thanks to Chief Liard McMillan and the Council of the LFN, as well as to Tribal Chief Hammond Dick of the Kaska Tribal Council, the Chiefs & Councils of the Daylu Dena Council, Ross River Dena Council, Dease River First Nation, and Kwadacha First Nation for your participation and support during this process.

A sincere thank you to the Elders and youth, and the over 256 participants who shared their knowledge and vision for change.

To the Town of Watson Lake, the Mayor & Council, school principals and teachers, and the numerous individuals and health agencies already supporting the Kaska Nation and the Town of Watson Lake, thank you for your participation and discussions about how we can better obtain our vision of a healthy community.

This plan would not be possible without the funding support from the Northern Strategy Trust Initiative. Thank you to the Yukon Government for this important contribution.

Finally, we would like to acknowledge the dedication and commitment of the LAWS Board Members, as well as the Executive Planning Committee (Ann Maje Raider, Tom Cove, Sharon Miller, and Travis Stewart), Members of the Planning Support Team, and Beringia Community Planning Inc. Without their support, this treatment strategy would not be realized.



Phase 1 Getting Ready

This phase of planning is where we asked the question “Are we ready?” It included assessing capacity and organizing funding, people, governments, agencies, information, and data. It involved community engagement and communications for all phases of planning. The community invested time in asking individuals how they wanted to be involved in the process, to ensure a community-driven approach that is culturally respectful. It was important to explain the process (phases, steps, and decision tools) continuously, and adapt our process as needed. We also explained how local knowledge was to be used and respected and how an extensive effort would be made to document and share results of the process. Getting ready for planning was a continuous process of organizing and adapting the process strategically based on what we heard.

Introduction

Project Leadership

In April 2008, the LFN, under the project leadership of LAWS, launched a community-based process with the Kaska Nation and Town of Watson Lake to identify a path leading to a healthy community. The Northern Strategy Trust Initiative funded a two-year process to complete a three-year treatment strategy. Beringia Community Planning Inc. was hired to assist with planning facilitation, research, analysis, and documentation.

Background

This current healing effort was first initiated by the Kaska Nation in 1993, when a comprehensive strategy on how best to address the chronic problem of drug and alcohol addiction was considered (see the report entitled *Kaska First Nation Program Proposal for the Development and Implementation of an Addiction Treatment System*). Since 1993, this commitment has been supported by the ongoing work of local health and social service agencies, and non-government agencies, including LAWS and the Watson Lake Wellness Committee. These agencies have consistently identified and supported the need for a community-based, culturally appropriate healing system.

At the present time, our well-being is severely impacted by drug and alcohol addiction, and other dysfunctions such as lateral violence, physical abuse, bullying, and violence against women. Substance abuse is severing our relationship to our land, culture, and identity. It is impacting our language, governance systems, spirituality, our subsistence economy, traditional food systems, traditional medicine practices, family cooperation, and mutual interdependence. Problems associated with substance abuse, including family violence, violent crime, drug trafficking, and medical health issues are endemic to all parts of our community.



Planning Opportunity

We created an opportunity to facilitate and participate in a community planning process that identified a vision, defined our priorities (e.g. expand health governance and build a cultural foundation for healing), and allowed us to decide on a set of actions (e.g. develop a local healing centre and create a health trust fund) necessary to improve our community health. Based on our participatory five-phase planning process, we engaged over 256 individuals including Elders and youth, women and men, Kaska Chiefs and Councils, the Mayor and Council of the Town of Watson lake, principals and teachers, and representatives from organizations and agencies involved in the health and well-being of our community (see Appendix 1).

Planning Objectives

The objectives of our community-based planning process were to:

- Develop a clear, written plan for culturally appropriate, holistic, community-based substance abuse treatment and detoxification that has the support of a wide cross section of people in the region;
- Facilitate the involvement of a wide cross section of the whole community, local agencies, and NGOs in the planning process, and empower confidence about finding local solutions to local concerns;
- Expand governance capacity and control through hands-on-learning, innovative decision tools, multiple engagement methods, and action research, while maintaining gender and demographic diversity in a culturally sensitive manner;
- As a by-product of the planning process, the project will increase community awareness and understanding about critical social and health issues, and their relationships with substance abuse, treatment, and options for regaining control;
- Maximize opportunities to build upon existing human, technical, and physical resources, and identify gaps in those resources, including services, programs, and facilities; and
- Communicate the results of the planning strategy in a regular, consistent, and effective manner throughout the course of the project.

Communications Tools

We have produced an extensive number of planning and communications products to share the results of our community process. There are three main planning documents from our process. This report is the short version (executive summary) of the *Regional Treatment Strategy*. To keep the size of the document to a minimum, many of the workshops, research, and survey deliverables were inserted into an Appendices Binder (see Appendix 2 for a listing of Appendices). The third report is the full version of the treatment strategy that expand on the level of detail.

Organization of Report

This executive summary report is organized into five planning phases: 1) Getting Ready; 2) Assessment; 3) Vision; 4) Action; and 5) Results.

Approach & Methodology

We have created this strategy for a community-based substance abuse healing system that is for the community, by the community. It is based on traditional and local knowledge and values, targeting our strengths and assets. Our strategy provides a framework for action. It sets out our priorities based on wise choices and uses our resources to achieve our nine agreed-upon objectives. It is holistic and comprehensive in that it considers the social, economic, health, cultural, educational, and land-based needs of all individuals in our region.

Our planning process was based on five phases of planning as illustrated in Figure 1. These phases included: 1) Getting Ready; 2) Assessment; 3) Vision; 4) Action; and 5) Results. The five planning phases were essentially guided by the following questions:

1. Are we ready? (Capacity)
2. Where are we now? (Assessment)
3. Where are we going? (Vision)
4. How do we get there? (Action)
5. Are we getting results? (Results)

An overview of the five phases is provided next.

**Figure 1:
Getting
Ready to Plan**

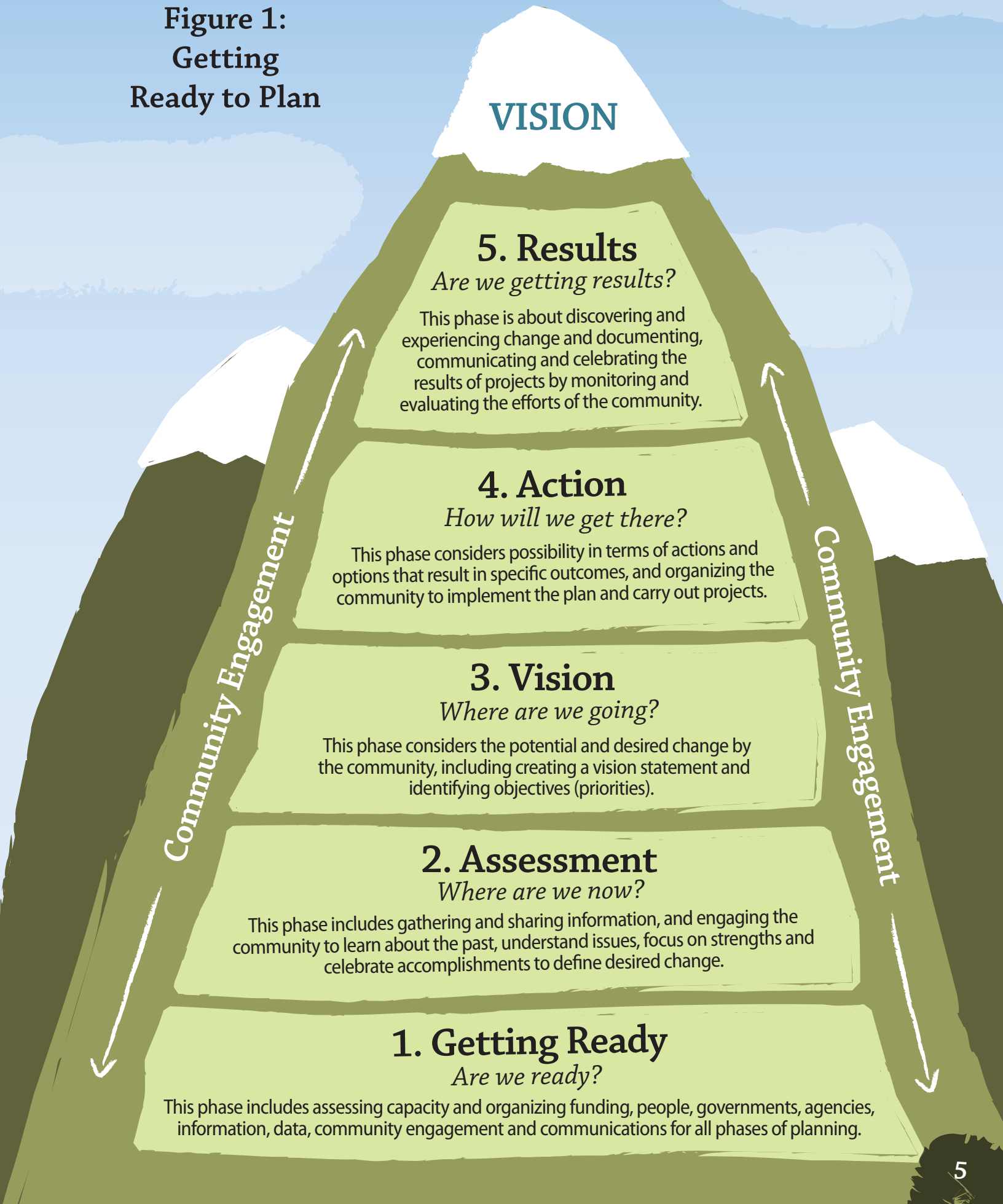
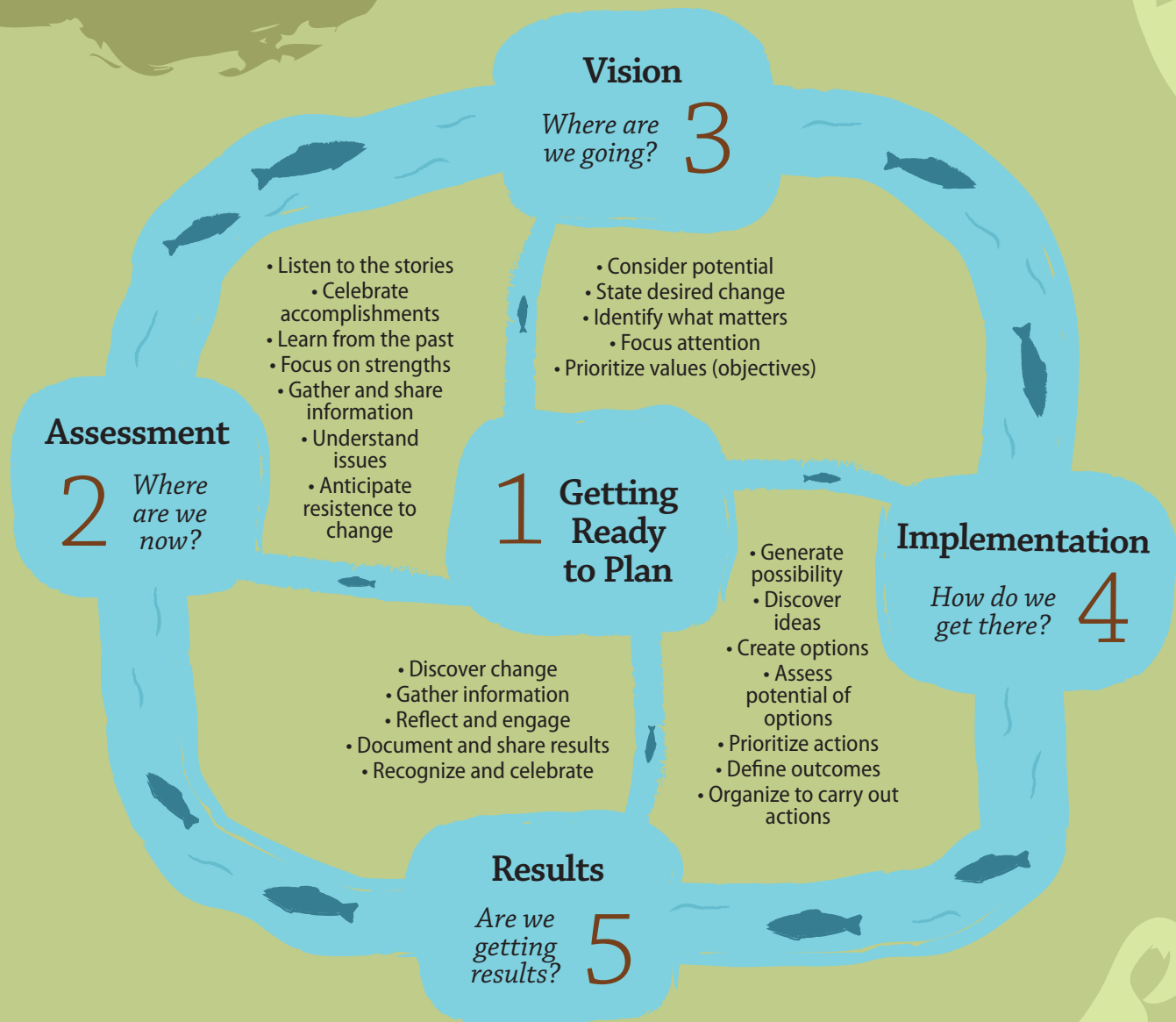


