UPDATED FEASIBILITY STUDY

For A Residential Addictions Treatment Facility For Women And Children Across The Champlain LHIN

JUNE 2015

Produced for Minwaashin Lodge

by Interlocus Group Inc.

Ottawa, Ontario

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PART 1

EXECUTIVE SUMMARY

The destructive legacies of colonization, residential schools and the sixties scoop on Aboriginal people in Canada are now well-known. Terrible and damaging policies and practices have had a profound effect on past generations of First Nations, Inuit and Métis people. The impacts of the trauma that Aboriginal people experienced still reverberate in the lives of their children and their children's children.

Minwaashin Lodge supports Aboriginal women and children dealing with the effects of the residential school system and the sixties scoop. These women are all too often victims of domestic and other forms of violence. Many struggle with addictions.

Over ten years ago, the women leaders of Minwaashin Lodge could see that mothers in the community were losing their children to child welfare agencies or weren't getting the help they needed to deal with their addictions because they were afraid of losing their kids to care. They came up with an innovative solution: create a residential treatment centre, a safe and secure place that would allow moms to bring their children. The model of treatment and care would be holistic, based on Indigenous knowledge and drawing on the rich culture, traditions and teachings of their ancestors. The aim was to rebuild pride in their Aboriginal culture and heritage and a sense of identity for both the women and their children. Minwaashin never planned to do this alone. They understood that it takes a community. Partnerships with other agencies, both Aboriginal and non-Aboriginal, would be necessary to offer the range of services on a sustained basis to support women in their healing journey.

A feasibility study was done in 2008 and a business plan in 2011. In 2015, with support of the Champlain Aboriginal Health Circle Forum (AHCF), the Champlain Local Health Integration Network (LHIN) provided funding to both update the feasibility study done in 2008 and further expand the study to include the entire Champlain region.

Interlocus Group was hired to investigate the level of need and to conduct focus groups and interviews with Minwaashin clients and community-based health and social services providers in Champlain region. It also undertook online research on the topic.

The results confirm that the need is great, if not greater than it was 7 years ago. If one includes regional demand from Algonquins of Pikwàkanagàn, Mohawks of Akwesasne, and both urban and rural Métis, Inuit and non-status populations, the number would increase significantly.

Beyond the numbers, those consulted were unequivocal in their support for establishing this centre. They had some questions about the program and how it would work but an addictions program that is residential, gender-specific, inclusive of children and holistic in its approach to treatment has broad-based support. Some potential partnerships have also been identified.

Research for similar addictions treatment centres in Canada identified the Portage Mother and Child Program in Quebec. While not targeted to Aboriginal women, it aligns with the philosophy and therapeutic approach of the Minwaashin proposal. An online scan of the literature identified three relevant articles about Aboriginal mothers, addictions and children in care.

This report concludes with a series of recommendations to Minwaashin Lodge regarding next steps.

PART 2

INTRODUCTION

> *"Women have always been a beacon of hope for me. Mothers and grandmothers in the lives of our children, and in the survival of our communities, must be recognized and supported. The justified rage we all feel and share today must be turned into instruments of transformation of our hearts and our souls, clearing the ground for respect, love, honesty, humility, wisdom and truth. We owe it to all those who suffered, and we owe it to the children of today and tomorrow."* (Patsy George, Honorary Witness, Honouring the Truth, Reconciling for the Future, Summary of the Final Report of the Truth and Reconciliation Commission of Canada, June 2015, p. 11)

Minwaashin Lodge is a support centre for Aboriginal women, based in Ottawa. Established in 1994, it provides a range of holistic programs and services for grandmothers, women, children and youth impacted by family violence and residential schooling.

Ten years ago, the Executive Director of the Centre asked her counselling and outreach staff what program or service was most urgently needed to support Aboriginal women in Ottawa. Their response at the time was unanimous: a residential addictions treatment centre for First Nations, Inuit and Métis women that would allow them to keep their children. It would keep them all safe from violence and exploitation. Treatment would be holistic, based on Aboriginal culture and teachings and would be inclusive of the needs of the children.

> *"If Indigenous women with addictions have access to a culturally safe, trauma informed treatment facility that allows them to stay with their children, they will be more likely to seek treatment, be more successful in recovering from their addictions, more successful in keeping their family together and more likely to avoid repetition of similar behaviors in future generations."* [1]

The dream began to take shape. A study undertaken in 2008 included consultations with Minwaashin staff and staff from the Children's Aid Society of Ottawa, the Ottawa Police Service, Inner City Health Services and Mamisarvik National Inuit Addictions Treatment Centre. Minwaashin Lodge case files were reviewed to assess the level of need. The report also highlighted recommendations from other research reports about gaps in services for Aboriginal women with addictions.

[1] Deborah Chansonneuve. "Business Plan for a Residential Treatment Facility Serving Indigenous Women and their Children in Ottawa", Ottawa: 2011. 9.

Community stakeholders agreed that this kind of facility could be a game-changer. In 2011, a business plan for the centre was developed, providing further details on the proposed treatment service model, as well as a human resource plan and a budget for infrastructure and operations.

Both the feasibility study and the business plan underscored the urgency of addressing addictive behaviors of Aboriginal women and dealing with the identified barriers to treatment:

- Fear of losing their children to Children's Aid Society;
- Isolation;
- Inflexibility of mainstream treatment program requirements; and
- A lack of culturally safe programs and services.

Fast forward to 2015 and the situation for Aboriginal women has not improved. If anything it may be getting worse. Violent victimization of Aboriginal women in Canada is close to triple that of non-Aboriginal women. High rates of mental health and addictions problems persist and remain untreated or without regard to the unique needs of Aboriginal people. Young Aboriginal women are now the fastest growing sector of the prison population in Canada. Aboriginal children in care in Ontario account for 21 percent of all cases, yet they represent only 3 percent of the population (2011).[2] The recently released report of the Truth and Reconciliation Commission indicated that "First Nations people were six times more likely than the general population to suffer alcohol-related deaths, and more than three times more likely to suffer drug-induced deaths."[3]

The need remains both urgent and real. With the financial support of the Champlain Local Health Integration Network (LHIN) and the support of the Aboriginal Health Circle Forum, Minwaashin Lodge has moved forward to update the 2008 Feasibility Study, while expanding its scope to include the Champlain region.

The primary purpose of this study was to determine if there is still a level of need and interest among community stakeholders to actively support the development of a residential addictions treatment facility for Aboriginal women and their children in the Champlain LHIN. It would be the first of its kind in Canada, serving as a powerful model for other communities across the country.

[2] Vandna Sinha and Anna Kozlowski, "The Structure of Aboriginal Child Welfare in Canada", The International Indigenous Policy Journal 4 (210): 3.

[3] Truth and Reconciliation Commission of Canada. "Honouring the Truth, Reconciling the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada" (Winnipeg: Truth and Reconciliation Commission of Canada, 2015): 208.

SUMMARY OF THE PROPOSED RESIDENTIAL TREATMENT FACILITY FOR ABORIGINAL WOMEN AND THEIR CHILDREN

Priority will be given to women at risk of losing custody of their children (including pregnant women) and/or women whose children are in care due to addictive behaviors. The average stay would be three months. The facility will operate 24/7 with a capacity of 30 beds, 10 for women and 20 are for their children aged 0-18. The plan is to serve at least 30 women and 75 children on an annual basis for a total of 105.

The proposed holistic service model features: secondary prevention (intensive outreach to and detox for pregnant women), continuous intake, assessment, pre-care, tertiary intervention, and aftercare that would include emergency sleepovers for women and children at risk of imminent relapse. Programming will be gender-specific, family-focused and strength-based.

This facility will be the first of its kind in Canada to address the specific cultural, safety and recovery needs of both Aboriginal women and their children. The program of treatment will be designed to deal with alcohol and drug use by addressing historical trauma and intergenerational effects of residential schooling and child welfare practices, and gendered impacts of colonization including racialized, sexualized violence against women and girls.

