

## **Community Emergency Response Program Final Report 2002-2003**

The primary objective of CERP for the 2002-2003 fiscal year was to develop long-term partnerships with national and regional agencies, working groups and governments. To that end, it was a successful year. In order to establish working relationships and partnerships, educational seminars regarding the CERP's vision, mission, goals and its model of program delivery were presented to diverse stakeholders across Canada.

### *Vision:*

The empowering assistance of the partnership comprising FNI-CERP would result in the restoration of health and balanced lifestyles for First Nations and Inuit children and youth, their families and communities, who are experiencing substance abuse or mental health crises.

### *Mission:*

FNI-CERP would provide human expertise and financial resources to assist First Nations and Inuit families and communities with their remedial and capacity-building efforts intended to prevent, intervene on an emergency basis, protect and permanently divert their children and youth from abusing mood and behaviour modifying substances, and from creating and actively participating in peer group formations that actively engage in substance abuse.

### *Goals*

1. To work with Regional Partners to establish an accurate monitoring, risk assessment and notification system to ensure that communities and emergency responders can intervene to protect children and youth in any First Nation and Inuit community in Canada from the immanent danger of high-risk substance

abuse behaviour patterns systematically promoted by adverse environmental circumstances or influential peers or adults.

2. To assist individuals, families and communities in crisis in realizing their own assets and strengths and to utilize those resources in restoring individual, family and community wellness and balanced lifestyles.
3. To establish and utilize a risk assessment process that begins with a notification system at the community and regional level and includes various decision and planning points involving interactions between professional program personnel and community leaders and health workers.
4. To provide an emergency response intervention process to ensure that the children and youth who are actively engaging in high-risk substance abuse behaviours or suffering from mental health issues are protected from immediate risks.
5. Through facilitating effective communication strategies and by providing critical incident stress debriefing and grief and trauma counselling, to bring calm to crises and to stabilize crisis situations so that they can be effectively managed and overcome in a satisfactory way.
6. To provide high quality, effective, mobile, emergency intervention services in communities interested in receiving external assistance in order to remedy substance abuse and/or mental health crises among children and youth.
7. To assist communities in crisis with their planning for long-term strategies aimed at stabilizing crisis situations involving substance abuse behaviours

and/or mental health related behaviours of children and youth, sustaining healing and recovery processes, and preventing the recurrence of such crises.

8. To provide support for community leaders and front-line workers and other community health workers and agencies and to assist them with their efforts to build their own team, organization and community capacities.
9. Through consultations, training, planning assistance, local strengths and assets identification, and in some instances, minor capital allocations, to assist in the development of individual, family, school, and community capacities for deterring children and youth from high-risk substance use and self-harm behaviours.
10. To assist communities in establishing linkages and developing partnerships that can contribute to effective long-term prevention and intervention strategies in the community, in shared service and cultural areas, and in regions.

## **CERP Promotion and the Establishing of Partnerships**

### **Regional Working Groups**

CERP met with a majority of the NNAPF Regional Working Groups (with the exception of Quebec, Yukon and the Northwest Territories) in order to provide information on its vision, mission and goals and to request feedback on the proposed model to address community crises. The need for CERP was reinforced by the Regional Working Groups and it was recognized that each region is unique and would require program flexibility in order to meet the diversity of community needs. Each Regional Working Group was

tasked to assist in the development of draft protocols for regional and community partnerships, mobile crisis response prioritization and communication “trees.” The protocols for regional and community partnerships will be incorporated into the national communication strategy once approved by the National Steering Committee. Similarly, the regional communication trees will be incorporated into the national communication strategy to ensure efficient and timely dissemination of information. Community information will assist in the development of the national data base and meld with the information acquired from the CERP National Environmental Scan.

#### **Youth Solvent Abuse Centres (YSAC)**

A presentation was made to the YSAC directors regarding the proposed model of service delivery and the formation of a partnership with the treatment centres. As well, the YSAC crisis response contingency plan was reviewed and discussed as a service option until the National Crisis Response Team was trained and in place. The YSAC directors agreed to review the plan and to provide an update regarding availability of staff and corresponding resources. The YSAC directors nominated Mr. Steve Clarke (Executive Director Whiskey Jack Treatment Centre) as their representative to the National Steering Committee and Ms. Connie Forbister as their representative to the interim advisory circle. The directors reconfirmed their ongoing support of the CERP program and philosophy of building national, regional and community partnerships.