Figure 2:
5 Phase Planning Process

Our process progressed in an organized way, with approximately 25 steps within our five-phase planning process to complete our treatment strategy over a two-year period.



Phase 1: Getting Ready

Over the course of two years, from April 2008 to April 2010, individuals of the Kaska Nation and the Town of Watson Lake were invited to participate in developing a three-year regional strategy for community-based substance abuse treatment. Under the project leadership of LAWS, we engaged the services of Beringia Community Planning Inc. to help us facilitate our community process. This first phase of planning focused on the question “Are we ready?” We did this by assessing our capacity and organizing funding, people, governments, agencies, information, and data as well as community engagement and communications.

At the outset, we wanted this plan to be created by the community, for the community. As a result, two planning support groups were formed to guide the process. The first group was an Executive Planning Committee to help oversee the management and administration of the planning project. This group worked closely with the LFN, keeping the lead government informed about the project.

The second group was the Planning Support Team. This group consisted of a core group made up of community individuals, staff, health workers, and Elders who helped to lead and guide the planning process. This group was responsible for guiding the community engagement and overseeing communications.

Early on in the planning cycle, we completed a community survey to identify how best to involve the community in the planning process, and how individuals wanted the results of the process to be documented and communicated.

Phase 2: Assessment

We engaged the community and completed research to assess our ‘past’ and ‘current’ situations to better understand our strengths, lessons learned, issues and causes of substance abuse, and the effects of these on our community (see Figure 3 for our Planning Framework). To help answer the question, “Where are we now?” we spent time acknowledging our community’s strengths, identifying opportunities, and debating the existing and potential threats all in an effort to create the best possible ‘future’ situation for our community.

Phase 3: Vision

Once we assessed our community situation, we worked at capturing our future in a vision statement to determine “Where are we going?” This was followed with a set of principles and nine core objectives which would ultimately help us decide what actions (projects, programs, policies, etc.) would create our desired outcomes.

Phase 4: Action

By identifying what really matters to us, and why, we could shift the process to the “How do we get there?” question to meet our vision and nine core objectives. Our objectives are the priorities needed to establish a sustainable healing system. Initially, we brainstormed over 200 solutions to overcome alcohol and drug addiction, and how we see healing being organized in our community.

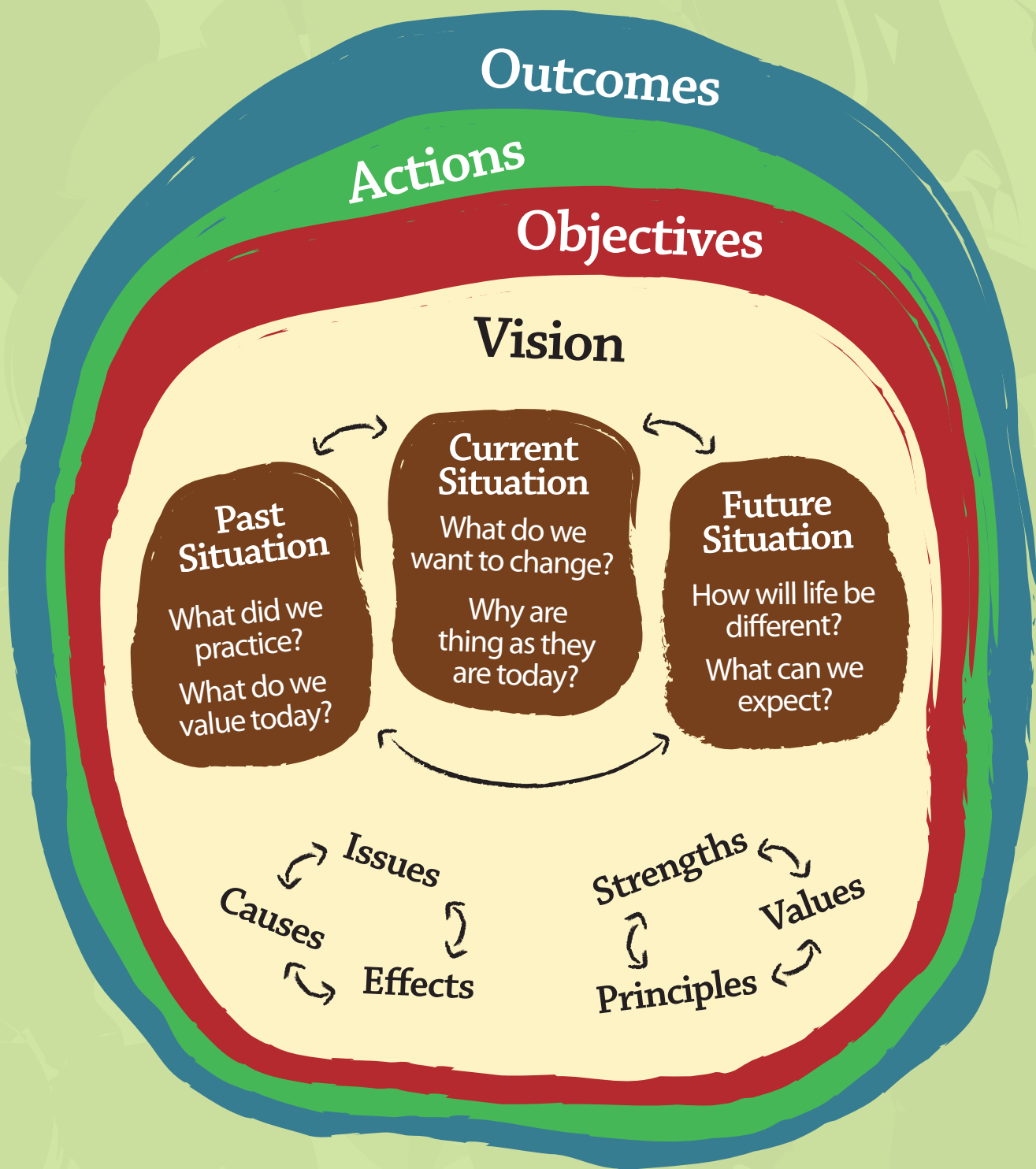
To narrow down and focus our limited resources (e.g. information, time, funding and people), we completed several ranking exercises in a structured way over a series of workshops to help us decide what would have the biggest impact on our vision. At the end of our process, we came up with a final set of 52 actions to meet our vision. This exercise was followed by action planning, as well as implementation and funding strategies.