The program will support mothers to enhance their parenting, social and life skills. Therapeutic recreation and nutritional programming will enhance physical health and well-being. A maternal health program will improve pregnancy outcomes and promote maternal bonding. A Grandmother in Residence, Grandmother's Circle, visiting Aunties and Elders will provide spiritual grounding and guidance for women in recovery as well as their children.

Estimated Costs

Annual operating costs for the treatment centre were estimated at $2.1 million in 2011; one-time building-site associated capital costs to the specifications required were estimated to be $7.4 million.

PART 3

METHODOLOGY

The approach for updating the feasibility study was similar to the framework used in 2008, but a regional approach was undertaken to include the Aboriginal population across the Champlain region. . It consisted of three main activities: reviewing client case files, conducting focus groups and individual interviews, and doing online research for comparable models of treatment and academic articles on the subject of Aboriginal women, addictions treatment and the inclusion of children in the treatment process.

REVIEW OF CLIENT CASE FILES

A review of Minwaashin client files from select programs[4] and from the Addictions Counselling Program at the Wabano Centre for Aboriginal Health was undertaken by program staff, using a data collection form adapted from the 2008 study. It should be noted that the data was drawn from intake forms for different programs. Client information was not consistent across organizations nor across programs. This is due to the different nature of the programs themselves, the various information requirements of funders, and some clients being unwilling or unable to answer certain questions. While the data is not 'clean', the numbers do tell a story, and provide a snapshot in time of potential clients for such a facility.

FOCUS GROUP MEETINGS AND KEY INFORMANT INTERVIEWS

A primary goal of this study was to solicit, collect and analyze the perspectives of Minwaashin clients and a range of community service providers about the perceived value and level of need for this kind of a treatment centre. The meetings with service providers also sought to explore any opportunities for future collaborations and partnerships. The Management Team at Minwaashin Lodge identified the community organizations and individuals to be consulted and facilitated the meetings with Minwaashin clients.

- Three focus group meetings were held with clients at Minwaashin Lodge and Oshki Kizis Lodge.
- Two separate focus group meetings were held with Aboriginal and mainstream community service providers.
- Individual meetings were held with key informants and with individuals from community-based service providers that were unable to attend the focus group meetings.

[4] Data was drawn from client files for the Minwaashin Lodge Employment Program; the Counselling Program; Oshki Kizis Lodge (the shelter operated by Minwaashin Lodge) and The Sacred Child program.

The consultants reached out to other organizations in the region such as the Métis Nation of Ontario and Bonnechère Health Services in Petawawa, but they were unable to participate in this project at this time. In all, Interlocus group engaged 30 people. A full list of participants can be found in Appendix A.

RESEARCH ON TREATMENT MODELS AND LITERATURE REVIEW

When the feasibility study was done in 2008, no addictions treatment centres in Canada or elsewhere could be found that encompass the following features of the proposed model:

An online search was done to see if any new facilities with all of these features have been developed since 2008. The results of the findings can be found in Part 7 of the report.

A literature review was also undertaken to identify any academic articles relevant to the subject matter since 2008. The results of that review can be found in Part 8.

PART 4

PROFILE OF MINWAASHIN LODGE

Minwaashin Lodge is ideally suited to take leadership in creating a residential addictions treatment centre for Aboriginal women in Eastern Ontario. Established in 1994, it is the only organization in the region that provides programs and services for First Nations, Inuit and Métis women who are survivors of domestic and other forms of violence, and who may also be suffering from the effects of the residential school system. They have extensive experience in working with Aboriginal women and their children. They know how to reach out to vulnerable women in the community and to establish trust. They also have many years of operational experience in managing a shelter.

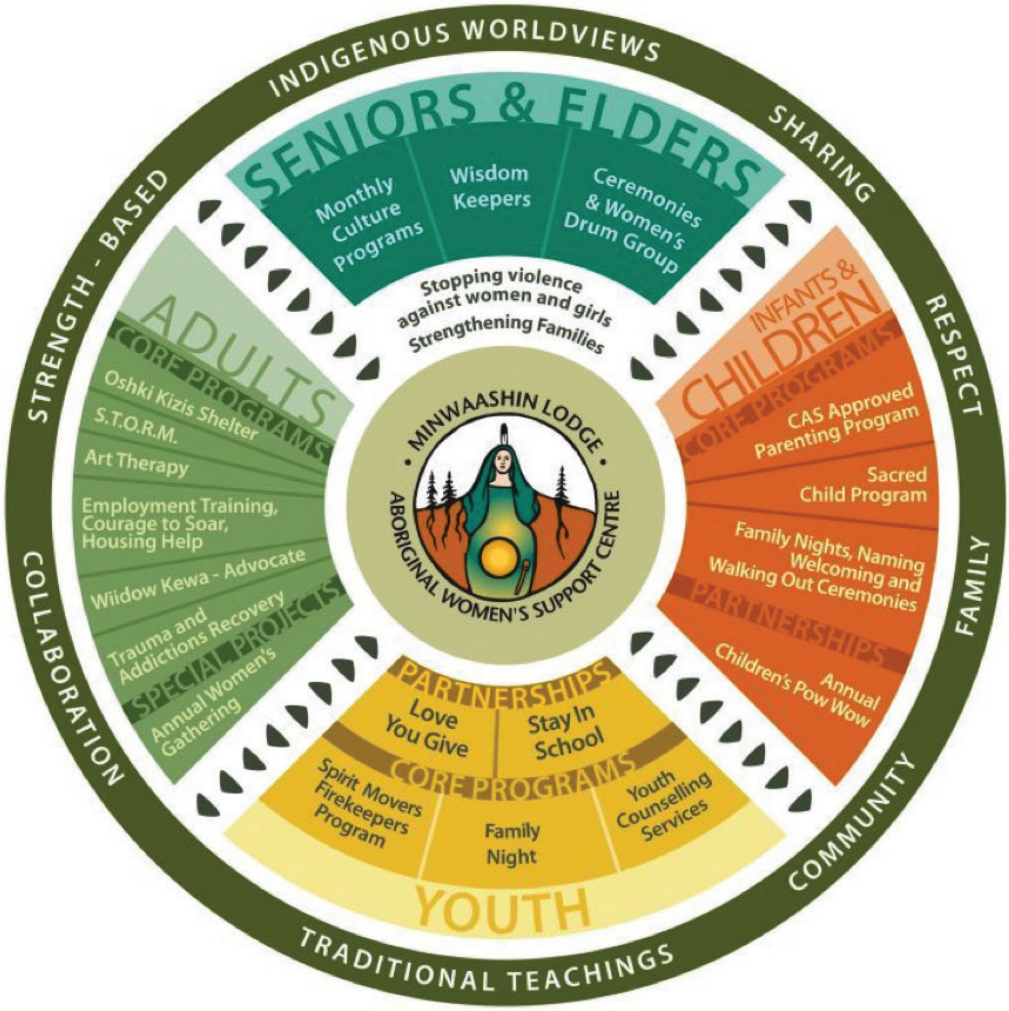
MINWAASHIN BY THE NUMBERS (2014)

Total Budget: $2,507,000
Number of employees: 36
Number of volunteers: 54
Number of directors: 11

Their programs currently include:

- Oshki Kizis Lodge, a 21 bed shelter for First Nations, Inuit and Métis women and their children fleeing abusive life situations.
- The Sacred Child Program for parents and children aged 0-6
- Spirit Movers and Fire Keepers Program for children and youth aged 7-11 and 12-18.
- Counselling Services for women, youth and children (crisis and general counselling, sexual abuse, trauma, addictions).
- Culture and Reclamation Program with ceremonies, traditional teachings, and Elders' involvement, for all ages
- Outreach Worker providing services and information to women who are homeless or at risk.
- Sex Trade Out Reach Mobile Program (STORM), a mobile team that reaches out to Aboriginal women working in the sex trade in the city of Ottawa.
- A range of employment and training programs for women: Employment Readiness, Courage to Soar, Apatisiwin
- Wisdom Keepers for women aged 55 and older.

These programs and others are embedded in Minwaashin's lifecycle model, as shown below.



MINWAASHIN LODGE: LIFE-CYCLE SERVICE MODEL

Respecting women is our culture

MINWAASHIN PARTNERSHIPS

The project as described has many component parts, with treatment programs for women and children, and a range of other support services in the areas of housing, mental health, employment readiness, life skills training,etc. This comprehensive model of care and support will therefore require the development and negotiation of a range of partnerships with other community organizations.