#### **National Brighter Futures Representatives and National NNADAP Representatives**

Presentations were made in Edmonton, Winnipeg and Ottawa to national and regional Brighter Futures representatives and national NNADAP representatives. Input regarding the process of developing working relationships with high risk communities

and their community based workers was received on all meetings. This information reinforced the approach taken by CERP regarding the existing strategy of supporting community strengths and assets and promoting Community Advisory Groups, who would work in conjunction with CERP personnel to develop intervention and healing strategies. Mr. Doug Mercer was nominated to sit on the National Steering Committee.

### **Government of Nunavut Department of Health and Social Services**

A presentation was made to directors, managers and staff of the Government of Nunavut's Department of Health and Social Services. Other regional stakeholders were also in attendance (i.e. education, corrections, and crisis services). The vision and goals of CERP were presented, as well as an update on the National Native Addiction Partnership Foundation by the NNAPF Board Representative, Mr. Ainiak Korgak. Members of the meeting also provided CERP with information on the Nunavut Addictions and Mental Health Strategy.

### **Centre for Addiction and Mental Health (CAMH)**

A meeting was held on March 25<sup>th</sup> in Toronto at the Centre for Addiction and Mental Health with the President and Vice President of Clinical Services and the Director of CERP, Glenn Forrest (NNAPF Board Member) and Peter Menzies (CERP National Steering Committee member and Manager of Aboriginal Services CAMH). CAMH indicated that a partnership with NNAPF and CERP would be a high priority as aboriginal health issues are an important component in their ten year strategic plan. Dr. Patrick Smith has demonstrated an interest in co-sponsoring training for the Department of Psychiatry at the University of Toronto, with NNAPF – CERP. NNAPF has been requested to draft a memorandum of understanding with CAMH regarding a partnership.

**Other Presentations**

Two presentations were provided at the Healing Our Spirit WorldWide in Albuquerque, New Mexico (September 2-6, 2002). The audiences represented several different countries (New Zealand, Ecuador, Chili, Australia, United States, etc.). The presentation was interactive and feed back from participants was encouraged. Information was obtained from the audience on their experiences regarding emergency response program delivery and their input was gathered for the information library at CERP.

CERP also met with the staff from the Aboriginal Healing Foundation in order to acquire information for the submission of a proposal for a community mobile response program for the treatment of physical and sexual abuse trauma related to residential schools. As a result of this meeting, NNAPF submitted a proposal for a CERP national mobile treatment and intervention program.

A brief presentation of CERP services was delivered to the Noojimawin Health Authority, whose mandate is to work with the 10 Regional Aboriginal Health Authorities. Noojimawin Health Authority provided a letter of support for the CERP Aboriginal Healing Foundation program proposal.

CERP was also represented at the meetings of the Health Canada – First Nation and Inuit Health Branch National Mental Health and Addiction Integration Task Force. The task force was given the mandate to make recommendations on a model of service delivery which would encompass both addictions and mental health. It was recognized in this process the need for national mobile crisis response services that would not only provide intervention in the area of addictions, but address mental health issues as well.

CERP provided four days of training (February 17-20, 2002) at the NNAPF National Training Conference in Edmonton, Alberta. Training was provided on the following topics: Compassionate Healing for Community Crisis; Non-Psychometric Assessments; Basic Counselling Skills; Addressing the Trauma in Our Lives. The training was well received and the feedback was positive.

The Director of CERP also attended several meetings (national technical advisory meetings) regarding program development in the area of Fetal Alcohol Spectrum Disorder.

### **Summary**

Overall the objectives of establishing national, regional and community partnerships were successful. Community representatives were in attendance at the Regional Working Group meetings and are represented on the National Steering Committee. The National Communication Strategy for 2003-2004 will ensure that CERP continues to receive their input on the provision of services and for program evaluation.

CERP also worked in conjunction with the NNAPF Web Master to provide information on the national website. Information on CERP, as well as “healthy living” information is available on the CERP web page. CERP will be profiled in the next NNAPF newsletter. A draft of the CERP communication strategy will be presented to the National Steering Committee for input and approval.

### **Establishment of an office**

As outlined in the 2002-2003 Work Plan, an office was established for CERP. An office assistant was hired and the office became functional in September 2002. All office setup objectives were obtained and office expenditures were on budget.

### **CERP Database**

An objective of the 2002-2003 work plan was to work with NNAPF to develop a CERP database. Draft Assessment tools have been developed and will be presented to the National Steering Committee for final review and approval. The information obtained from these tools will provide the mainstay of the database and allow for outcome measurement.