Phase 5: Results

The final phase of the process looked at setting up our planning process in a way that answers the question: “Are we getting results?” This phase is not only about discovering and experiencing change, but it includes developing steps to document, communicate, and celebrate results of the strategic actions. Monitoring and evaluating the plan consists of gathering information and evaluating that information so that adjustments to the process and the action plan can be made in an effective and transparent manner.



Figure 3: Community Planning Framework



Community Engagement & Communication

As a result of our community survey, we designed our community planning process to be inclusive, participatory, capacity-based, and ongoing so that it worked for the community. We engaged youth, Elders, women and men, political leadership, agency representatives, health professionals, staff, principals, and teachers in a discussion about their understanding and views on creating a better future for our community. Over 256 individuals participated in our process over a two year period (see Appendix 1 for a list of participants).

To get everyone's input on the future health of our community, we hosted open houses and community feasts, organized community workshops, distributed surveys and newsletters, conducted research and literature reviews, delivered presentations, and interviewed and met with people over time (see Figure 4). In short, we talked, questioned, discussed, listened, analyzed, summarized, documented, and communicated the results of our two-year process. Figure 5 summarizes the engagement and communication milestones of our two-year process. Our main communication effort was through the LAWS website, community newsletters, word of mouth, presentations, decision tools, and various report and survey summaries. In total there were 39 planning deliverables (see Figure 6 for a summary).

Figure 4: Engagement Methods



Figure 5: Two Year Planning Process Milestones



Figure 6: Planning Deliverables



Phase 2 Assessment

This phase consisted of gathering background information and completing an analysis to help answer the question “Where are we now?” This foundation of knowledge and understanding helped to direct our future vision – or what the community wants to change for the health of future generations.

Community Profile – Key Facts

Geography

- The target area for the *Regional Treatment Strategy* surrounds the physical boundary of the Town of Watson Lake including the LFN's territory and the four Kaska Nations located in the communities of Ross River (Yukon), Lower Post (BC), Dease River (BC) and Good Hope Lake (BC).

Governance

- The Kaska Tribal Council is comprised of five Kaska First Nations, namely: LFN, Daylu Dena Council, Ross River Dena Council, Dease River First Nation and Kwadacha First Nation.
- The negotiating body for the Kaska Nation's BC Treaty is the Kaska Dena Council.
- The Town of Watson Lake is governed by a Mayor and Council.

Population

- Current population estimates of the Town of Watson Lake range widely (846 to 1,555) but all sources indicate a declining trend.
- The majority of Kaska First Nations individuals live in the Town of Watson Lake (ranges from 305 to 1,089).
- Population estimates for the Kaska Tribal Council range from 1,200 to 2,050 persons, depending on the source.
- The Town of Watson Lake's population is young, with over a third under the age of 24 in 2006 and children under the age of 14 constituting 21.3%.
- Adults between 24 to 62 comprise the largest proportion of people at 58.5%, while adults over the age 65 represent 7.7% of the total population.
- The medium age in the Town of Watson Lake is 37.9 years old.





Social – Alcohol and Drug Situation

- Research is limited on the alcohol and drug situation for the Kaska Nation and the Town of Watson Lake.
- Substance abuse is a significant issue for Kaska communities and the Town of Watson Lake.
- Alcohol abuse poses a 'constant problem' whereby illicit drug use poses a 'frequent problem' in the community.
- Estimates are that between 75% and 95% of Kaska adults require treatment.
- Few individuals are accessing treatment programs.
- Substance abuse is part of everyone's story including youth and is a major contributing factor to issues such as family violence and crime.
- Half the Yukon population has been negatively affected and/or experienced harm due to people's use of alcohol and drugs.
- Research identifies that access to drugs and alcohol is relatively easy, even for youth.
- Yukoners who live in rural areas reported having greater access to illicit drugs (e.g. crack, cocaine, marijuana, and solvents) than those who live in urban areas.

- Research reveals that the majority of adults and youth who use drugs also used alcohol and smoke.
- Review of health infrastructure shows 26 agencies that are currently available for addictions and substance abuse treatment.
- Services range from detoxification to counselling with the vast majority of key players providing information on addictions and referrals.
- There is no local treatment or healing centre.
- Research reveals that these services are not coordinated, nor do they incorporate cultural treatment programming.
- There is no local access to a continuum of care so citizens are forced to leave their home for treatment.

Economy

- While Whitehorse is experiencing strong economic growth, rural communities such as the Town of Watson Lake have experienced a shrinking economy.
- Expectations are positive with the development of oil and gas exploration and other natural resource developments.
- Unemployment and the resulting reliance on social assistance is a serious concern for the Kaska communities, as well as having healthy, employable citizens who can capitalize on job opportunities.



Community Assessment

Understanding the current situation is important to begin shifting how the community is approaching the healing challenge and opportunity, and the effectiveness of treatment efforts to date. Asking the question: "Where are we now?" provides the means to translate strengths-issues-causes-effects into targeted priorities.

These priorities are ultimately values expressed as ends-means objectives. We used a strengths, weaknesses, opportunities and threats (SWOT) analysis as one tool to help organize what needs changing and why, and to begin deciding how we make change happen. The highlights from the many community engagement sessions we facilitated over the past two years to help us understand our situation are summarized here:

Strengths	Weaknesses
<ul style="list-style-type: none"> • We understand the issues concerning alcohol and drugs • We realize that alcohol and drug abuse impacts everyone • The community wants to solve this problem • We have a strong set of values to guide treatment • We are good at bringing people together • Our education levels are improving • We have a critical mass of people who need help • We are a centralized, rural region • Watson Lake has economic potential • We have some access to treatment services • Some access to culturally oriented treatment exists • Communities recognize the need to increase capacity • There is political support for a regional treatment system • Traditional activities, knowledge, and language can guide our treatment • Our strong ties to the land will heal us • Youth care about their community 	<ul style="list-style-type: none"> • Access to drugs and alcohol is too easy • Members are bootlegging to members • There is a lack of awareness of treatment options • Very few members are seeking treatment • Individuals are not committed to treatment • Individuals want local support • Simply offering good programming does not guarantee members will access it • There is fear and resistance to treatment • Members who seek treatment are very isolated • Youth are ruining their lives by doing drugs and drinking • There is too much violence in our community • There is no safe haven for those being abused • Youth are not supported by their families • There is too much blaming and not enough doing • Our community is not supporting addicts • Watson Lake is a dysfunctional community • The community is not communicating about substance abuse • There is a lack of interagency cooperation • There is no local treatment or healing centre • There is little community infrastructure for health • The police are not doing enough to stop alcohol and drug abuse • Racism and cross-cultural issues are hindering treatment • The lack of local statistics on alcohol and drug use is hurting us • There are not enough skilled and trusted counsellors in the community • Our members have too many problems accessing treatment • We do not recognize our successes

Opportunities	Threats
<ul style="list-style-type: none"> • Demand for cultural, land-based healing • Expand our partnership base outside of Watson Lake • Expand the communications system • Tap into the private sector • Sustain long-term partnerships • Lobby government health agencies to support healing system vision and needs • Target national lobbying campaign in Ottawa • Get the youth more involved in healing • Increase incentives to heal • Invest in role models • Increase health champions • Profile our community heroes • Unite to share information 	<ul style="list-style-type: none"> • Unable to secure adequate funding support • External Non-aboriginal services do not meet needs • Lack of national and regional response to strategy • Mining companies do not support healing our workforce • Downturn in local economy • Threat of not employing people who are ready to work • Adequate support for the lead implementation agency to oversee the treatment strategy • Lack of capacity and ability to track and evaluate results

Phase 3 Vision

After looking at the ‘current’ and ‘past’ situations (assessing community strengths, issues, opportunities and threats – including causes and effects), individuals worked together tirelessly to create a ‘future’ situation in this phase. The community considered what it wanted to see in the next 10 years. An emphasis was placed on overcoming drug and alcohol addictions and taking a comprehensive approach to healing, in deciding “Where are we going?” to better lead future generations.

Health Principles

Participants generated 30 principles to guide the community’s vision for health:

1. Live each day to the fullest
2. Live and work together
3. Strive for a higher vision
4. Treat each other with respect
5. Keep our families together
6. We need each other
7. Love and support one another
8. Make change for a better tomorrow
9. Take your own power back
10. Speak up, speak out
11. Learn from others
12. Celebrate the successes
13. Need to feel safe
14. Listen to the voice of youth
15. Care and share for one another
16. Connect across the land
17. Do not forget who you are
18. Love our youth
19. Respect our Elders
20. Live more peacefully
21. Honour your strengths
22. Never give up
23. Consider how your actions impact others
24. Support the commitment to change
25. Hear the constant beat of the drum
26. Adapt to the situation
27. Rise up, gather strength
28. Find love in your life
29. Always remember where you come from
30. Be the change you want to see

Vision Statement

After looking at the current situation and assessing community strengths, challenges, and opportunities, participants worked together to create a ten-year vision for a healthy community. An emphasis was placed on overcoming drug and alcohol addictions and taking a comprehensive approach to healing. Our vision summary is as follows:

Vision Summary

Our Vision for healing is one where individuals and families of the Kaska Nation and the Town of Watson Lake are united and committed to creating a healthy and vibrant community for future generations. Our comprehensive healing system and centre is based on our cultural values, incorporates living on the land, emphasizes learning and education, and targets individuals and families. Our expanded continuum of care is adaptive to the strengths and challenges of each individual and we have adequate human capacity to deliver the best care possible. Our vision includes gaining strength in numbers, working together, and supporting individuals to lead healthy, active lifestyles to feel more secure in this world. Our children and youth are loved and nurtured because of our strong families and extended support networks. Our determination and strength have resulted in more sobriety, equality for women and men, community respect and pride, vibrancy and cooperation.