Through the interview process and meetings with various community stakeholders, it is clear that Minwaashin has a solid track record of reaching out to other agencies and that it fosters collaborations and partnerships to better meet the needs of its clients. It also collaborates to strengthen the fabric of the Aboriginal community in Ottawa.

Minwaashin's key program partners from 2014:[5]

- Algonquin College
- Accenture Inc.
- Carleton University
- Children's Aid Society of Ottawa
- City of Ottawa
- Kagita Mikam
- Odawa Native Friendship Centre
- Ontario Works
- Ottawa Inuit Children's Centre
- Ottawa Public Health
- Ottawa School of Art
- Ottawa Urban Aboriginal Coalition
- University of Ottawa
- Wabano Centre for Aboriginal Health
- Youth Services Bureau of Ottawa

Minwaashin's primary funders from 2014:

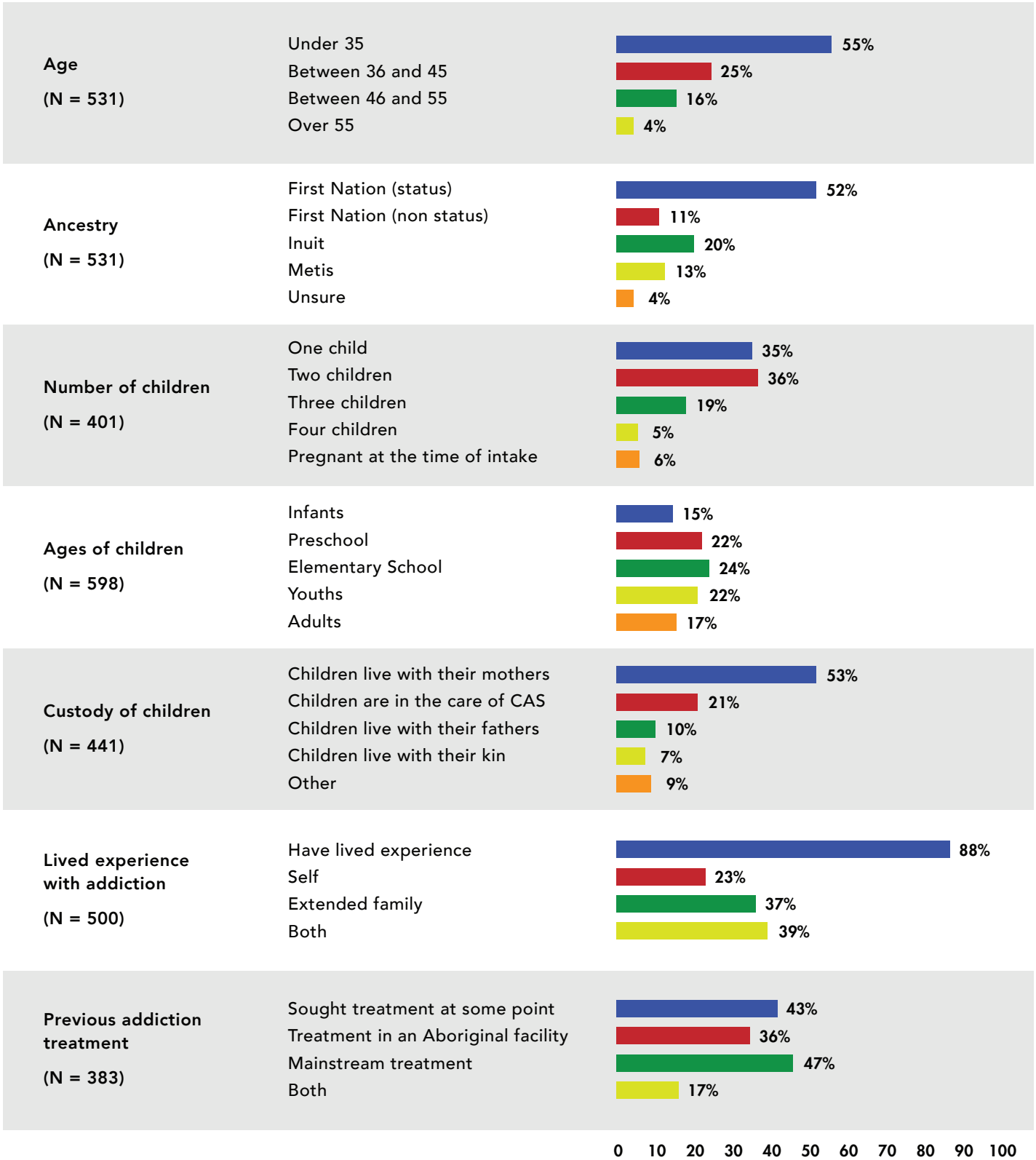
- Aboriginal Affairs and Northern Development Canada
- Accenture Inc.
- Children's Aid Society
- City of Ottawa
- Community Action Program for Children
- Family Services Ottawa
- Ministry of Community and Social Services
- Ontario Federation of Indian Friendship Centres
- Ontario Trillium Foundation
- Ontario Women's Directorate
- Status of Women Canada
- United Way Ottawa

[5] Drawn from the 2014 Minwaashin Lodge Annual Report.

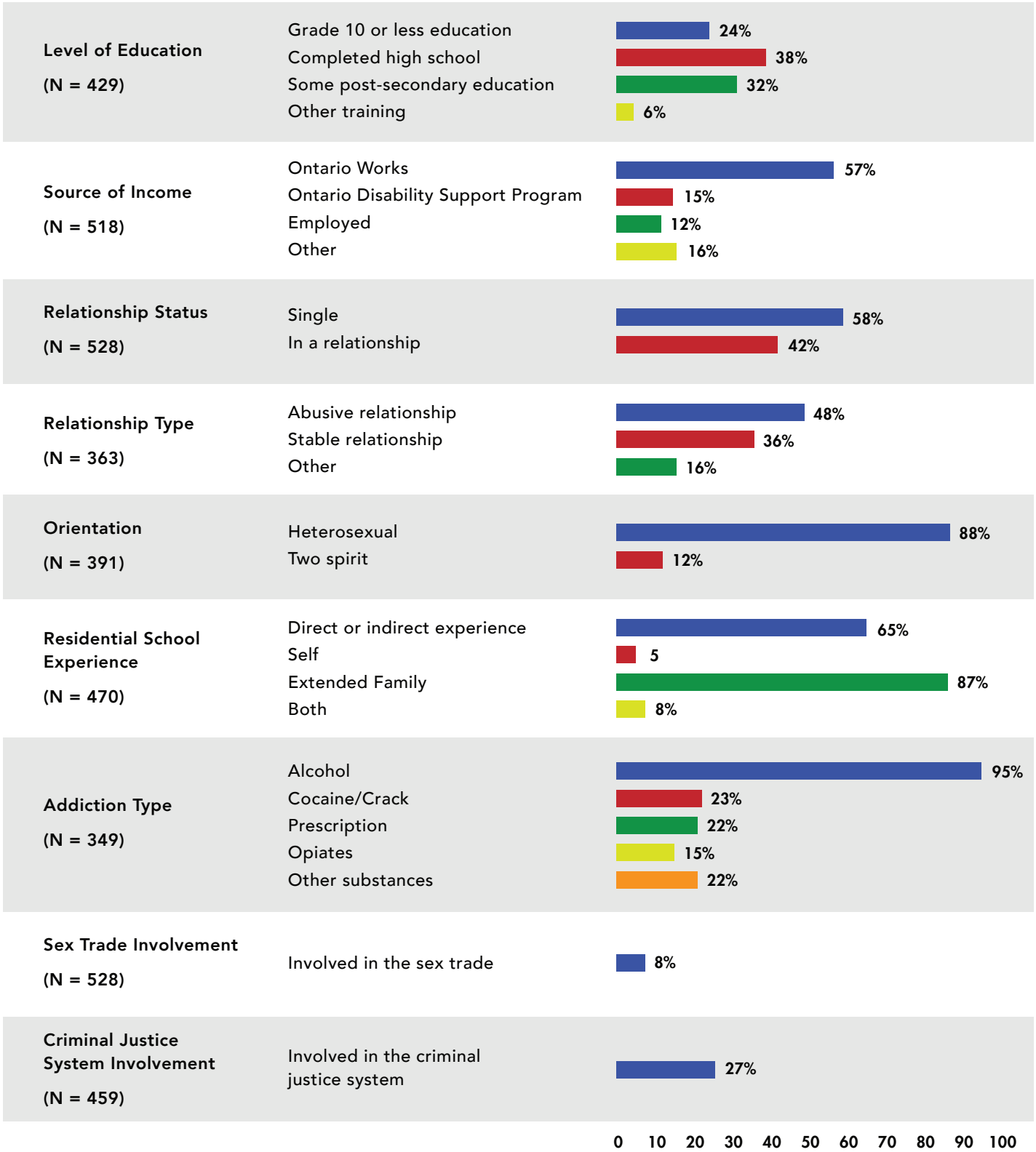
ASSESSING THE LEVEL OF NEED: WHAT THE DATA TELLS US

