Health Canada / Santé Canada

Assistant Deputy Minister / Sous-ministre adjoint

First Nations & Inuit Health Branch / Direction générale de la santé Premières nations et des Inuits

Your file / Votre reference

Our file / Notre reference

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ASSISTANT DEPUTY MINISTER

Chief Simeon Tshakapesh
Mushuau Innu First Nation
Box 107
Utshimassits, Labrador
A0P 1A0

Dear Chief Tshakapesh:

I am writing to follow up on the discussions that Al Garman, Brian Dorey and I had on April 26, 2001, in Goose Bay with your advisors (George Rich, Kevin Head, Luke Rich, etc.) on two key issues: the treatment program for the children now housed in Goose Bay and 3rd party management of your health funds. I appreciated the opportunity to discuss these issues and hope that we can continue to have this kind of useful dialogue in the future.

First, I would like to assure you that Health Canada remains committed to assisting in the development of a strong community that will provide a supportive environment for Mushuau Innu of all ages. It is with this in mind that Health Canada supports a healing strategy that aims to provide treatment and other needed services for all segments of Mushuau Innu society. We recognize that, for your culture and community to thrive into the future, it is vital that family and community structures be reinforced often and at as early a stage as is possible. The goal supported by all parties is clearly the development of capacity in the community. The challenge now becomes how to achieve this in the most immediate and appropriate manner within the limits of human and financial resources available.

This last point is critical and worth highlighting: with a population of about 600, Davis Inlet can provide only a limited number of people to work on what is becoming a growing number of extremely important and complex issues, such as the healing strategy, constructing the new community at Nashuashits, land claim negotiations, etc. At the same

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time, we must recognize the point that Al Garman has made to you on many occasions: we will be able to pull together significant funding to support the Mushuau Innu needs but it is not unlimited funding. For both the human resources and the financial resources, we must ensure that we are making the best use of what we have.

To this end, I would like to reconfirm Health Canada's treatment-related commitments to the Mushuau Innu as we discussed on April 26, 2001:

1. We agreed to support the assessment and detoxification of the children at the Grace facility and I am happy to be able to say that this has been done and the children have all been moved to the next stage of their healing process. You should know that, to assist Health Canada in the review of the treatment proposals submitted by the Mushuau Innu, including the Woods Home proposal, we convened an Expert Panel comprised of First Nations and other specialists in addictions, community development and fetal alcohol syndrome. The Panel reviewed and analyzed the options presented and made recommendations to Health Canada that have guided our discussions with you. I am pleased to share the report with you (see attached). You will observe that a number of the recommendations are being implemented and I encourage you to consider the other program recommendations as you develop your community-based programs. Members of the Expert Panel have agreed, if invited, to come to your community to share directly their observations and recommendations.

2. We agreed to provide treatment for a number of children at the White Swan Centre in Alberta. I understand that this treatment is going very well and that the children will be ready to return to Davis Inlet within the next few months.

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3. We agreed to house and provide treatment for a number of children in Goose Bay. I am pleased that four houses for the children have been procured and staffed. We now expect to be able to work with you and your representatives, in partnership, towards the development of a treatment program for the children.

4. Please note that the Goose Bay aspect of the overall program is intended to be temporary in nature and only for the children currently in the Goose Bay houses. I note this because it was mentioned at the meeting that there is some degree of expectation that the children now in Goose Bay would stay there until the relocation to Sango Pond in the fall of 2002. It must be understood that Health Canada, on the advice of our expert panel, does not support treatment of these young children for a period of one and a half years, outside of their home community. If, however, on being assessed it is determined that the children need to receive child and family services support and care, this will be available through the Province with support from IAND. Therefore, it is our expectation that, within this year, most of these children will be successfully reintegrated with their families in Davis Inlet where they can receive aftercare in the community.

5. If it is identified that additional children and adults of Davis Inlet require treatment for substance abuse, Health Canada will continue to make arrangements for their treatment from the network of Youth Solvent Abuse and NNADAP Treatment Centers. These Centers are run by First Nations and Innu for First Nations and Innu and have a proven track record of assisting children, adults and families with these problems.

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6. It was agreed to support family and community treatment and healing. To this end, we have agreed to cover the cost of treatment for solvent abuse of up to 30 young adults in St. Norbert, Manitoba, as well as to work with your community in the development of the mobile family country treatment program. I also encourage you to use the current NNADAP resources in your community to support the individual and family aftercare programs. We would be pleased to provide advice on the development of these programs.

7. We have also committed to working with the Aboriginal people of Labrador and the Province of Newfoundland and Labrador in the development of a detox center. I understand a committee is to be put in place and I look forward to hearing of its progress.

The second issue discussed at the recent meeting was Health Canada's intention to bring the Davis Inlet health funding under 3rd party management with KPMG. This will be done shortly, once the details have been arranged. A commitment was made that this would be a temporary situation and if the audit, now scheduled for May, shows that your finances are under control, this decision will be revisited. In addition, to address the cash flow issues for this fiscal year, a letter of agreement has been prepared and we are arranging to send payment for the first two months as soon as possible.

I trust that many issues will continue to be resolved through the tripartite and implementation committees that have been established to work with you and your community through the healing path.

By working together and by involving all members of your community, I am convinced that our work will result in a future that all can feel pride and hope in achieving.