10 Year Community Vision

Our 10 year Vision is one where individuals of the Kaska Nation and the Town of Watson Lake, including local governments and leaders, health organizations and agencies, schools and college, and the business community are united and committed to working together to create a healthier community.

Our citizens are committed to receiving treatment, and understand their options for making active and better choices given our extensive range of holistic healing programs and services. Our treatment system is comprehensive in nature: it targets a range of people (women, youth, and men; both Aboriginal and non-Aboriginal); is tailored to meet a diverse array of healing needs; offers choice and flexibility; has a strong learning foundation based on culture; incorporates living on the land; is guided by our Elders and traditional knowledge; and emphasizes individual and family-based healing.

Our local Healing Centre is instrumental in satisfying our need for culturally appropriate treatment programming and services. We have increased the quality and number of health care workers and the balance where staffing meets demand, and greater financial capacity to provide long-term care for the Town of Watson Lake and surrounding Kaska communities. Our expanded continuum of care model includes pre-treatment (from assessment and intake); detoxification and treatment; monitoring and evaluation (citizen, program, and system monitoring); and aftercare, re-integration, essential skills, and employment. Our treatment system is adaptive to the unique strengths and challenges of each individual.

As a result of our Vision and strategic actions, individuals and their families are more self-reliant, reducing their dependency on social assistance and feeling more secure in the world. Individuals and families have increased self-esteem, are gaining strength in numbers, and are working together to support each other. As a result, children and youth are loved and nurtured with extended networks of safety, mentoring, learning, recreation, and fun. Not only are children and youth proud and active in community affairs, more are graduating and finding employment. Most importantly, we are experiencing higher levels of sobriety, including more individuals and families who are leading healthy, active lifestyles. Rates of violence against youth and women are reduced, and so are infractions within the justice system. Our economy is prosperous and generating more local employment.

We understand that a sober and drug-free community can help us thrive to become an active, positive, peaceful, harmonious, and more conscious community. As we continue to find ways to balance our health holistically, on emotional, physical, psychological, spiritual, and economic levels, we are confident that we can celebrate the road ahead for future generations.

**Figure 7:
Core Objectives**

Community Priorities – Ends Objectives

Setting the priorities to guide community actions over the next three-year implementation period evolved over a series of workshops, conversations, meetings, surveys, interviews, and presentations. The final set of nine objectives agreed to by individuals is as follows in Figure 7:



Ends-Means Objectives

Once the question “Where are we going?” was asked, we began exploring “how” we would make our vision a reality.

We generated 36 means objectives to further guide what actions (projects, programs, and policies) would be strategic in bringing about our desired change. The means objectives are organized in a circle under each ends objective. However, many of the means objectives serve to support several of the ends objectives at any one given time. Figure 8 summarizes the objectives to guide our community actions.

**Figure 8:
End-Means
Objectives**



Action Priorities


Once individuals brainstormed over 200 actions, they needed to be reduced in number and prioritized. Deciding which actions would have the greatest impact in meeting the Community's vision evolved over time. Numerous engagement methods, including decision and ranking tools were used to help decide what matters strategically given limited community resources of people, funding, information, and time. In total, there are 12 Action Theme areas with 52 projects targeted primarily over the next three years. The summary list of actions is presented in Table 1.

Table 1: Summary List of Actions by Category

ITEM	1. Planning Process
1	Host Community Celebration
2	Release Treatment Strategy
3	Update Community Website
	2. First Steps - Implementation
4	Designate Lead Implementation Agency
5	Create Implementation Committee
6	Hire Implementation Coordinators
7	Review & Update Workplan
8	Review & Implement Funding Strategy
	3. Current & Expanding Actions
9	Youth Summer Camps
10	Traditional Camp
11	Traditional Cabin Network
	4. Health Governance
12	Create Dena Au' Nazen Council
13	Create Health Protocol
	5. Inter-Agency Collaboration
14	Communications Strategy
15	Social Data Project
16	Gathering of Health Workers
	6. Capacity
17	Capacity Assessment & Skills Inventory of Health Workers
18	Recruit & Train Wellness Counsellors & Staff
19	Healing Language Project
	7. Financial & Economic Development
20	Host Job / Health Fair
21	Hire Proposal Writer
22	Essential Skills Inventory
23	Healing Trust Fund
24	Kaska National Strategy
25	Industry & Local Hiring Health Policy
	8. Community Engagement
26	Community Talking Circles
27	Traditional Gathering
28	Gathering of Survivors
29	Hero & Mentor Campaign
30	Health Newsletter
31	Transportation Shuttle
32	Promote Drug & Alcohol Free Events
33	Expose the Bootleggers & Drug Runners
34	Speak Up, Speak Out Campaign

35	Share Your Healing Story
36	Women's Network
	9. Youth
37	Youth Council
38	Youth Website, Newsletter, Helpline
39	Youth Video Project
	10. Healing Programming
40	Modify Social Assistance Program
41	Pre-Treatment Program
42	Detoxification Program
43	Family-based Healing Program
44	Cultural-based Program
45	Trauma Informed Care
46	Aftercare Program
	11. Learning & Education
47	Healthy Lifestyle Campaign
48	Healthy Leadership Campaign
	12. Healing Infrastructure
49	Healing Centre
50	5 Aftercare Facilities
51	Youth Safe House
52	Men's Shelter






*I would like to see more
of our younger people
learning about our
traditional ways and
taking more time with
our Elders.*

*Bring back pride
of our people!*

*Kids today have thousands of
opportunities to do the wrong thing.
But you can help them build up their
inner strength so instead they'll
choose to do what's right.*

*It's nice to know this planning
process is launched just when
we think there is no hope for
this community.*



We need something done right away before we lose our First Nations to alcohol and drugs.

When you gather people together you seem to achieve more positive ideas and plans.

Ongoing leadership support is essential to implement our vision for health and wellness.

A functional community is one that is willing to teach what they've learned, listen to what is being discussed, and actively cooperate to find solutions for problems.

Phase 4 Action

After extensive planning, implementation was our next phase, furthering answering the question: “How do we get there?” It requires carrying out and executing our developed plan. Implementation involves organizing resources, which includes identifying strengths, challenges, implementation champions and communications. We also need to profile the plan, create a political strategy, identify how changes to the plan will be made, and determine how our efforts will be monitored and evaluated. Action planning also consisted of costing the strategy, creating an action plan for funding the plan, and determining a final set of actions to begin organizing and realizing results.

Strengths

To implement our *Regional Treatment Strategy* effectively, a strategy and an action plan are required. Our strengths that will assist us in implementing our strategy include:

1. Our united political voice;
2. Our community-driven process that has significant buy-in from leadership and stakeholders;
3. Agencies are aware of our commitment over the past two years; and
4. The urgency of our drug and alcohol epidemic.

Challenges & Strategies

There are many challenges in ensuring that our treatment strategy happens, including following through on what our community said it needs to do to create the desired change. It is important to consider these challenges in advance, so we can respond appropriately with strategies to maximize our results. Table 2 presents the strategies we have developed to meet our potential challenges.

Table 2: Challenges & Strategies for Effective Implementation

Challenge	Strategy
1. Active and committed leadership	Announce and celebrate the plan – A community open-house and feast, along with a special follow-up newsletter can help complete the planning circle. The feast and celebration will help to honour the contributions of community participants, build pride, and ensure a commitment to follow through with the plan. [Also addresses challenge #6] Have Leadership endorse the plan – The Kaska Tribal Council’s and the Town of Watson Lake’s endorsement of the treatment strategy will demonstrate their support and recognition of the Community’s vision and effort. [Also addresses challenge #5]
2. Lead agency	Identify a lead agency to oversee the treatment strategy – The Kaska Tribal Council will be designated as the lead agency. The regional nature of the strategy is best supported by the Kaska Tribal Council.
3. Adequate funding	Create a funding strategy – A strategy is required to mobilize the Kaska Nation to secure funding from governments, industry, and various agencies. This will help to leverage the extensive community effort, as well as maximize funding resources to meet the needs of the community.