The 2008 Feasibility study looked at data from Minwaashin Lodge client files and determined that over 60% of the women were struggling with addictions at the time or had struggled with addiction at some point in their lives. While the approach for gathering data from client files in 2008 could not be replicated in 2015, a review of 531 case files taken from 2014 (461 from Minwaashin programs and 70 from the Addictions Counselling Program at Wabano) yielded the following data.

KEY FINDINGS



OTHER DATA


Level of Education
(N = 429)
Grade 10 or less education
24%
Completed high school
38%
Some post-secondary education
32%
Other training
6%
Source of Income
(N = 518)
Ontario Works
57%
Ontario Disability Support Program
15%
Employed
12%
Other
16%
Relationship Status
(N = 528)
Single
58%
In a relationship
42%
Relationship Type
(N = 363)
Abusive relationship
48%
Stable relationship
36%
Other
16%
Orientation
(N = 391)
Heterosexual
88%
Two spirit
12%
Residential School Experience
(N = 470)
Direct or indirect experience
65%
Self
5
Extended Family
87%
Both
8%
Addiction Type
(N = 349)
Alcohol
95%
Cocaine/Crack
23%
Prescription
22%
Opiates
15%
Other substances
22%
Sex Trade Involvement
(N = 528)
Involved in the sex trade
8%
Criminal Justice System Involvement
(N = 459)
Involved in the criminal justice system
27%
0 10 20 30 40 50 60 70 80 90 100

Case files from two other Minwaashin programs were reviewed: the Grandmother's Traditional Support program and the Sex Trade Outreach Mobile program (S.T.O.R.M.).

The Grandmother's Traditional Support Program provides counselling to women who are new to Minwaashin and have not yet engaged in any formal programming. The women tend to be younger, with high risk behaviors. The purpose of the program is to establish relationships and begin to build trust. Of the 188 case files from 2014 that were reviewed, **85% of the women have been affected by substance abuse at one point or another during their lifetime.** This represents both personal use and/or being around someone that has used.

More troubling is the high correlation between women working in the sex trade and addictions. **The 364 client files from the S.T.O.R.M program indicate that virtually all of the women had struggled with or were struggling with substance use in 2014. If even 10% of this client base were to access the addictions treatment centre on an annual basis, it would be working to capacity.**

PART 5

ENGAGING THE ALGONQUINS OF PIKWÀKANAGÀN AND THE MOHAWKS OF AKWESASNE

Meetings were held with managers of health and social services in the communities of Pikwàkanagàn and Akwesasne. The purpose of both meetings was to explain the Minwaashin project, learn about existing services for women with addictions in their communities, gauge interest in referring clients, identify any issues or questions and explore potential partnerships.

ALGONQUINS OF PIKWÀKANAGÀN AND MOHAWKS OF AKWESASNE

The managers of the community health and social service programs gave their qualified support for this project. While the women agreed that access to this type of residential treatment program would benefit women in their community, they would like to see Minwaashin develop an integrated approach that would combine treatment at the facility with programs in their community. This would result in sustained support for women through their long healing journey. They also preferred a more inclusive approach to awareness and education that would involve the family beyond mother and child. Questions were also raised about program eligibility.

Below are the key points they made:

Need for a continuum of care from pre-treatment to aftercare that is community-based and inclusive of families.

- Working with the community is a must. For example, ongoing access to mental health services will need to be appropriately addressed and coordinated for aftercare.
- There is currently nothing in the model about a pre-entry stage to help prepare the women, after the initial assessment.
- Assessment of clients must be done with clear criteria in mind and in partnership with the community service providers.
- It may be beneficial to have a day treatment program in the community as part of aftercare. This would force clients to be accountable every day, and would make it easier for women to seek help when in crisis following their time at the treatment facility.
- There needs to be support for the family members of those going into treatment as they may have issues themselves, or may not know when to intervene or when to take a step back. Families need to be made aware of their role and provided with the necessary tools and skills.

Education is necessary at various levels.

- Women who are in treatment must be made aware of their history to understand the root causes of their issues. Women need to understand and address their trauma. Children need to learn that what is happening to their mothers is not their fault.
- Families need to understand what family members with addictions are going through.
- Education is required to end the stigmas revolving around substance misuse and mental health; people need to start seeing it as a disease to stop the self-criticism, loathing and shame.

No consensus regarding where children should be during treatment.

- Some feel that children should stay in the community and preferably with family during treatment, to reduce disruption to their lives.
- Others like the idea of children being with their mother during treatment to sustain the mother-child relationship.
- Some proposed a flexible model, allowing pre-school children to go with their mothers, with older children allowed to visit on weekends to prevent abandonment issues.

Need to offer the same services to non-Status women and women who self-identify as Aboriginal.

- Many members live off reserve and the community includes blended families in which the children are Status but their mothers are not. Some mothers may not be Aboriginal. All women should have access, for the benefit of their children, families, and the larger community.

Strong support for the culture-based treatment model and a focus on strengths.

- Culture-based services are hard to come by in the community, due to a lack of funding. Currently, many people seeking treatment have issues stemming from an identity crisis. They don't understand who they are, and request information about their identity while in treatment.
- Children must also learn about their culture to be proud of who they are, and be able to draw on their culture and traditional teachings in times of need.
- There should be a greater focus on women's strengths instead of on the addiction itself. The community's Parents Anonymous group uses this approach and it has proven successful.

Consider using technology

- Video conferencing, Skype, and/or Facetime could be used when children are not able to be with their mothers. It is less ideal than human contact, but makes it easier for both parties to maintain a relationship at a distance.
- Technology can also be used to connect participants post-treatment, to sustain a community of peers.

Collaboration with CAS and the judicial system is essential

- Minwaashin needs to uphold its legal obligations to protect kids and communities. Expectations and accountabilities have to be clear. Court orders, supervisory orders need to be respected and it is crucial to keep these stakeholders engaged and involved.

Address concerns about housing

- Many women avoid treatment for fear of losing their housing. When they're not home, who will pay the rent? And who will be there to look after their home in their absence?

Location of the treatment centre must be accessible, and preferably in a rural setting.

- Program participants need to access green space. The location must also be readily accessible in case women need to return in the aftercare phase due to risk of relapse.

MOHAWKS AT AKWESASNE

This community presents a different dynamic in terms of future involvement. With approximately 12,000 residents, the Mohawk Nation of Akwesasne has developed a range of programs and services. Because of its unique geographic location along the St. Lawrence River, it deals not only with the federal government but with the governments of Ontario and Quebec as well.

Managers with responsibility for programming related to addictions treatment and counselling provided the following information:

MOHAWKS AT AKWESASNE OFFER PROGRAMS AND SERVICES FOR PERSONS WITH ADDICTIONS.

- The Holistic Health and Wellness program within the Department of Health supports persons with addictions. About 50% of those seeking treatment are women. No data is readily available about whether these women have children nor the age ranges of their children.