The national environmental scan will also provide baseline community information, however tracking variables have yet to be extricated from this information. As well, a commonality of risk variables will have to be established from the scan and combined with the community assessment tools which have been created to be used by CERP.

### **Establishment of the National Steering Committee**

A call for nominations for the National Steering Committee was sent to all the Regional Working Groups, all NNADAP treatment centres, all YSAC treatment centres and several Tribal Councils in December 2002. A list of the nominations with their resumes was presented to the Interim Advisory Board in Ottawa on February 11, 2003. The Interim Advisory Board approved the appointment of the following individuals to the National Steering Committee: Joseph Charlie (Fraser Lake, B.C. – B.C. rep.), Marilyn Willier (High Prairie, Alta. – Alberta rep.), Deanna Greyeyes (Marcelin, SK – Saskatchewan rep.), Steve Clarke (Norway House, MB – YSAC rep), Doug Mercer (Winnipeg, MB – Brighter Futures rep), Glenn Forrest (Ohsweken, ON – NNAPF rep),

Peter Menzies (Toronto, ON – CAMH rep), Ruth deVries (Iqualuit, Nunavut – Nunavut rep), Vince Stevens (Eskasoni, NS. – Atlantic rep.). The Manitoba Regional Working Group had appointed a representative; however he did not receive approval from his employer to attend the meetings. Ontario will be appointing someone. The Quebec NNAPF board member was contacted on several occasions; however a nomination was not received.

The first meeting of the National Steering Committee was held on March 13<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup> in Toronto, Ontario. The Annual Work Plan and Budget for 2002-2003 were presented. Input was provided by committee members to NNAPF regarding the expenditure of the projected budgetary surplus. The Terms of Reference were modified and approved by the committee. Similarly, the duties and responsibilities were reviewed and modified. A considerable amount of time was spent discussing community relationship building and capacity building. As well, the Policies and Procedures Manual was reviewed and modifications and changes were provided by committee members. The meeting was very successful.

### **Establishment of CERP National Advisory Circle**

A call for nominations for the National Expert Advisory Group was sent to all the Regional Working Groups, all NNADAP treatment centres, all YSAC treatment centres and several Tribal Councils in December 2002. The Terms of Reference were modified and it was suggested that the name of the working group be changed to CERP National Advisory Circle (CNAC). Draft position descriptions for the National Trainers and the National Crisis Response Team members were developed. They will be submitted to the National Steering Committee for approval. As well, a strategy for recruitment was

discussed. Training and development needs were discussed in detail, as well as a communication strategy for the response teams. The assessment manual will be forwarded to all the above individuals for input and feedback and then submitted to the National Steering Committee for approval. National training needs were discussed and information gathered for the development of the national training strategy. A review of the need for a National Advisory Circle will be completed by the steering committee and a decision made in the new year.

### **National Training Strategy**

As indicated above, the national training needs were discussed in detail at the CERP National Advisory Circle meeting of March 30<sup>th</sup> and 31<sup>st</sup>. The information gathered from this meeting and from other resources has been compiled for the development of the National Training Strategy. A draft training program has been created for the development of a national response resource team. As well, a national recruitment strategy has been drafted for the recruitment and selection of team members.

### **Development of a National Communication and Promotion Strategy**

Effective promotion and communication of CERP services is crucial for ongoing program development and the development of essential partnerships. Just as important however, is the method of promotion and communication. A draft communication and promotion strategy has been completed and is ready for review by the National Steering Committee and National Advisory Circle. Recommendations from these two groups for adoption will be forwarded to the NNAPF Board of Directors.

### **Environmental Scan**

The first stage of a national environmental scan was completed. The scan will provide key community information essential for appropriate crisis response services. Key information such as historical trauma issues, community based services, regional services and community development projects will be available so that decision and intervention decisions will be made with the maximum amount of information available. As well, the information obtained from the environmental scan will be incorporated into the CERP community database system.

### **Regional Templates**

It is not the intent of CERP to replace any existing crisis response program. In fact, CERP recognizes that there are many effective community based crisis response programs across Canada. As a result, CERP has gathered information from many regions across Canada who have crisis response programs and/or systems so that current strategies could be reviewed. This review will lead to the development of Regional Templates (to be created in conjunction with the Regional Working Groups) with the intent to illustrate existing partnerships, crisis response programs, and regional gaps.