Challenge	Strategy
4. Managing community expectations	<i>Keep participants informed and communicate results</i> – It is important to explain the implementation process to participants so that they do not have any false expectations and to communicate results on an ongoing basis.
5. Implementation champions	<i>Establish a lead implementation team</i> – Participants will be selected to oversee and take ownership of the implementation process. [Also addresses challenge #2] <i>Secure funding and hire two implementation coordinators</i> – Secure funding immediately and hire two implementation coordinators to launch the treatment strategy. Combined, these efforts will help to ensure that the strategy remains active and that it does not sit on a shelf and remain dormant.
6. Coordination and communication	<i>Create an action plan</i> – Identifying what will be completed, when, and by whom, will help to keep the plan on track. This will be an important management tool to coordinate working relationships and to commit the necessary responsibility. [Also addresses challenge #10] <i>Create a communications strategy and celebrate ongoing results</i> – We must communicate our results and successes to demonstrate the value of planning. Using communications tools (newsletters, website, radio, and brochures) will show the community that their ideas do matter and are contributing to a new way of doing things. Positive reinforcement and recognition of participants' contributions will increase community respect and pride. A communications and media strategy will also help to increase positive community messaging and social awareness. [Also addresses challenge #4]
7. Partnerships, networking, and lobbying	<i>Advocate for health</i> – Advocacy should involve lobbying various groups and pushing recognition of the Kaska Tribal Council to champion this treatment strategy. Completing a public relations strategy, combined with a communications strategy, will help to mobilize the scale of people needed to act and increase momentum.
8. Traditional knowledge and capacity	<i>Elder involvement</i> – Bringing both Elders and youth into the implementation process is essential. The Elder's vision, insight, and stories, and their ability to know whether the strategy is working are needed. It is also an important opportunity to involve the youth and promote inter-generational knowledge transfer and role models. [Also addresses challenge #9]
9. Momentum and motivation	<i>Explain the plan</i> – Allowing enough time and having appropriate tools to teach the treatment strategy to the entire community is essential. These activities need to be on an ongoing basis so that participants can become familiar with the plan and continue to feel a part of it. [Also addresses challenge #4]
10. Commitment from everyone	<i>Involve the community during implementation</i> – Involving participants will increase community commitment buy-in.
11. Fear and resistance	<i>Use culture and language</i> – In helping people to overcome their fear and resistance, it is important that we rely on our strong foundation of Kaska culture and values, history and language, stories, food, medicine, diversity, land, healing and Elders. Bringing Elders in will help people with their healing needs.
12. Time	<i>Schedule regular meetings</i> – Setting up relevant meetings with key staff and community participants to help manage expectations will help to keep the plan alive and minimize false expectations. [Also addresses challenge #4] <i>Sequence projects strategically</i> – Sequencing what comes first, when, and how needs to be planned effectively and be in line with readiness and local capacity to help manage results and expectations. <i>Expect changes and contingency planning</i> – We require a process to review and make changes to our plan if necessary. [Also addresses challenge #6]
13. Taking on too much too soon	<i>Start with pilot project</i> – Starting with smaller projects first is a way to build confidence and capacity as well as minimize risk. Funding agencies tend to support sequential funding based on results. It is important that the community does not take too much on at one given time, or larger initiatives that it is not prepared for.
14. Monitoring and evaluation	<i>Create an evaluation plan and track our results</i> – We need to monitor and evaluate how we are doing – what's working and not working – and have a process in place to do this.

Key Players

To effectively implement and achieve the intended outcomes, our *Regional Treatment Strategy* requires support from a multitude of players and stakeholders. As seen in Figure 9, key players include the Federal Government, First Nations Governments, the Yukon Government (Whitehorse and Watson Lake departments and agencies), Kaska Community Agencies (non-government), Community Agencies (non-government), and Private Sector Agencies. See Appendix 3 for highlights of players and their key roles.

Figure 9:
Key Players in the
Treatment System



Budget

The proposed budget to implement the 12 action areas and 52 actions for the next 3 years and beyond totals \$16.2 million. Tables 3 and 4 summarize the costing details.

Table 3: Total Cost for 12 Action Areas

Strategy Direction	Total Cost
<i>Action</i>	
1. Planning Process	\$25,500
2. First Steps - Implementation	\$431,480
3. Current & Expanding Actions	\$541,975
4. Health Governance	\$64,620
5. Inter-Agency Collaboration	\$315,873
6. Capacity	\$2,842,500
7. Financial & Economic Development	\$1,271,632
8. Community Engagement	\$292,463
9. Youth	\$194,370
10. Healing Programming	\$373,800
11. Learning & Education	\$69,100
12. Healing Infrastructure	\$9,805,300
TOTAL BUDGET	\$16,228,613



Table 4: Breakdown of Project Costs

Strategy Direction	Total Cost
<i>Action</i>	
1. Planning Process	
Host Community Celebration	\$10,000
Release Treatment Strategy	\$6,500
Update Community Website	\$9,000
2. First Steps - Implementation	
Designate Lead Implementation Agency	\$27,480
Create Implementation Committee	\$6,000
Hire Implementation Coordinators	\$398,000
Review & Update Workplan	\$0
Review & Implement Funding Strategy	\$0
3. Current & Expanding Actions	
Youth Summer Camps	\$55,900
Traditional Camp	\$95,900
Traditional Cabin Network	\$390,175
4. Health Governance	
Create Dena Au' Nazen Council	\$44,960
Create Health Protocol	\$19,660
5. Inter-Agency Collaboration	
Communications Strategy	\$11,000
Social Data Project	\$239,873
Gathering of Health Workers	\$65,000
6. Capacity	
Capacity Assessment & Skills Inventory of Health Workers	\$61,625
Recruit & Train Wellness Counsellors & Staff	\$2,759,750
Healing Language Project	\$21,125
7. Financial & Economic Development	
Host Job / Health Fair	\$10,200
Hire Proposal Writer	\$65,000
Essential Skills Inventory	\$821,432
Healing Trust Fund	\$273,000
Kaska National Strategy	\$102,000
Industry & Local Hiring Health Policy	\$0
8. Community Engagement	
Community Talking Circles	\$6,000
Traditional Gathering	\$121,300
Gathering of Survivors	\$43,863
Hero & Mentor Campaign	\$14,050
Health Newsletter	\$12,400

Strategy Direction	Total Cost
<i>Action</i>	
Transportation Shuttle	\$28,750
Promote Drug & Alcohol Free Events	\$500
Expose the Bootleggers & Drug Runners	\$500
Speak Up, Speak Out Campaign	\$29,550
Share Your Healing Story	\$29,550
Women's Network	\$6,000
9. Youth	
Youth Council	\$113,760
Youth Website, Newsletter, Helpline	\$34,810
Youth Video Project	\$45,800
10. Healing Programming	
Modify Social Assistance Program	\$58,800
Pre-Treatment Program	\$56,250
Detoxification Program	\$51,750
Family-based Healing Program	\$51,750
Cultural-based Program	\$51,750
Trauma Informed Care	\$51,750
Aftercare Program	\$51,750
11. Learning & Education	
Healthy Lifestyle Campaign	\$34,550
Healthy Leadership Campaign	\$34,550
12. Healing Infrastructure	
Healing Centre	\$6,348,000
5 Aftercare Facilities	\$2,359,500
Youth Safe House	\$553,900
Men's Shelter	\$543,900
GRAND TOTAL	\$16,228,613

Funding Strategy

In addition to the implementation of actions, the following next steps have been identified to secure funds and financial sustainability for the treatment strategy, as summarized in Table 5.

Table 5: Funding Action Plan

Task (What)	Responsibility (Who)	Completion Date (When)
1. Hire a fundraising and proposal writing specialist, and include a local training capacity project.	KTC, Consultant	Within 3 months
2. Review budget to implement the treatment strategy.	KTC & IC, Consultant	Within 3 months
3. Update funding research and compile a best practices report to secure funding.	Consultant	Within 3 months
4. Maintain a database of funding programs.	Consultant	Within 3 months
5. Develop a funding strategy to mobilize players and to identify new funding sources and partnerships.	KTC, IC and Consultant	Within 3 months
6. Develop financial policies to ensure a transparent healing system and operation.	KTC, IC	Within 3 months
7. Develop a general funding proposal and package that can be customized quickly for opportunities as they arise.	Consultant	Within 3 months
8. Review the budget, including fixed or overhead costs (administration, infrastructure, etc.), direct costs, shared costs, and contingency expenses.	IC, Consultant	Within 3 months
9. Develop a political strategy and communications tools to connect with the Federal Government for partnership development and funding options including Health Canada and INAC.	KTC, IC	Within 3 months
10. Develop a political strategy and communications tools to connect with Yukon Government for partnership development and funding options including Yukon Family Services, Women's Directorate, Town of Watson Lake, Department of Justice, Safer Communities and Neighbourhoods, Department of Health and Social Services, Watson Lake Victim Services, Family Prevention Unit, and Alcohol and Drug Services.	KTC, IC	Within 3 months
11. Develop a political strategy and communications tools to connect with the BC Government for partnership development and funding options.	KTC	Within 3 months
12. Develop a political strategy and communications tools to connect with the Town of Watson Lake Government for partnership development and funding options.	KTC	Within 3 months
13. Develop a political strategy and communications tools to connect with local First Nations Governments for partnership development and funding options including the Kaska Tribal Council, Kaska Dena Council, along with Ross River, Dease River, Daylu Dena Council, Kwadacha and LFN.	KTC	Within 3 months



Project Sequencing

Part of the effectiveness of implementation is deciding what comes first, when, and the timing and sequencing of actions. Based on the results of community workshops, discussions, survey and ranking exercises, and implementation criteria, the following list of actions in Table 6 are sequenced over a ten-year period, with the focus on the next three years.