- People from the community seeking addictions treatment are sent to Onen'to:kon Healing Lodge (www.onentokon.com), a residential treatment centre for drug and alcohol addiction near Oka, Quebec that has been serving Aboriginal men and women since 1987. They have separate cycles for men and women but no children are allowed.

- Akwesasne works with Aboriginal Child and Family Services before the mom goes into treatment, to ensure the kids are safe and well cared for in her absence. Children are generally placed with extended family.

- There are pre and post treatment services for persons who seek help for addictions, including access to second stage housing.

- There is also a Family Wellness Centre operated by the Department of Community and Social Services . Housed in what was formerly the women's shelter, it offers programming for women and their children, which includes an addictions treatment component.

- The Centre recently revamped the services they offer to both men and women. Programming now includes a comprehensive 16 week program that addresses domestic violence, trauma and addictions. Ninety-five percent of those involved in domestic violence have addiction issues.

FUNDING FLAGGED AS AN ISSUE

- Managers asked about the funding source for the treatment centre. If OHIP coverage is required, two-thirds of the community comes under the Quebec health insurance plan and wouldn't be eligible. Residents from Akwesasne that go to Onen'to:kon are covered under the Quebec plan. The treatment facility also accepts Akwesasne residents with an OHIP card.

Minwaashin will need to consider the particular needs of Aboriginal women coming for treatment from rural areas. Issues such as facilitating access to transportation, sustaining connections to family and community, access to education for school-aged children, and co-ordination with the community service providers, with CAS and the courts will all need to be addressed.

PART 6

KEY FINDINGS FROM FOCUS GROUP MEETINGS AND INTERVIEWS

A. WHAT HAS CHANGED?

When meeting with community service providers, one of the first things we wanted to know was what, if anything, had changed in the environment in which they operated. How had the context changed? Were there any significant shifts or trends that needed to be taken into account? Two key changes were identified.

INCREASE IN THE INUIT POPULATION IN OTTAWA

The most significant demographic change is the increase in the number of Inuit. It is now estimated to be about 3,300, up from 1,800 in 2006. If the current growth rate continues, the Inuit population in Ontario could rise to 15,000 in less than a decade.[6]

Ottawa has long been a hub for health care, education and other services for the Inuit coming from the North. But because of a lack of access to services and a shortage of adequate housing in Northern communities, a growing number choose not to return for some time or to leave their communities altogether. Regardless of the reasons for which they are in Ottawa, the transition into an urban environment can be challenging. Many Inuit families are not acculturated as they enter this new world, often making them a high-needs population.

Organizations such as Tungasuvvingat Inuit have seen a marked increase in demand for their services. The Mamisarvik National Inuit Treatment Centre provides a dual diagnosis program in trauma and addictions in Ottawa and served as a model for the proposed Minwaashin treatment centre in 2008. Demand for their services has increased but they have insufficient resources to treat the Inuit coming from the North and funded by the Nunavut government, as well as the Inuit that are now residents of Ottawa. In the past Mamisarvik was able to provide services to the Inuit living in Ottawa but federal government funding cuts have compromised their capacity. The proposed centre would ease some of the pressure on Mamisarvik if it could access beds in the new residential facility. A partnership could also be established to provide language and culture-specific services to Inuit women in need of addictions treatment.

INCREASING NUMBER OF CRIMINALIZED ABORIGINAL WOMEN IN CANADA

Organizations engaged with the criminal justice system spoke of a substantial increase in the number of Aboriginal women involved in the criminal justice system across Canada. The population of Aboriginal women in federal facilities increased

[6] Elizabeth Payne, "Ottawa's urban Inuit renaissance", Ottawa Citizen, April 17, 2015.

90% between 2000 and 2010. In 2008/2009, 35% of women incarcerated at adult facilities were identified as being Aboriginal, yet Aboriginal women represent only 4 percent of Canada's female population.[7]

> "Many women in custody deal with or have dealt with substance misuse. 60% of Aboriginal women held in federal penitentiaries have participated in substance abuse programs. More importantly, 66% of Aboriginal women in federal custody have been determined to have five or more rehabilitative needs. This is just over twice as high as the number of non-Aboriginal inmates."[8]

In addition, many women from Northern Ontario and Nunavut that have been incarcerated in federal facilities are released in Ottawa. The city now receives the largest number of Inuit post-incarceration, and this number has increased over the past decade. In 2001, Ottawa would have received 1 to 2 former inmates, whereas there are currently between 50 and 60 Inuit being released in the city annually.

Although there is no definitive data or research on the link between young Aboriginal criminalized women and addictions, many continue to deal with the intergenerational effects of the residential school system and the sixties scoop.
There is no data on how this trend is playing out in the Champlain LHIN, but it has the potential to increase demand for addictions treatment services for women over time.

B. FEEDBACK ON THE MODEL AND PROGRAM

Focus group participants and interviewees were briefed on the key elements of the proposed addictions treatment centre. They also received a copy of the original feasibility study as background information. As indicated earlier, respondents expressed strong support for Minwaashin's proposal. They validated that there was need for this type of program and that the level of demand would likely be greater than the level of supply. Participants were then invited to provide feedback on any aspect of the proposed program. Below is a summary of their comments and questions.

MORE DETAIL REQUIRED ABOUT SUPPORTS AND SERVICES FOR CHILDREN.

Respondents endorsed the concept of having the children stay with their mother. But questions were raised about the safety and security of children in this setting.

[7] Tina Hotton Mahony, Women in Canada: A Gender-based Statistical Report. Women and the Criminal Justice System, (Ottawa: Minister of Industry, 2011): 36.

[8] Mandy Wesley, Marginalized: The Aboriginal Women's experience in Federal Correction, (Ottawa: Public Safety Canada, 2012): 8.

Some Minwaashin clients voiced concerns about the proposed age range of 0 -18 years. Safety and security risks would have to be assessed and managed, especially for younger children. Questions were also raised about criteria for admission and whether women with significant mental health issues might also be a risk factor for children.

Some women felt that they might be unable or unwilling to appropriately care for their children, especially in the detoxification phase. They asked about respite and whether the model would accommodate this need. Others felt that children should be kept away from their mothers during that period of time, expressing the view that children should only be brought to the treatment facility after detox.

Conversation, collaboration and coordination with the Children's Aid Societies was deemed to be essential as Minwaashin moves forward in developing the program and particularly thinking through the policies and practices that would need to be put in place to ensure the wellbeing of the children.

Beyond the issue of safety and security, some suggested that Minwaashin might want to consider reducing the age range to 0 to 6 years of age or even 0-18 months. This would alter the scope of the services to be provided to children in the facility and make the overall project more manageable.

Stakeholders also wanted more specifics in regards to the services and programs for children and adolescents. They felt there should be parallel programming designed specifically for their needs, while taking into account the various age ranges. Programming would need to include one-on-one and group counselling, education about addiction as a disease, the intergenerational nature of trauma, the link between violence, abuse and addictions and the importance of breaking the cycle. They supported the need for a strong cultural education component, led by Elders, to rebuild pride and develop a solid sense of identity.

Finally, they mentioned the need for a stable and predictable environment, giving the children a routine and structure to their lives that may have been lacking in the home. Qualified staff with the capacity to deal with any behavioural problems, mental health issues and physical health issues would have to be hired.

Having access to outdoor space or a gym was also mentioned as an important feature of the design for the facility.

TREATMENT MUST REFLECT AND RESPECT DIFFERENT CULTURES AND LANGUAGES.

Minwaashin Lodge currently provides services and programs to First Nations, Inuit and Métis women in the Ottawa region. Culture is at the heart of everything they do; they respect and acknowledge the different traditions and histories of the Aboriginal people. Inuit women and representatives of Inuit organizations spoke up to ensure that the treatment centre would sustain this important practice and that services would be available in their language.

Given the increasing Inuit population in the area, there is a likelihood that the treatment centre will need to accommodate a growing number of Inuit women with children. Representatives from The Mamisarvik Healing Centre and Tungasuvvingat Inuit are interested in working with Minwaashin to look at practical mechanisms for collaboration and partnership to ensure that Inuit women and children can be served in their language and that the culture based services and programs reflect their particular needs.