Yours sincerely,

Patrick Borbey
Associate Assistant Deputy Minister

Attach:

c.c.: Al Garman
Beverly Clarke
Brian Dorey
Ian Grey

Health Canada Expert Advisory Committee
For The
Innu of Labrador

Members Present: Dr. Margaret Clarke, Debra Dell, Banakonda Kennedy Kish Bell, John McCready, Marybeth Minthorn-Biggs, Marion Mussell, Alice Nowegijick

Health Canada: Debra Gillis, Nick Hossack, May Toulouse, Brian Dorey, Janet Binks, Marlene Nose, Robin Dupuis

The Committee met on Tuesday March 27, 2001. The following represents a summary of the principles and recommended short and long term actions to assist Health Canada in its discussions with the province of Newfoundland and Labrador and the Innu of Labrador, with a particular focus on Davis Inlet and the children in the Grace Hospital in St. John's.

PRINCIPLES

- Treatment and services should be based on a best practises model.
- Services must be culturally competent.
- Services must be family centered.
- Services must be community centered.
- Services should address the full continuum of addictions care and treatment including prevention.
- A wholistic treatment strategy is needed.
- A long term tripartite and reciprocal commitment is needed involving the government, community and family. To the extent possible, the government commitment should be limited to funding with the community and family controlling the process as much and as soon as possible.
- The community must have both a responsiblity, voice and ownership of the problem and services.
- Services must address both risks and resiliency of the children and the community.
- A four directional service model is preferred.
- Services should be established in such as way as to transfer benefits gained in country to the village.
- Current community capacities should be supported.
- Reintegration of the children in detox and treatment with families and the community as soon as possible, where appropriate.
- Service integration is key.

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- Capacity building must be incorporated into programs, but it must be community-driven.
- The valude of all parents/care givers must be maintained.
- Services are a dynamic process and must change over time based on community needs.

TREATMENT AND SERVICE RECOMMENDATIONS

1. There was full support for Option 2 that was presented.(SEE APPENDIX) Under this Option:
   - as many children as possible (up to 14 or more) would be treated in current Youth Solvent Abuse Treatment Centers located out of province;
   - up to 3 therapeutic homes would be established in Goose Bay to treat the younger children;
   - 5 or more children would be treated in the "country program" to be established immediately; and
   - 3 children would be provided specialized treatment.

2. The Committee did not support Option 1 where all of the children would be treated in an eventual therapeutic home setting for a number of years. The principle objections to this Option were the length of time it would take to establish the therapeutic home program and the length of time children were projected to be away from families and the community.

3. It was recommended that a client advocate program be established during the course of treatment to work with the families and children during and after treatment.

4. It was recommended that a Case Management team be established to individualize treatment plans, conduct further assessments as required and follow-up each children on a regualr basis.

5. It was recommended that while children are in treatment, the following programs be immediately established:
   - Training for treatment workers on FAS/E, management of structured programs for individuals with congnitive deficiencies;
   - A family treatment programs focusing first on the families of children in treatment;
   - A community-based mobile treatment program.

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6. It was recommended that an Implementation Team be established involving all parties. The Implementation Team should have as its role an oversight function in the establishment of the treatment for the children and development of the on-going services. The Implementation Team should have the following skills - knowledge of the community, families and children, FAS/E knowledge and skills, community planning/development, aboriginal programs.

7. It is recommended that outcome measures - indicators of success be established and an evaluation of the treatment and services established be developed and conducted.

8. It is recommended that criteria for evaluating any further service delivery proposals be established.

9. It is recommended that while the immediate actions are being undertaken that work begin as soon as possible on the development of a long term community healing framework and plan.

10. It is recommended that a contingency treatment plan be developed if the recommended Option is not accepted.

11. It is recommended that the community be continually be informed of the progress of the children in treatment and the establishment of the new programs.

TREATMENT FOR THE PARENTS OF THE YOUTH

Adult country mobile treatment	Labrador	To be determine	April, 2001
Innu Treatment centre for alcohol and other drug abuse	Kauauitshi Akanit Innu Treatment Centre(Moisie)	To be determine	April, 2001
Community Treatment	Davis Inlet	Target the community	April, 2001
Moderate clients	To be referred to Alternative arrangement living in Goose Bay, Labrador		Alternative living arrangements houses. Target date, first week of April, 2001 Labrador personnel that wre dilivering services to the Sheshatshui youth could be involved The National Native Solvent Abuse Programs Network could be involved in the program development and implementation
Low risk clients	To be referred to the Child and Youth County Treatment Program in Labrador. Or To be referred to other living arrangements.		Target date, first week of April, 2001
Parents of Children	To be referred to Kauauitshi Akanit Innu Treatment Centre		Process to begin in March 2001

Appendix - INNU TREATMENT OPTION II

TYPE OF TREATMENT	L O C A T I O N /REQUIREMENTS	NUMBER OF CLIENTS	TIME FRAME
Maintenance Program	- Goose Bay - Requirement: 3 houses/homes	10 (4girls 10 to 11 years old- 6 boys 11 to 12 years old)	April 9
Native Solvent abuse Treatment (with Innu workers and family support)	Native Solvent Abuse Treatment Centre (same location boys in one facility girls in another)	14	April 2
Country Treatment	Labrador	5	April 6
Youth Care Agreement	St. John's NF	1	First week of April
Specialized sexual behavior treatment	Out of province	1	First week of April
Supervised boarding home (adult client)	Goose Bay Labrador	Target the community	First week of April

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