Table 6: Strategic Actions

ITEM	Strategy Direction	Scale			Cost			Phase 1					Phase 2	Phase 3	
	Action	S	M	L	L	M	H	3 mths	6 mths	9 mths	12 mths	Year 2	Year 3	Years 4-5	Years 5-10
1. Planning Process															
1	Host Community Celebration	x			x										
2	Release Treatment Strategy	x			x										
3	Update Community Website	x			x										
2. First Steps - Implementation															
4	Designate Lead Implementation Agency	x			x										
5	Create Implementation Committee	x			x										
6	Hire Implementation Coordinators	x				x									
7	Review & Update Workplan	x			x										
8	Review & Implement Funding Strategy	x			x										
3. Current & Expanding Actions															
9	Youth Summer Camps			x	x										
10	Traditional Camp		x		x										
11	Traditional Cabin Network			x		x									
4. Health Governance															
12	Create Dena Au’Nazen Council		x		x										
13	Create Health Protocol		x		x										
5. Inter-Agency Collaboration															
14	Communications Strategy		x		x										
15	Social Data Project		x		x										
16	Gathering of Health Workers		x		x										
6. Capacity															
17	Capacity Assessment & Skills Inventory of Health Workers		x		x										
18	Recruit & Train Wellness Counsellors & Staff		x				x								
19	Healing Language Project		x		x										
7. Financial & Economic Development															
20	Host Job / Health Fair			x	x										
21	Hire Proposal Writer		x		x										
22	Essential Skills Inventory		x				x								
23	Healing Trust Fund			x			x								
24	Kaska National Strategy		x			x									
25	Industry & Local Hiring Health Policy		x		x										

ITEM	Strategy Direction	Scale			Cost			Phase 1						Phase 2	Phase 3
	Action	S	M	L	L	M	H	3 mths	6 mths	9 mths	12 mths	Year 2	Year 3	Years 4-5	Years 5-10
8. Community Engagement															
26	Community Talking Circles		x		x										
27	Traditional Gathering		x		x										
28	Gathering of Survivors		x		x										
29	Hero & Mentor Campaign	x			x										
30	Health Newsletter	x			x										
31	Transportation Shuttle		x		x										
32	Promote Drug & Alcohol Free Events	x			x										
33	Expose the Bootleggers & Drug Runners		x		x										
34	Speak Up, Speak Out Campaign		x		x										
35	Share Your Healing Story		x		x										
36	Women's Network		x		x										
9. Youth															
37	Youth Council		x		x										
38	Youth Website, Newsletter, Helpline	x			x										
39	Youth Video Project		x		x										
10. Healing Programming															
40	Modify Social Assistance Program			x	x										
41	Pre-Treatment Program			x	x										
42	Detoxification Program			x	x										
43	Family-based Healing Program			x	x										
44	Cultural-based Program			x	x										
45	Trauma Informed Care			x	x										
46	Aftercare Program			x	x										
11. Learning & Education															
47	Healthy Lifestyle Campaign		x		x										
48	Healthy Leadership Campaign		x		x										
12. Healing Infrastructure															
49	Healing Centre			x			x								
50	5 Aftercare Facilities			x			x								
51	Youth Safe House			x			x								
52	Men's Shelter			x			x								

Action Plan

Participants identified specific implementation tasks to help ensure results. Table 7 illustrates next steps in implementing the treatment strategy.

Table 7: Action Plan

Task (What)	Responsibility (Who)	Completion Date (When)
1. Announce and celebrate the treatment strategy by organizing a community open-house presentation including feast and entertainment to launch the plan.	LAWS	April 16, 2010
2. Circulate a newsletter announcing the completion of the treatment strategy.	Beringia	April 16, 2010
3. Present the plan to Kaska Tribal Council and the Town of Watson Lake for endorsement to demonstrate support and recognition of the community's vision and effort.	LAWS & Beringia	April 16, 2010
4. Develop a memorandum of understanding (MOU), terms of reference and work plan, as well as identify roles and responsibilities between the Kaska Tribal Council and the implementation agency and/or the lead implementation team.	KTC	Within 3 months
5. Establish a lead implementation team including community individuals to oversee and take ownership of the implementation process.	KTC	Within 3 months
6. Hire two implementation coordinators.	KTC	Within 3 months
7. Create an action plan identifying what is to be completed, when, and by whom to help keep things on track.	IC	Within 3 months
8. Review the funding strategy to mobilize players and secure funding.	IC & KTC	Within 3 months
9. Create a communications strategy to teach and profile the plan, including tools such as newsletters, website, radio, and marketing materials such as brochures to profile and expose the plan.	IC & KTC	Within 3 months
10. Have other First Nations endorse and support the plan – get letters of support.	KTC	Within 6 months
11. Develop a media strategy to help increase positive community messaging and social awareness.	IC & KTC	Within 6 months
12. Develop a networking and partnership plan for relationship-building and plan support. Advocacy should involve lobbying various groups to push for the recognition of the Kaska Tribal Council.	IC & KTC	Within 6 months
13. Create a partnership and or negotiate funding with Industry to move this plan forward.	IC & KTC	Within 3 months
14. Present the strategy to all the relevant agencies and release copies of our final strategy.	IC & KTC	Within 3 months
15. Link our treatment strategy to employment and training services – Kaska Training Institute	IC & KTC	Within 3 months
16. Organize a presentation at the Yukon-Federal Council and the Capacity Council Framework	IC & KTC	Within 3 months
17. Create a strategy/working group for Elder involvement.	IC & KTC	Within 6 months
18. Create a strategy/working group for youth involvement.	IC & KTC	Within 6 months
19. Develop a community involvement plan to engage everyone in the implementation process.	IC & KTC	Within 6 months

Phase 5 Results

Asking the question, “Are we getting results?” was important to ensure our treatment strategy is effectively working for the community and that the strategy remains active. Creating a monitoring and evaluation system is the final phase of our five-phase planning process. This system acts as a vehicle for accountability and a management tool for improving the actions (projects, programs, and policies) we decided were strategic in meeting our vision.

Monitoring & Evaluation

Taking the time and having a way of tracking how the plan is working can assist the community to adjust and modify the treatment strategy as a way to increase the effectiveness and results of using community resources (e.g. money, time, information, and people).

Using the final set of actions we identified, we developed a monitoring and evaluation framework that consists of three main components:

1. **COMPLIANCE MONITORING:** To ensure that what we agreed to do is actually getting done.
2. **IMPACT MONITORING:** To gauge the impact of actions in relation to our objectives.
3. **EVALUATION:** To help us use the information from our monitoring to analyze our progress and to determine if there are opportunities for changes and improvements.

We will use three tools to guide our monitoring and evaluation process and framework. They take into account the root issues we expressed early on in the process and help us understand whether or not we are making progress towards our vision. The tools with example indicators (see Appendix 4 for the full list of indicators) are shown in Tables 8, 9 and 10 and are located in Appendix 5.

Compliance Monitoring Tool

The compliance monitoring tool tracks progress on the implementation of our treatment actions. This helps managers and leadership with ongoing decision making

about allocation of resources and capacity. This table should be reviewed and completed regularly. Communication with the community, partners, and potential funders is recommended to maintain support for and momentum towards the implementation of our three-year treatment strategy.

Impact Monitoring Data Management Tool

The impact monitoring tool helps us understand how our actions are impacting our core objectives and the issues we originally expressed through our planning process. It uses the framework of our nine objectives we created to organize indicators that will provide a picture of the progress we are making towards our vision. We can see how progress is being made over a multi-year period so we can compare with past years as we go. It is recommended that we complete the impact monitoring tool on a regular basis.

Evaluation Tool

The evaluation tool is designed to help us look at the results of our monitoring and decide how we should adjust our strategy to achieve better results. We can see where we are making our biggest gains and also the areas where we can still improve. This lets us compare changes illustrated through the indicators over monitoring periods and then assess what actions or approaches should be adjusted to be more effective, and ultimately, to better achieve our objectives.

Appendix 1

Community Participation

The following 256 people participated in the planning process by way of community workshops, surveys, conversations, interviews, and community research.

Note that the total number may be higher as this list may not include the 62 people who completed a survey at the Open House (as it as filled out anonymously), nor was attendance recorded at the June 2008 Open House.

In summary, of the 256 participants, there were:

- 65 adults
- 98 youth
- 93 representatives from organizations, agencies, and local governments

1. Community Individuals – Adults

Vianna Abou
Julie Allen
Mariah Andrews
Tom Anson
Earl Antoine
Sandra Armstrong
Tanya Ball
Amanda Benoit
May Bolton
Donny Boya
Tera Brain
Alice Brodhagen
Lelah Bruce
Stacy Brunet
Lloyd Caesar
Rose Caesar
Alyssa Carlick
Bernice Carlick
Deborah Chadwick

Deborah Chaow
Tootsie Charlie
Rose Charlie-Peters
Maggie Dick
Roy Dick
Cathy Dickson
Dorothy Dickson
Clara Donnesey
Debbie Donnesey
Lilian Edzerza
Pat Edzerza
Billy George
Debbie Groat
George Jackson
Mathew Jimmy
Ruby Johnny
Leda Jules
Sonia Laukkanen
Vanessa Law
Hannah Ludecker
Shirley Lutz
Russell Mabua
Cat Macmillan Lyee
Gordon March
Christine Marchand
Theresa McCook
Lillian McDonald
Charlie Morris
Emma Morrison
Andy Nieman
Millie Pauls
Rose Peter
Dennis Porter
Jennifer Porter
Liz Porter
Cindy Pyl
Sue Rudd
Helen Scott
Scott Serroul
Yvonne Shorty
Marie Sterriah
Thomas Stewart
Ann Szabe
Fannie Vance
Krystal Vance
Aleen von Bidher

2. Community Individuals – Youth

Cody Addis
Ron Michael Allen
Julie Allen-Serens
Rebecca Allen-Serens
Darlene Bauman
Victoria Bolton
Matthew Bones
Jordan Brooks
Troy Brown
Adrianna Brunet
Jonathan Caesar
Nina Camilli
Tyler Carmichael
Aaron Chaput
Vanessa Chaput
Dystar Charlie
Savanna Charlie
Devin Chief
Roderick Clement
Raeya Close
Tyson Cole
T.J. Dendys
Brittany Dennis
Dayle Dennis
Erick Dennis
Faith Dennis
Trevor Dennis
Calvin Dickson
John Dickson
Lakeisha Dickson
Brooke Edmonds
Holly Edmonds
Zoey Germain
Kyla Giesbrecht
Shaya Giesbrecht
Koreena Groat
Trevor Groat
Samantha Hamer
Kailee Hibbing
Cassidy Hinson
Dakota Hinson
Eric Holland/Porter
Camille Jakesta
Cassia Jakesta
Jazelle Jobin
Fyle Johnny
James Kroeker
Justin Kroeker
Teaka Lewis
Dexter Lund