A few clients spoke of the importance of reflecting the cultures and languages of all of the different Nations. There is some question as to how this degree of diversity could be accommodated within the proposed model.

PROGRAM OF TREATMENT AND RELATED SERVICES NEEDS TO BE CLEAR

Woven throughout the various discussions with individuals and focus groups were comments and questions about the treatment program itself. The 2011 Business Plan provides more detail than the 2008 Feasibility Study but does not answer all of the questions raised.

Criteria for admission

The question of eligibility of non-status women was raised by Pikwàkanagàn. Others asked about access for two-spirit women, women with serious mental health issues or a history of violence, repeat users of treatment programs or women ordered by the courts to undergo treatment.

Would the treatment centre allow intakes directly from jails? Some felt this would present an opportunity for Aboriginal women struggling with substance use and a way to get them directly into treatment. Others believed this could be challenging for women coming out of jail with expectations of freedom, especially if they were not ready to live in a structured environment with certain rules and demands.

Intake and pre-treatment

The intake process was deemed important to understand the history and the background of each individual seeking treatment, to communicate information about the program and to outline expectations. Thorough mental health and physical health assessments would need to be completed for the women as well as the children.

The treatment program

Representatives of organizations that work in the mental health field wanted to know more about the treatment program itself. They pointed out that many persons dealing with addictions also have various mental health challenges, otherwise known as concurrent disorders. As a result, women will need to be properly assessed. The approach to treatment for concurrent disorders should be based on best practices and evidence of what works. It was pointed out that the process of change for those dealing with concurrent disorders can be anywhere from 3-5 years and as long as 10 years for those that are challenged with significant mental health issues. Partnering with other agencies that specialize in concurrent disorders will be key. While neither organization professed to have experience in integrating a holistic, culture based approach with established models of therapy, The Canadian Mental Health Association and the Centre for Addictions and Mental Health offered to share their knowledge and expertise when it comes to building an appropriate model of care.

Those with experience in the treatment of addictions indicated that structure will be key to healing. Potential clients need to learn boundaries and how to resolve conflict. The program plan will have to be realistic without being too rigid. The development of life skills like grocery shopping, budgeting, and childcare was deemed essential in addition to changing behaviors so as to assist women in reintegrating back into community life.

Including Aboriginal mothers with lived experience with addictions and recovery was solidly endorsed as a key feature of the program, especially by the Minwaashin clients. They placed a high value on having role models to talk to, women that could provide guidance and advice because they had been on a similar journey.

There were questions about whether the centre would opt for a harm reduction approach or one of abstinence. There was no consensus on the issue - some believed it depends on the substance being used. Alcohol may require an abstinence approach whereas harm reduction may work more effectively for those dealing with substances like marijuana or other types of drugs.

"Part of the problem is that the substance abuse model is they want to fix what's wrong with you, and women are tired of hearing this. Harm reduction is more about coping skills, and not about criticism – with not too much focus on why you have these issues. They don't need to be criticized, they already feel as if they'renot good enough as mothers. They need a treatment system which promotes their successes instead. Current programs for aboriginal women focus on abstinence. Ninety days doesn't fix much; the idea that you'll be fine is ridiculous, and they're seen as having failed if they relapse".[9]

Detox phase

The issue of detoxification was brought up a few times. In addition to concerns about the safety and security of children during the detox phase, it was noted that there is currently a lack of detoxification centres and beds. There are also no aboriginal-specific detoxification services in the region. Demand exceeds supply and offering Level 1 and 2 services for Aboriginal women would relieve some of the pressure in the system. Level 3 detoxification means access to specialized care including nurses and physicians and will require a partnership with a medical establishment. Pregnant women with addictions are a priority for the Royal Ottawa Mental Health Centre and medically supervised detoxification will always be available to them.

Aftercare

Virtually all of the persons involved in the consultation process talked about the importance of aftercare and the need for efficient and effective ways to support the women's healing journeys. Some felt that while a ninety-day program was longer than most, it might not be long enough for some clients, and expectations of success will need to be tempered. While they appreciated that the treatment centre would have a limited number of beds available for those who relapse, the emphasis was on having a solid, sustained and consistent program of community-based supports available over a long period of time for the women and their children. Sustained peer support among the women themselves in the aftercare phase was also seen as a helpful mechanism, especially for those who were fleeing abuse, had no family or lived far from their families and kin. A new network of friends and support would have to be created, because going back to the old one would put some at risk of relapse. Grandmothers were seen to play a critical role during this next phase of healing by continuing to impart cultural teachings and building their spirits.

[9] Quote from a community service provider, Focus group meeting on March 26, 2015

Women coming from outside of Ottawa will require aftercare services in their own community. The treatment facility will therefore need to work closely with community service providers to develop an aftercare plan that meets the particular needs of each individual. For some, that might mean access to counselling when they hit a rough patch while others would need regular support to hold them accountable on a day-to-day basis.

NEED FOR SECOND-STAGE HOUSING

In general, most of those involved in the consultations did not express significant concerns about women losing access to housing while in treatment. This might be because Minwaashin staff has knowledge and experience advocating on behalf of clients in similar circumstances and an expectation that arrangements would be made in the pre-treatment phase. Some participants raised the issue of access to second-stage housing after women leave the treatment centre. Safe, affordable, and transitional housing for at least one year will be required along with the necessary support services for transitioning to long-term housing. Gignul and Tewegan both offered to assist Minwaashin when it refines its model of supports and looks at how best to ensure access to housing after treatment.

NEED FOR AWARENESS AND EDUCATION OF THE FAMILY

Many participants felt the healing process has to involve more than the woman seeking treatment. While the model speaks of family as including the mother and her children, many expressed the view that when there are other family members involved, they also need to be educated and offered information and tools that will help them support the woman on her healing journey.

Participants spoke of the feelings of mistrust and anger often experienced by family members left behind when a woman goes into treatment. She may return to unresolved situations within the family environment and this in turn can increase her chances of relapse. Families and extended families need to be educated about the link between addictions, trauma, violence, abuse and the intergenerational trauma created by residential schools and the sixties scoop. Once again, Elders are seen to play an important role in educating the women, their children and other family members.

NO CONSENSUS ON LOCATION

The location of the proposed treatment facility was cause for some discussion. Some expressed the view that the facility should be located in a rural setting away from the city because it would facilitate the integration of Aboriginal culture and teachings. It would also keep drug dealers at bay.

Other felt that the facility needs to be located in an urban environment. This will facilitate access to Minwaashin programs at the Lodge and to other community-based supports and services, especially in the aftercare phase. It will also be easier to attract and retain qualified staff. Children coming from Ottawa can stayconnected with family and friends while their mothers are in treatment. Urban Aboriginal women also need to develop the necessary skills to adapt and reintegrate into the community again. One stakeholder suggested that the treatment centre be in an urban area but that the program include a one-week retreat in a rural setting.

A compromise suggestion was to locate the facility in a suburban area with access to green space. This would limit contact with the urban triggers that can cause women to fall back into old habits, provide access to more green space than an urban location while making it possible to access qualified staff. It might reduce the cost of infrastructure as well.

PART 7

LITERATURE REVIEW

The purpose of the literature review was to identify any research articles published after 2008 on the subject of Aboriginal mothers with addictions in Canada. While a number of articles include some references to the topic, only three academic articles were deemed to be both substantive and relevant.

Treatment Issues for Aboriginal Mothers with Substance Use Problems and their Children (Niccols, Dell and Clarke; 2010)

- Makes the case for a gendered program with an integrated approach for treating both mother and child.
- States that women often avoid treatment for fear of losing their children, criminal prosecution, stigma, as well as feeling uncomfortable in a co-ed treatment facility due to previous violence.
- Including children in treatment is considered critical because they often are challenged by a range of behavioural and health issues. The study reports that 69% of preschool children of mothers dealing with substance use are diagnosed with cognitive limitations, 16% struggle with emotional or behavioural issues, and 83% have medical problems. In addition, in a study of 78 teenagers, 65% were assessed with psychiatric disorders.
- Having the children onsite provides an opportunity to get the support and care needed. Only 10% of Aboriginal mothers dealing with addictions follow up with referrals to child development evaluations in comparison with 85% of mothers when programs were offered at the facility.
- The research suggests that involving children in their mother's treatment adds value to the women's experience. This can be done by including prenatal care and therapeutic childcare programming within the facility.

