



Liard First Nation 3 Year Regional Treatment Strategy

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Dear Citizens and Friends:

The Liard First Nation and the Liard Aboriginal Women's Society are proud to announce the release of our community's holistic vision and plan for health and healing:

Can you Hear the Drum Beat? Our 10 Year Vision for Health & Healing

We engaged well over 250 individuals from the Kaska Nation, the Town of Watson Lake and City of Whitehorse, in a five-phase participatory planning process during the past two years through funding from the **Northern Strategy Initiative**. The planning process was facilitated by Jeff Cook of Beringia Community Planning.

Participants included Elders and youth, women and men; Kaska Tribal Chief and Chief and Councils from the five Kaska communities; Mayor and Council of Watson Lake; principals and teachers; and numerous health professionals, organizations and agencies involved in the health and well-being of our community.

We wanted to answer the questions around how best to address the epidemic problem of alcohol and drug addiction in our community, among others related to health and wellness.

Our vision targets our highest priorities with key strategic actions to support community-based substance abuse healing system that is for the community, by the community. It is based on traditional and local knowledge, driven by local values and preferences, and it targets our strengths, assets and opportunities to overcome a complicated set of social challenges.

We identified our priorities based on wise choices and targeted our resources to achieve nine agreed-upon objectives. Our targeted 55 actions over the next 3+ years are holistic and comprehensive in nature: they consider the social, economic, health, cultural, educational, land-based needs of individuals in our community and Kaska region.

We believe that this **Regional Treatment Strategy**, and the social learning from the planning process used to create it, will ultimately lead to improved health and wellness, social capital, sustainable development, and environmental stewardship.

On behalf of the Liard First Nation and the Liard Aboriginal Women's Society, thank you to the many individuals who made this strategy possible!

DEDICATION

We would like to dedicate this plan to the late Elder Lorna Reid in memory of her dedication towards health and wellness.

Issue 6

Apr 16, 2010

In this issue:

- Completion of Strategy
- Highlights of Results
- Recognition

DO YOU HAVE QUESTIONS ABOUT THE REGIONAL TREATMENT STRATEGY?

Please contact LAWS at
867-536-2810 or email
laws@northwestel.net



5 Phases of Planning

Phase 1: Getting Ready

Are we ready?

Our planning process was based on five phases of planning:

1) Getting Ready; 2) Assessment; 3) Vision; 4) Action; and 5) Results.

At the outset, we wanted this plan to be created by the community, for the community. To achieve this, we created an Executive Planning Committee to help oversee the management and administration of the planning project and a Planning Support Team to help lead and guide the planning process. We surveyed individuals about how they wanted to get involved in the process and how best to communicate results. Based on these preferences, we designed an engagement strategy.

Our process included 25 steps as captured in figure 2 and included numerous engagement and research methods as illustrated in figure 3.

Phase 2: Assessment

Where are we now?

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. 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. See figure 4 for our planning framework.

Phase 3: Vision

Where are we going?

Once we assessed our community situation, we worked at capturing our future in a vision statement. This was followed with a set of principles, core objectives and means objectives which would ultimately help us decide what actions (projects, programs, policies, etc) would create our desired outcomes. Our final 30 health principles are shown figure 5.

Our nine priorities stated as ends objectives, and 36 means objectives guided our final list of 55 actions.

Figure 1 – 5 Phase Planning Process

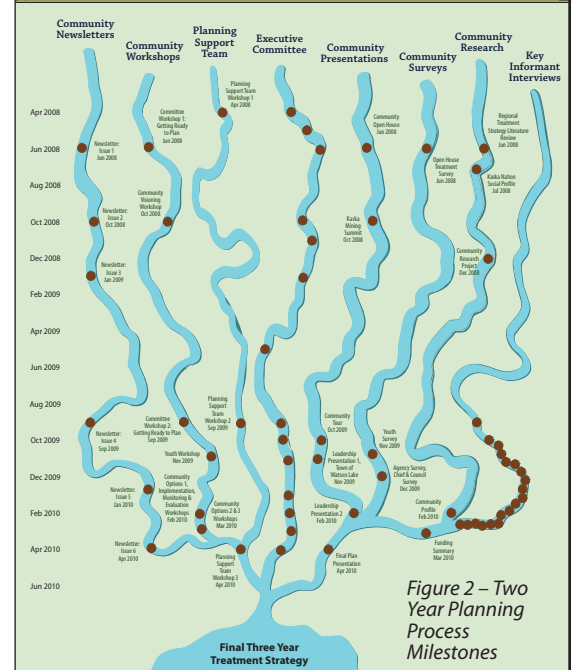
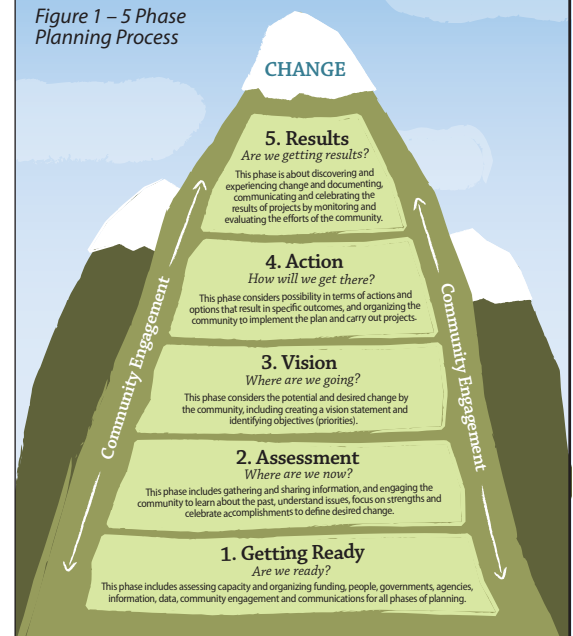