Nick Lutz
Angus MacDonald
Kyla Magun
Trevor Magun
James Magun Jr.
Angelique Mass (German)
Sterling McCulloch
Brady McMiller
Alex Miller
Jade Miller
Tyrell Miller
Jordan Moore
Tala Moore
Nile Ngeruka
Sanka Ngeruka
Taran Nugent
Rachel O'Brien
Kevin Pete
Donovan Porter
Hazel Porter
Jamie Porter
Jarred Porter
Katelyne Porter
Santana Porter
Shelby Megun Porter
Brienne Puckett
Dayna Robson
Bryden Schilling
Brandon Scott
Savannah Scott
Kathleen Semple
Travis Shepherd
Nick Sherget
Kanisha Show
Nick Skerget
Kyle Spring
Bambi Stewart
Kindra Stewart
Kyle Stewart
Mickie Stewart
Angel Stone
Denetia Stone
Kiera Stubenberg
Blayde Walker
Bailey White
Angelina Wolftail
Waylon Wolftail
Samantha Zacker

3. Professionals, Government & Agency Representatives

Shannon Albisser, Rural Secretariat
Jennifer Allaby, Regional Social Worker
Tom Amson, Yukon Victim Services
Sandra Armstrong, Alcohol and Drug Services
Freda Campbell, Kaska Employment Training Centre
Heather Cobban, Watson Lake Secondary School
Joy Cochrane, Watson Lake Secondary School
Rollie Comeau, Watson Lake Secondary School
Dwan Doyle, Watson Lake Secondary School
Lori Duncan, Council for Yukon First Nations
Duane Esler, Probation Office
Shannon Evans, Watson Lake Secondary School
Kevin Foley, Watson Lake Elementary School
Andrew Gall, Northern Aboriginal Economic Development
Christan Gee, Watson Lake Secondary School
Ann Gibbs, Health and Hope
Carol Gignac, Watson Lake Secondary School
Gaye Hanson, Hanson & Associates
Roberta Hartman, Aboriginal Justice Directorate
Ruby Hawkes, Dena Keh Program
Mike Healey, Yukon Government
Pam Hine, Yukon Department of Education
Nicholle Ingalls, Watson Lake Elementary School
Kirk Jensen, Watson Lake Elementary School
Wayne Kaye, Watson Lake Secondary School
Kerri Kemp, Regional Social Services
Sharon Kroeker, Watson Lake Elementary School
Trish Lamka, Watson Lake Secondary School
Jean MacLean, Watson Lake Secondary School
Michael McCann, Yukon Government
Linda McDonald, Watson Lake Secondary School
Alex Morrison, LFND
Darlene Porter, Watson Lake Elementary School
Susie Ross, Health & Social Services
Denis Ryan, Watson Lake Secondary School
Sandy Schmidt, Alcohol and Drug Services
Thomas Slager, Watson Lake Elementary School
Fred Statham, Watson Lake Elementary School
Pat Supeene, Many Rivers
Sergeant Paul Thalhofer, RCMP
Michelle Tochacek, Health Canada
Mike Woods, Yukon Department of Education

Local Government Representatives

DAYLU DENA COUNCIL

Deputy Chief Walter Carlick
Councilor Malcolm Groat
Councilor Ken McMillan

DEASE RIVER BAND COUNCIL

Councilor Milissa Calbreath
Councilor Crystal Carlick
Councilor Annie Johnny
Councilor Leon Johnny
Chief Cathy Lee

KASKA TRIBAL COUNCIL

Tribal Chief Hammond Dick

KWADACHA FIRST NATIONS

Councilor Diane McCook
Councilor JR McCook
Chief Donny Van Somer

LIARD FIRST NATIONS

Councilor Sam Donnessay
Hereditary Chief Dixon Lutz
Chief Liard McMillan
Councilor Ann Smith
Councilor Daryle Stewart
Councilor Jimmy Wolf tail

ROSS RIVER DENA COUNCIL

Councilor Jennny Caesar
Chief Jack Caesar
Councilor Gary Ladue
Councilor Verna Nukon
Chief Gordon Peters (Previous)
Councilor Dorothy Smith
Councilor Norman Sterriah (Previous)

WATSON LAKE

Mayor Richard Durocher
Councilor Howard Fick

Executive Planning Committee Members

Tom Cove
Ann Maje Raider
Sharon Miller
Travis Stewart

Planning Support Team Members

Bernice Ball
May Brodhagen
Mary Charlie
Tom Cove
Violet Greenway
Eva Johnny
Roberta Jules
Danika Maje
Mary Maje
Ann Maje Raider
Sharon Miller
Narges Pourabdi
Ruth Stelljes
Travis Stewart

Beringia Community Planning

Jeff Cook
Sherri Corrie
Sarah Gillett
Sonia Manson
Sarah Murray
Leslie Pang

Appendix 2

Listing of Appendices Binder

Executive Summary

- A Participant List

Phase 1: GETTING READY

- B Planning Support Team Workshop #1: Getting Ready to Plan Summary, April 2008
- C Planning Support Team Workshop #2: Getting Ready to Plan Summary, September 2009
- D Summary of Community Survey Responses, August 2008
- E Community Newsletters
- F List of Power Point Presentations
- G Bibliography

PHASE 2: ASSESSMENT

- H Community Profile: Watson Lake and Kaska First Nation, March 2010
- I Summary of the Visioning Workshop, October 2008
- J Youth are the Future: Say No to Alcohol and Drugs: Results of 5 Participatory Youth Workshops, Grades 5 to 12, December 2009
- K Community Data Collection Project, March 2010
- L Literature & Resource Review: Addictions Treatment – Phase 1 Planning, June 2008
- M Overview of Substance Abuse and Addictions Treatment, April 2010
- N Themes in Aboriginal Canadian Health Addictions Research, April 2010
- O Listing of BC Treatment Centres, August 2009
- P Kaska Community Strengths Summary, April 2010
- Q Understanding Our Current Situation: Community Issues Surrounding Alcohol and Drug Addiction, January 2010

PHASE 3: VISION

- R Summary of the Options Workshop (#1), February 2010
- S Summary of the Options Workshop (#2), February 2010
- T List of Actions, April 2010

PHASE 4: ACTION

- U Project Cost Assumptions
- V Project Descriptions and Action Plan
- W Funding Opportunities for First Nations Health and Addictions, February 2010

Phase 5: RESULTS

- X Monitoring and Evaluation Table

Appendix 3

Key Players and Potential Roles

Category	Agency	Role
Federal Government	Health Canada	Support and profile of our plan; provide social data, funding and program support
	Indian & Northern Affairs Canada	Provide education and training support, funding, advocacy, and health systems development
	RCMP	Support the plan, work with LFN members and Kaska communities, track social data
Yukon Government – Whitehorse	Yukon Government	Support and profile of our plan; advocacy; provide social data; funding and program support; and human resource support
	Yukon Family Services	Profile and advocacy of our plan; provide social data; maintain social information system; funding and program curriculum and support; offer human resource support and development
	Women's Directorate	Profile and advocacy of our plan; provide social data; maintain social information system; funding and program curriculum and support
Yukon Government – Watson Lake	Yukon Government	Leadership and advocacy; funding support, planning and implementation support
	Department of Justice – Dena Keh Justice Program	Profile and advocacy of our plan; funding support; justice programming
	Yukon Hospital Corporation – Watson Lake Hospital	Support and advocacy of our plan; program support; potential partnerships
	Safer Communities and Neighborhoods	Profile and advocacy of our plan; funding support
	Department of Health & Social Services	Profile and advocacy of our plan; provide social data; maintain social information system; funding and program curriculum and support
	Department of Education & Yukon College	Leadership and advocacy of our plan; education, training and support; assist with program development and activities for youth
	Watson Lake Victim Services	Leadership and advocacy; funding support
	Family Prevention Unit	Profile and advocacy of our plan; provide social data; maintain social information system; funding and program curriculum and support
	Alcohol and Drug Services	Profile and advocacy of our plan; provide social data; maintain social information system; funding and program curriculum and support
First Nations Government	Kaska Tribal Council (KTC)	Profile and advocacy of our plan; political and implementation support; funding lobby; facilitate partnerships with industry
	Kaska Dena Council (KDC)	Political and funding lobby
	Council of Yukon First Nations (CYFN)	Profile and advocacy of our plan;
	Dease River First Nation (DRFN)	Participation; planning and implementation support; guidance and political support; funding provider, role model for sobriety and treatment
	Daylu Dena Council (DDC)	Participation; planning and implementation support; guidance and political support; funding provider, role model for sobriety and treatment
	Kwadacha First Nation (KFN)	Participation; planning and implementation support; guidance and political support; funding provider, role model for sobriety and treatment
	Liard First Nation (LFN)	Participation; planning and implementation support; guidance and political support; funding provider, role model for sobriety and treatment
Community Agencies (Non-Government)	Margaret Thompson Healing Centre	Profile and advocacy of our plan; political and implementation support; funding lobby
	Healthy Communities / Liard Basin Task Force	Profile and advocacy of our plan; political and implementation support; funding lobby
	Many Rivers Counseling and Support Services	Profile and advocacy of our plan; political and implementation support; funding lobby
	Victoria Faulkner Women's Centre	Profile and advocacy of our plan; political and implementation support; funding lobby
	Help & Hope for Families	Profile and advocacy of our plan; political and implementation support; funding lobby; and programming support
	Community Elders' Society	Guidance and traditional knowledge