Voices from the Community: Developing Effective Community Programs to Support Pregnant and Early Parenting Women Who Use Alcohol and Other Substances (Nathoo, Poole, Bryans, Dechief, Hardeman, Marcellus, Poag and Taylor; 2013)

- Seeks to identify the most efficient mechanisms to promote the wellbeing of both mothers dealing with addictions and their young children.
- Re-affirms that a main barrier preventing women from seeking treatment is the possibility of losing custody of their children.
- Makes the case that early access to developmental programs for their children increases the likelihood of mothers maintaining custody and later seeking treatment for their addiction.Children involved in such programs with their mothers have better developmental outcomes.

- Authors support a harm-reduction approach to treatment and question the necessity of it being abstinence-based. They maintain that abstinence can be a longstanding goal for the mother, but that she alone can end substance use only when ready to take that step.
- Supportive programming is essential to help mothers learn ways to improve their relationships with their children and to develop parenting skills.
- Current programs to treat Aboriginal women with addictions are running at capacity. More funding for services is needed to meet the high level of demand.

Using the Seven Sacred Teachings to Improve Services for Aboriginal Mothers Experiencing Drug and Alcohol Misuse Problems and Involvement with Child Welfare (Baskin, McPherson and Strike; 2013)

- Article asserts that the largest barrier to mothers seeking treatment is the lack of services of care for their children, when family or community is incapable of providing support for the duration of treatment.
- Examines current treatment options and how the relationship between mothers with substance use issues, treatment counselors and child welfare workers can be improved.
- Points to efficient models of treatment within a holistic framework.
- Describes the realities many Aboriginal women face and the complexities associated with the mother's' treatment such as losing her child, dealing with depression and despair. The recovery process is not linear and will often require multiple attempts and varying timeframes.
- Makes the case that children are being separated from their mothers much too frequently: there are currently more Aboriginal children in the care of child welfare agencies than there were in residential schools.

PART 8

RELEVANT TREATMENT MODELS

Although there are addictions treatment programs for First Nations and Inuit in Ontario, none of them are for women only and none are inclusive of children.

An extensive online search did not come up with any residential addictions treatment centres specifically designed for Aboriginal women and their children using a holistic approach, but a conversation with staff at Royal Ottawa Mental Health Centre led us to the Portage Mother and Child Program in Quebec. Although it is not targeted to the Aboriginal population, the program includes both mothers and their children and it has been in existence for almost twenty years. More details on this program can be found below.

Some other addictions facilities and programs are highlighted in this section. They were selected as sources of information and good practice for elements that constitute the Minwaashin model, such as inclusion of children in treatment, or holistic practices. Minwaashin may want to draw on their experiences and lessons learned when it moves forward to further develop and refine its own unique model of care.

ADDICTIONS TREATMENT FOR MOTHER AND CHILD

Portage Mother and Child Program, Quebec

The Portage Mother and Child Program, located in Montreal, is a residential treatment facility for both mother and up to two of her children aged between 0 and 6. Currently, the capacity allows for 25 mothers and 25 children. The duration of treatment varies between 6 and 8 months, depending on the individual's needs. During this time, mothers will work on completing the 5 necessary steps to complete treatment, which allow for the practice of different skills that will be beneficial following their time at the facility. The program also allows women to work on themselves and on their parenting skills. This is done through the program's therapeutic community and peer support. In addition, there is a daycare at the facility that provides assessments for the children's different stages of development considering that many of them have developmental delays due to their circumstances. Family support is also provided for significant others and extended family to help them understand the process. Once treatment is complete, the women have full access to aftercare, which includes weekly group sessions that are offered for up to a year following their departure. In addition,there are 10 supervised apartments that women have access to up to a year. The program is provided at no cost to Quebec residents.

Other Programs

A few other programs offer important insights on effective practices that would benefit both the mother dealing with an addiction as well as her children. These programs, while not targeted to Aboriginal women, seek to improve the bond between mother and child in addition to providing essential parenting skills.

The Sheway project in Vancouver is designed explicitly for women dealing with substance abuse issues. It focuses on outreach and offers various health and social services to help pregnant women and mothers with children under the age of 18 months. Sheway targets healthy pregnancies and positive early parenting experiences.

New Choices, a branch of the Salvation Army in Hamilton, also offers services for new mothers with children aged 0 to 6. With a focus on parenting for women who struggle with addictions, the program offers both outreach and walk-in services. New Choices focuses on providing services for children because it recognizes that they are usually the main motivating factor for women seeking treatment.

HOLISTIC TREATMENT FOR ADDICTIONS FOR ABORIGINAL PEOPLE

Minwaashin already has considerable experience and knowledge integrating culture and Aboriginal knowledge and history into their programs and services. If it wants to look at residential addictions treatment facilities that offer a holistic approach for Aboriginal people, many facilities across Canada could serve as a model.

Two Examples

The Kapown Rehabilitation Centre in Grouard, Alberta provides a 56-day phase-wise program that begins by teaching coping mechanisms to the clients in order to better prepare them to deal with grief, trauma, and other emotional barriers that are at the root of most substance abuse issues. In addition to the phased approach, the facility specializes in concurrent disorders.

The Mark Amy Treatment Centre in Anzac, Alberta, has a strict abstinence-based model that is holistically framed and emphasizes cognitive change through cultural commitment. The ten-bed facility also specializes in trauma and its consequences in addition to treating substance misuse.

ABORIGINAL WOMAN AND ADDICTIONS: A GENDERED APPROACH TO TREATMENT

While there are no residential addiction treatment centres specific to meeting the needs of Aboriginal adult women in Canada, a few facilities offer gender-specific programming for women.

The Native Addictions Council of Manitoba based in Winnipeg provides outreach services and an in-house program designed for mothers struggling with addictions. It attempts to deal with both the addiction and personal trauma, in addition to including children in the process by providing programs that are specific to their needs.

Mi'Kmaw Lodge located in Cape Breton, Nova Scotia offers a program focusing on strength-based treatment and centered on traditional Aboriginal values and therapeutic wellness. The facility is co-ed, but offers a five week Aboriginal Wellness for Addictions Women's program. It also seeks to incorporate children and the larger family into the treatment process by providing family counseling, as well family life programs.

TREATMENT MODELS THAT ARE INCLUSIVE OF FAMILY

Some treatment facilities incorporate the entire family unit in order to achieve sobriety and break the cycle of intergenerational trauma and abuse. While this is not the approach to treatment under consideration, these programs can offer insights on effective approaches to addictions treatment that involve children in the healing journey and that educate the entire family.

A first model is the Nenqayni Wellness Centre in Williams Lake, British Columbia, where both individual and family models of healing are offered. Due to its focus on family, the centre has a daycare on site, as well as a school that offers classes from pre-kindergarten to grade 12.

The Kackaamin Family Development Center in Port Alberni, British Columbia specializes in the treatment of families dealing with substance use issues at the individual, couple and family levels. It has developed specific programs and strategies for toddlers, children and youth that are developmental in nature, with a focus on giving younger generations the tools to break the cycle of intergenerational trauma. The program strives to reveal and embrace the children's talents and strengths in order to develop a better understanding of who they are.

Finally, the Wee Che He Wayo Gamit Family Treatment Centre in Sioux Lookout, Ontario offers a six-week residential phased family program for households struggling with addictions. This facility has also developed a one-year aftercare program specifically designed for families. It has also established a toddler learning centre, a student learning centre, and specific programming for teenagers, who are often left out of family treatment in favour of youth-only facilities.

PART 9

SUMMARY OF FINDINGS AND RECOMMENDATIONS FOR NEXT STEPS

Based on our analysis, the need for this type of residential addictions treatment in the Champlain LHIN region has continued to increase since 2008. While no statistical information about the number of First Nations, Inuit and Métis women with addictions in the region is available through Statistics Canada or official health records, the case files from Minwaashin Lodge and the Wabano Centre for Aboriginal Health would lead to a conservative estimate that in 2014, 667 Aboriginal women reported struggling or having struggled with addictions. If one estimates that 50% of them are mothers with children under the age of 18, level of demand would be in the order of 300-350 for the Ottawa region alone.

