

## **SHESHATSHUI STRATEGY**

### **1. Communications:**

The Region has set up a communications network which includes DIAND, the Province of Newfoundland and the Labrador Health Corporation. All parties are communicating on a daily basis and working jointly to resolve the situation. Efforts have also been made to work with the community leadership however to date this has been minimal although the Director of the Solvent Treatment Center in the community is in contact with our NNADAP Manager.

### **2. Expertise:**

The Region in collaboration with Nick Hossack is putting together a list of experts who are available to work with the community to develop both short and long term treatment plans with a community based family approach. Plans include hiring a specialist as a consultant so that informed decisions making occurs. In addition Robin Dupuis from headquarters will be coming to the region on Monday to provide guidance and advice to staff.

### **3. Resources:**

Indications are that in the long term, a community based treatment program will be more effective than sending the children out to Treatment Centers. Funding has been provided to the community for the balance of this fiscal year to begin develop a family based treatment program. The cost of removing the children from the community and providing for up to 3 family members to accompany them, would be approximately \$300K for a 3 month treatment program in Health Canada facilities. These resources could flow directly to the community and provide them with an opportunity to put into place a sustainable family treatment program which we estimate would cost approximately the same amount.

The Region has prepared a plan to immediately take 10-12 children out to Treatment Centers in Saskatchewan, Alberta and Ontario as an interim measure to allow the community and families some respite. If the families and the community agree, this may start as soon as tomorrow. Unfortunately the treatment center in Sheshatshui is full and not able to take these children until mid December. The community also feels that since the facility is not secure and is right in the community, the children cannot be restrained and leave at will..

This is not the preferred option however the Province has now indicated that the children in custody at Goose Bay airbase must be moved by Monday. In addition, court hearings are scheduled for Dec. 6<sup>th</sup> at which time a treatment custodial plan must be presented for each child in care and the court will have to approve it. This would include a treatment plan for solvent abuse.

### DAVIS INLET STRATEGY

1. If the children are apprehended by the Province the costs will be prohibitive and the province has no way of handling this either financially or from a human resources perspective. Help would have to be sought from other provinces as the federal government has no mandate regarding child custody and protection.

2. It may be possible to put the children up for several weeks at Border Beacon, a hunting lodge, 150 nautical miles away from Davis Inlet. where a mobile treatment program could be provided. Based on the last program in June 2000, the costs could run as high as \$400K for a three week program for 100 people including staff.

3. Should the community wish to have the children leave the community for treatment, there are not currently enough spaces in our facilities to accommodate them and this would necessitate per diems at other facilities. This could run as high as 2 million dollars and given our past experience in 1993, our preference would be to work with the community to develop long term community based treatment and healing strategy.

4. Communications with the community are a problem. DIAND and the Province have been unsuccessful in reaching Chief Tshakpesh. The Region has a scheduled conference call with the Chief yesterday however the Chief was unwilling to talk. It is the intention to try again today to contact him.

The RD has been interviewed both by CBC Radio and TV and has provided the press with information regarding just what Health Canada has provided over the years to these Innu communities.