Category	Agency	Role
Kaska Community Agencies (Non-Government)	Kaska Training Institute	Profile and advocacy of our plan
	Kaska Development Corporation	Profile and advocacy of our plan; political and implementation support; funding lobby and provider; employment creation; training support
	Liard Development Corporation	Profile and advocacy of our plan; political and implementation support; funding lobby and provider; employment creation; training support
	Liard Aboriginal Women's Society	Profile and advocacy of our plan; implementation champion; funding lobby; program support; recruitment agency
Private Sector Agencies	Private Sector Agencies	Profile and advocacy of our plan
	Chamber of Commerce	Profile and advocacy of our plan
	Mining & Oil Companies	Profile and advocacy of our plan; partnership development; funding provider; assistance in building a healthy workforce
	Parhelion Medical Services	Profile and advocacy of our plan
	Local Businesses / Business Community	Profile and advocacy of our plan; partnership development; funding provider; assistance in building a healthy workforce
	Media	Profile and advocacy of our plan; monitor and tracking function
British Columbia Government	Ministry of Health	Provide education and training support, funding, advocacy, and health systems development
Local Government – Watson Lake	Town of Watson Lake	Leadership and advocacy; funding support, planning and implementation support
General Community	Citizens, Elders, Adults & Youth	Profile and advocacy of our plan; wisdom and knowledge sharing; planning and implementation support; guidance and support; provide labour force needs; volunteer; act as a messenger
	Health Professionals	Advocacy, program and service delivery; support information system; provide social data; track and share information and results.
	Schools & colleges	Education, training and support

Appendix 4

Monitoring and Evaluation Indicators

End Objective	Indicator / Measure	
1. Expand health governance and leadership	No. of health committees leading health initiatives No. of signed health agreements and protocols No. of policies, legislation related to health	No. of women in health leadership roles No. of health and social workers
2. Increase local control and effectiveness of treatment system	No. of health committees leading health initiatives No. of local healing and training programs and workshops No. of individuals who use the healing system / participate No. of health workers	No. of sober individuals No. of health volunteers No. of health reports generated every year
3. Build financial capacity to sustain long-term treatment system and services	Amount of external funding to support strategy Amount of funds in the healing trust fund Amount of annual mining royalties	Amount of funds invested from Kaska companies No. of individuals employed No. of funding proposal submitted and success rate
4. Improve individual, family and community health and wellness	No. of individuals who use the healing system / participate No. of community individuals who are sober No. of children / youth who stay in school and graduate	No. of cultural and social gatherings No. of individuals seeking help for treatment No. of people on social assistance
5. Promote self reliance of citizens to take charge of their own health	No. of health committees leading health initiatives No. of local healing and training programs and workshops No. of individuals who use the healing system / participate No. of health workers No. of sober individuals	No. of health volunteers No. of healing circles No. of role models No. of employable people
6. Restore community safety, fun and pride	No. of drumming performances No. of cultural and social gatherings No. of youth who attend events	No. of health volunteers No. of individuals who are trapping
7. Expand treatment infrastructure that is environmentally responsible	No. of traditional cabins on land No. of land and culture-based healing camps No. of local healing and training programs and workshops	No. of individuals who use the healing system / participate No. of green buildings and systems
8. Empower women and Youth to live safe, active lifestyles	No. of women and youth who use the healing system / participate No. of reported cases of spousal abuse No. of times women speak out against violence No. of incidences of criminal activity	No. of children / youth who stay in school and graduate No. of youth role models No. of women in health leadership roles
9. Build a cultural foundation for healing and treatment	No. of individuals practicing cultural traditions No. of land-based treatment programs No. of individuals who use the healing system / participate No. of individuals who are trapping	No. of health volunteers No. of traditional gatherings No. of elders involved in the healing system No. of community celebrations

Appendix 5

Monitoring and Evaluation Tools

Table 8: Example Compliance Monitoring Tool

Compliance Monitoring Tool	1. Who – Agency	2. Actual Start Date	3. Actual End Date	4. Assessment Report Date	5. Communication – How	6. Complete – Yes/No	7. % Complete – Partial	8. Not Started – Check Off	9. Comments – Explanation
Planning Process									
Host Community Celebration	e.g. Laws	Apr-10	Apr-16	Apr-20	Newsletter	Yes			Celebration surpassed expectations
Release Treatment Strategy									
Update Community Website									
First Steps - Implementation									
Designate Lead Implementation Agency									
Create Implementation Committee									
Hire Implementation Coordinators									
Review & Update Workplan									
Review & Implement Funding Strategy									
Current & Expanding Actions									
Youth Summer Camps									
Traditional Camp									
Traditional Cabin Network									
Health Governance									
Create Dena Au' Nazen Council									
Create Health Protocol									
Inter-Agency Collaboration									
Communications Strategy									
Social Data Project									
Gathering of Health Workers									

Compliance Monitoring Tool	1. Who – Agency	2. Actual Start Date	3. Actual End Date	4. Assessment Report Date	5. Communication – How	6. Complete – Yes/No	7. % Complete – Partial	8. Not Started – Check Off	9. Comments – Explanation
Capacity									
Capacity Assessment & Skills Inventory of Health Workers									
Recruit & Train Wellness Counsellors & Staff									
Healing Language Project									
Financial & Economic Development									
Host Job / Health Fair									
Hire Proposal Writer									
Essential Skills Inventory									
Healing Trust Fund									
Kaska National Strategy									
Industry & Local Hiring Health Policy									
Community Engagement									
Community Talking Circles									
Traditional Gathering									
Gathering of Survivors									
Hero & Mentor Campaign									
Health Newsletter									
Transportation Shuttle									
Promote Drug & Alcohol Free Events									
Expose the Bootleggers & Drug Runners									
Speak Up, Speak Out Campaign									
Share Your Healing Story									
Women's Network									
Youth									
Youth Council									
Youth Website, Newsletter, Helpline									
Youth Video Project									

Compliance Monitoring Tool	1. Who – Agency	2. Actual Start Date	3. Actual End Date	4. Assessment Report Date	5. Communication – How	6. Complete – Yes/No	7. % Complete – Partial	8. Not Started – Check Off	9. Comments – Explanation
Healing Programming									
Modify Social Assistance Program									
Pre-Treatment Program									
Detoxification Program									
Family-based Healing Program									
Cultural-based Program									
Trauma Informed Care									
Aftercare Program									
Learning & Education									
Healthy Lifestyle Campaign									
Healthy Leadership Campaign									
Healing Infrastructure									
Healing Centre									
5 Aftercare Facilities									
Youth Safe House									
Men's Shelter									



Table 9: Example Impact Monitoring & Data Management Tool

Objective	Measure	Baseline 2010	Actual	2013 Target	Actual	2016 Target	Actual	Data Method	Responsibility	Communication Method	Date of Reporting
1. Expand health governance and leadership	No. of health committees leading health initiatives										
	No. of signed health agreements and protocols										
	No. of policies, legislation related to health										
2. Increase local control and effectiveness of treatment system	No. of health committees leading health initiatives										
	No. of local healing and training programs and workshops										
	No. of individuals who use the healing system / participate										
3. Build financial capacity to sustain long-term treatment system and services	Amount of external funding to support strategy										
	Amount of funds in the healing trust fund										
	Amount of annual mining royalties										
4. Improve individual, family and community health and wellness	No. of individuals who use the healing system / participate										
	No. of community individuals who are sober										
	No. of children / youth who stay in school and graduate										
5. Promote self reliance of citizens to take charge of their own health	No. of individuals who use the healing system / participate										
	No. of health workers										
	No. of sober individuals										

Objective	Measure	Baseline 2010	Actual	2013 Target	Actual	2016 Target	Actual	Data Method	Responsibility	Communication Method	Date of Reporting
6. Restore community safety, fun and pride	No. of drumming performances										
	No. of cultural and social gatherings										
	No. of youth who attend events										
7. Expand treatment infrastructure that is environmentally responsible	No. of traditional cabins on land										
	No. of land and culture-based healing camps										
	No. of local healing and training programs and workshops										
8. Empower women and Youth to live safe, active lifestyles	No. of women and youth who use the healing system / participate										
	No. of reported cases of spousal abuse										
	No. of times women speak out against violence										
9. Build a cultural foundation for healing and treatment	No. of individuals practicing cultural traditions										
	No. of land-based treatment programs										
	No. of individuals who use the healing system / participate										

Table 10: Example Evaluation Tool

Objective	Measure	Baseline 2010	Actual	2013 Target	Actual	2016 Target	Actual	Comments – Cause	Variance Effect	Lessons Learned / Best Practice	Recommendations: Changes to Plan / Projects	Responsibility: Individual / Agency / Government	Reporting & Communication Method
1. Expand health governance and leadership	No. of health committees leading health initiatives												
	No. of signed health agreements and protocols												
	No. of policies, legislation related to health												
2. Increase local control and effectiveness of treatment system	No. of health committees leading health initiatives												
	No. of local healing and training programs and workshops												
	No. of individuals who use the healing system / participate												
3. Build financial capacity to sustain long-term treatment system and services	Amount of external funding to support strategy												
	Amount of funds in the healing trust fund												
	Amount of annual mining royalties												
4. Improve individual, family and community health and wellness	No. of individuals who use the healing system / participate												
	No. of community individuals who are sober												
	No. of children / youth who stay in school and graduate												

Objective	Measure	Baseline 2010	Actual	2013 Target	Actual	2016 Target	Actual	Comments – Cause	Variance Effect	Lessons Learned / Best Practice	Recommendations: Changes to Plan / Projects	Responsibility: Individual / Agency / Government	Reporting & Communication Method
5. Promote self reliance of citizens to take charge of their own health	No. of individuals who use the healing system / participate												
	No. of health workers												
	No. of sober individuals												
6. Restore community safety, fun and pride	No. of drumming performances												
	No. of cultural and social gatherings												
	No. of youth who attend events												
7. Expand treatment infrastructure that is environmentally responsible	No. of traditional cabins on land												
	No. of land and culture-based healing camps												
	No. of local healing and training programs and workshops												
8. Empower women and Youth to live safe, active lifestyles	No. of women and youth who use the healing system / participate												
	No. of reported cases of spousal abuse												
	No. of times women speak out against violence												
9. Build a cultural foundation for healing and treatment	No. of individuals practicing cultural traditions												
	No. of land-based treatment programs												
	No. of individuals who use the healing system / participate												