While the communities of Pikwàkanagàn and Akwesasne were not able to provide data, the health and social services workers that were consulted confirmed that alcohol and drug addiction is an issue among women in both communities and that they would benefit from a program of treatment that is inclusive of children. There is also a shortage of detoxification centres and beds in the region and no Aboriginal addictions treatment centres offering gender-specific programming. A growing Inuit population is already putting stress on addictions treatment services in the area.

Minwaashin clients that were part of the focus groups also confirmed the need for this type of treatment program, either for themselves or for other women in their families. Community-based health and social service providers consulted in the region all agreed that the need for this kind of treatment centre remains high. While they had questions about the specifics of the model, they expressed unanimous support for a program that is residential, gender-specific, inclusive of children and holistic in its approach to treatment. A number of potential partnerships to share or provide services have also been identified as a result of the consultation process.

No other addictions treatment centre of this kind exists in Canada, but the Portage Mother and Child Program in Montreal comes closest. Recognizing that many substance-dependent mothers are hesitant to seek drug addiction treatment for fear that they will lose legal custody of their children, the program allows mothers with young children and pregnant women suffering from drug addiction to maintain custody of their children while in treatment. This program is not targeted to Aboriginal women, but its philosophy and approach to treatment is similar to what Minwaashin proposes to do.

When it came to finding any new studies on the topic of Aboriginal mothers with addictions, three articles were deemed to be directly relevant for the purposes of this study.

RECOMMENDATIONS FOR NEXT STEPS

Based on our findings, below is a set of recommendations for practical next steps to move the addictions treatment centre forward from concept to reality.

1. DEVELOP REGIONAL PARTNERSHIPS WITH FIRST NATIONS AND RURAL ABORIGINAL ORGANIZATIONS

Accessibility and inclusion from all communities within the Champlain region is key to the success for a regional model. Questions and issues were raised by the Mohawks of Akwesasne about access and funding. The Algonquins of Pikwàkanagàn also raised questions and issues about pre-treatment and aftercare once the women return to the community. Further dialogue with other Aboriginal organizations in the region such as the Métis Nation of Ontario and Bonnechère Health Services, is recommended to ensure that all are made aware of the project, partnership opportunities are explored, barriers identified and potential solutions found.

2. FURTHER INVESTIGATE THE PORTAGE RESIDENTIAL TREATMENT CENTRE IN MONTREAL.

Portage was established almost 20 years ago and is funded by the provincial government and a local foundation. There are likely lessons learned and good practices that would benefit the further development of the Minwaashin model, such as their approach to treatment, programming for children, the education and engagement of other family members, how they deal with relapse, their success rate, details about the physical infrastructure of the facility, and the annual cost of operations.

3. UPDATE THE BUSINESS CASE.

Having a strong and well-articulated business case will be key to the success of the project. While much of the necessary information was provided in the 2011 business case, updates to the plan should include a revised service delivery model, projected utilization of services, options for location of the Centre, property acquisition/capital requirements, an operating plan, funding strategy and updated estimates for both capital and operating costs.

4. IDENTIFY POTENTIAL FUNDERS.

A funding strategy should be developed that outlines various options for long-term funding for the treatment centre. This will require research on relevant funding programs within various provincial government ministries, federal government departments, the Champlain Local Health Integration Network (LHIN) and other potential funders. It is anticipated that capital and operational funding sources may vary and that multiple sources be identified.

Other potential sources of funding could include public and private foundations and private donors. Fundraising for a large-scale project such as this one will require strategy and perseverance to gain the support of many decision makers. The landscape is more and more competitive and Minwaashin will need to clearly distinguish its ask and promote the value and relevance of this project.

5. BEGIN TO NEGOTIATE PARTNERSHIPS.

Organizations like Mamisarvik, Gignul, Elizabeth Fry, the ROMHC and other regional partners have already said they are prepared to partner with Minwaashin on specific aspects such as referrals, service delivery and research. Minwaashin should follow up on these and other opportunities to discuss the specifics of any future partnerships and to include this information in the updated Business Plan.

6. CREATE A COMMITTEE OF CHAMPIONS

The Board of Directors and the Management Team at Minwaashin will be playing key leadership roles in guiding the development and implementation of this project. The organization may nevertheless want to consider creating a Committee of Champions. These would be people of influence in this region (preferably women, both Aboriginal and non-Aboriginal) that are passionate about making a difference in the lives of Aboriginal women and their children, that believe in the value of this project and who are prepared to use their influence and extensive networks of contacts to open doors, make the case to funders in collaboration with Minwaashin Lodge, as well as identifying potential donors.

7. ACT NOW

Many of the persons we interviewed felt the timing was right for making the case for this project. The issue of Aboriginal women and violence is currently on the political and media radar as are growing concerns about the large number of Aboriginal children in care across the country.

For example, the first call to action in the Truth and Reconciliation Commission's Report is about child welfare. It calls upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care and it recommends "providing adequate resources to enable Aboriginal communities and child welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside." In Ontario, the Minister of Aboriginal Affairs has been mandated to continue to work with the Ontario Women's Directorate to develop a long-term strategy to end violence against Aboriginal women and girls.

APPENDIX A

CONSULTATIONS LIST

STAKEHOLDERS	REPRESENTATIVES
Tungasuvvingat Inuit	Jason Leblanc
Mamisarvik National Inuit Addictions Treatment Centre	Pam Stellick
Gignul Non-Profit Housing Corporation	Marc Maracle
Tewegan	Tina Slauen-White
Wanaki Treatment Centre	Angela Milijour
Children's Aid Society of Ottawa	Tracy Engelking
Ottawa Police Services	Joan McKenna
CAMH Ottawa	Renee Linklater
Elizabeth Fry Society of Ottawa	Bryonie Baxter
Family Services Ottawa	Kathryn Ann Hill
Ottawa Public Health	Dominique Kane & Harpeet Greywald
CMHA Ottawa	Tim Simboli
Royal Ottawa Hospital	Melanie Willows
Inner City Health	Wendy Muckle
Minwaashin Lodge	Mary Daoust
Wabano Centre for Aboriginal Health	Allison Fisher
Algonquins of Pikwàkanagàn	Eight managers from Health and Social Services
Kanonhkwatsheviio; Department of Health, Mohawk Council of Akwesasne	April White, Leslie Bero, Bonnie Bradley, Robin Mitchell
Academics	Colleen Anne Dell

APPENDIX B

PARTNERSHIPS

SERVICE PROVIDER	SUPPORTIVE OF PROJECT	POTENTIAL PARTNERSHIP
Gignul Non-Profit Housing Corporation	Yes	• Statistical information on women who make appointments • Could help support women going into treatment
Tewegan	Yes	• Could allow women to use their services once they've left treatment
Wanaki Treatment Centre	Yes	• Could refer clients when their facility is full.
Elizabeth Fry Society of Ottawa	Yes	• Post-discharge partnerships • Access or information related to its relapse reduction program and its Circle of Healing program • Assessment tools
CAMH Ontario	Yes	• Evidence-based, culturally specific training • Assessment tools (soon to be announced release of First Nations and Inuit Trauma Informed Substance Use screening and assessment tool)
Ottawa Public Health	Yes	
CMHA Champlain East	Yes	• Could provide transitional support for the return into community • Could provide referrals
CMHA Ottawa	Yes	• Advice on programming on mental health and addictions

APPENDIX

PARTNERSHIPS

SERVICE PROVIDER	SUPPORTIVE OF PROJECT	POTENTIAL PARTNERSHIP
Inner City Health	Yes	• Could refer people • Could provide mental health care
Algonquins of Pikwàkanagàn	Yes	• Support in precare and aftercare if funding allows it
Children's Aid Society of Ottawa	Yes	• Willing to partner once more details are available
Mamisarvik Healing Centre	Yes	• If funding is available, they could dedicate staff to day programming for Inuit clients • Insight on treatment options • Insight on approaches with Inuit women

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