Figure 2 – Two Year Planning Process Milestones



Figure 3 – Research and Engagement Methods

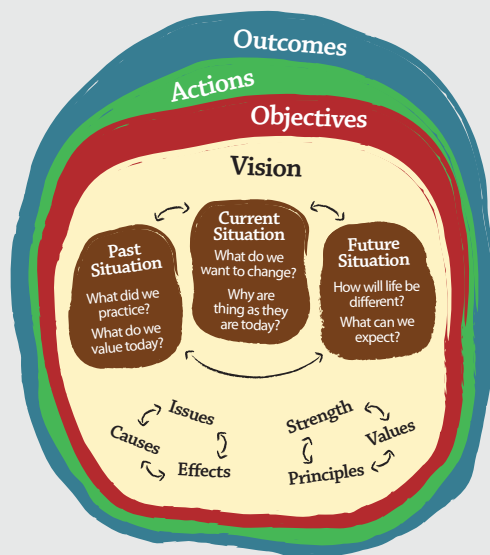


Figure 4 – Community Planning Framework

VISION STATEMENT

Individuals and families of the Kaska Nation and 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 individual and family levels. 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 individual pride.



Figure 5 – End Means Objectives

Table 1 – List of Actions

ITEM	1. Actions in Progress	7. Community Engagement & Communication
1	Host Community Celebration	28 Small Group Community Talking Circles
2	Release and Distribute Treatment Strategy	29 Traditional Gathering
3	Update Community Website	30 Sobriety Recognition, Hero Mentor Campaign
2. First Steps - Implementation		31 Create Health Newsletter
4	Designate Lead Implementation Agency	32 Purchase Transportation Shuttle
5	Establish Project Implementation Team & Workplan	33 Promote Drug & Alcohol Free Events
6	Hire Implementation Coordinators	34 Expose the Bootleggers and Drug Runners
7	Review & Update Workplan	35 Speak Up, Speak Out Campaign
8	Review & Implement Funding Strategy	36 Sharing Your Healing Story
3. Health Governance & Administration		37 Create Women's Network
9	Create Denu Au'zin Council	8. Youth
10	Create Youth Council	38 Create Youth Council
11	Create Health Protocol	39 Youth Network
12	Create Citizens Working Group	40 Youth Website, Newsletter, Helpline
4. Agency Collaboration		41 Youth Video Project
13	Inter-Agency Communications Strategy	9. Programming (Development & Implementation)
14	Social Data Project	42 Pre-Treatment Program
15	Gathering of Health Workers	43 Cultural Based Treatment Program
5. Capacity (Heath Workers, Information System)		44 Youth Summer Camps
16	Create Social Data Project	45 Trauma Informed Care
17	Capacity Assessment & Skills Inventory of Health Workers	46 After Care Program
18	Recruit & Train Wellness Counsellors and Staff	47 Detox Program
19	Healing Language Project	10. Learning & Education
6. Financial & Economic Development		48 Healthy Lifestyle / Prevention Campaign
21	Host Job Fair	49 Healthy Leadership Campaign
22	Submit Funding Proposals	11. Treatment Buildings (Infrastructure)
23	Essential Skills Inventory	50 Healing Centre
24	Apply to AESEP	51 Traditional Camp (Wall Tents)
25	Healing Trust Fund	52 Traditional Cabin Network
26	Regional Economic Strategy	53 Youth Safe House
27	Industry Hiring Health Policy	54 5 Aftercare Facilities
		55 Men's Shelter

Phase 4: Action

How do we get there?

Next, we organized resources, which meant identifying strengths, challenges, implementation champions, and communications. We have a strategy to profile the plan, created a political strategy, identified how changes to the plan will be made, and how efforts will be monitored and evaluated. We created a budget for the strategy, wrote an action plan for funding the plan, and determined the sequencing of actions to begin organizing and realizing results.

Phase 5: Results

Are we getting results?

We need to know how effective our decisions and actions are in achieving our vision. We created three tools to help us maintain accountability and improve our choices. Our monitoring and evaluation framework consists of three tools:

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

ACKNOWLEDGEMENTS

A special thanks to Chief Liard McMillan and the Council of the Liard First Nation, as well to Tribal Chief Hammond Dick of the Kaska Tribal Council, the Chief & 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 nearly over 250 individuals who shared their knowledge and vision for change. To the Town of Watson Lake, the Mayor & Council, School Principals and Teachers, and all the numerous individuals and agencies already supporting the Kaska Nation and the citizens of Watson Lake, thank you for your participation and discussions about how we can better obtain our goal of a healthy community. This plan would not be possible without the funding support from the Northern Trust Strategy. Thank you to the Yukon Government for this important contribution. Finally, we would like to acknowledge the dedicated LAWS Board Members, as well as the LAWS Executive Planning Committee (Ann Maje Raider, Tom Cove, Sharon Miller and Travis Stewart), and Members of the Planning Support Team, as without their support this plan would not be realized.

PLANNING REPORTS

Our Regional Treatment Strategy is documented in three reports: 1) a small executive summary report (30 pages); 2) a longer, detailed planning report (90 pages); and 3) a 400 page Appendices Binder (to supplement both reports). The Binder includes 22 appendices documenting community engagement sessions, community surveys, research, community profile, literature reviews and six community newsletters.

A CD copy of the Regional Treatment Strategy and supporting documents will be made available to the public.

Community Participation

The following 255 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 was filled out anonymously), nor was attendance recorded at the June 2008 Open House.

In summary, of the 255 participants, there were:

- 69 adults
- 98 youth
- 88 representatives from organizations, agencies and local governments

