



Created by the
Citizens of the Kaska Nation
& the Town of Watson Lake

*Can You
Hear the
Drum Beat?*

Our **FINAL**
10 Year
VISION

for
Health & Healing

Full Report



Facilitation and Report Prepared by
Beringia Community Planning Inc.



April 2010



Executive Summary

In April 2008, the Liard First Nation (LFN), under the project leadership of the Liard Aboriginal Women’s Society (LAWS), launched a community-based process with the Kaska community and individuals of the Town of Watson Lake to identify a path leading to a healthy community. We wanted to answer questions on how best to address the epidemic problem of alcohol and drug addiction in our community. This two-year process was funded by the Northern Strategy Trust Initiative to complete a three-year treatment strategy. Beringia Community Planning Inc. was hired to assist with planning facilitation, research, analysis, and documentation.

Based on our participatory five-phase planning process, we engaged over 256 individuals including Elders and youth, women and men, Kaska Chiefs and Councils, the Mayor and Council of the Town of Watson Lake, principals and teachers, and health professionals, organizations, and agencies involved in the health and well-being of our community. This was a tremendous effort. After two years of engaging individuals through talking, questioning, drawing, listening, storytelling, researching, and writing, we are celebrating the completion of our *Regional Treatment Strategy*.

We have created this strategy for a community-based substance abuse healing system that is for the community, by the community. It is based on traditional and local knowledge and values, targeting our strengths and assets. Our vision is for a culturally appropriate healing system. We also want a more inclusive and self-reliant community, one that emphasizes effective intergenerational relationships, cross-cultural partnerships and relations, collaborative and cooperative working relationships, and increased equity in the contribution of men’s and women’s roles within our community.



Our strategy provides a framework for action to support the long-term change we desire. It sets out our vision statement, identifies priorities based on wise choices, and uses our resources to achieve our nine agreed-upon objectives. It is holistic and comprehensive in that it considers the social, economic, health, cultural, educational, and land-based needs of individuals in our region. We believe that this strategy and the social learning generated from the planning process will ultimately lead to improved health and wellness, increased social capital, sustainable development, and environmental stewardship.

Our 52 actions under the 12 action themes are as follows: 1) Planning Process; 2) First Steps – Implementation; 3) Current & Expanding Actions; 4) Health Governance; 5) Agency Collaboration; 6) Capacity; 7) Financial & Economic Development; 8) Community Engagement; 9) Youth; 10) Healing Programming; 11) Learning & Education; and 12) Health Infrastructure (Healing Centre).

The projected cost to implement our 52 projects over 3+ years is estimated to be \$16.2 million.

This report is organized into five planning phases: 1) Getting Ready; 2) Assessment; 3) Vision; 4) Action; and 5) Results. References to the 24 appendices are inserted throughout this document. These are contained in an Appendices Binder to support the findings. A shorter, Executive Summary Report (46 pages) of the strategy was also prepared to help communicate the results.

On behalf of LFN and LAWS, thank you to the many individuals who made this strategy possible.



Dedication

We would like to dedicate this healing strategy to the late Lorna Reid. Lorna was a member of the Crow Clan, born in Dease Lake, British Columbia (BC). She was the oldest of five children born to Fred and Fanny Carlick. Lorna raised three children, and also looked after many children in Lower Post, BC.

Lorna will long be remembered for her personal healing journey that began 28 years ago and for her dedication towards improving the lives of Kaska people. Lorna believed in the healing power of faith. She joined LAWS in 2000 and remained steadfast in her conviction to heal our people until her passing in 2008.

Lorna would be very pleased today as we move toward her prayer of healing our people from the epidemic of addictions. She would smile knowing that our strategy includes the return of our cultural identity.



Acknowledgements

The completion of this *Regional Treatment Strategy* could not have been possible without the dedication and contribution of community individuals. LAWS would like to extend a sincere thank you to all those who worked hard to achieve our vision of a healthy community.

A special thanks to Chief Liard McMillan and the Council of the LFN, as well as to Tribal Chief Hammond Dick of the Kaska Tribal Council, the Chiefs & Councils of the Daylu Dena Council, Ross River Dena Council, Dease River First Nation, and Kwadacha First Nation for your participation and support during this process.

A sincere thank you goes to the Elders, youth and the 256 participants who shared their knowledge and vision for change.

To the Town of Watson Lake, the Mayor & Council, school principals and teachers, and the numerous individuals and health agencies already supporting the Kaska Nation and the Town of Watson Lake, thank you for your participation and discussions about how we can better obtain our vision of a healthy community.

This plan would not be possible without the funding support from the Northern Strategy Trust Initiative. Thank you to the Yukon Government for this important contribution.

Finally, we would like to acknowledge the dedication and commitment of the LAWS Board Members, as well as the Executive Planning Committee (Ann Maje Raider, Tom Cove, Sharon Miller, and Travis Stewart), Members of the Planning Support Team, and Beringia Community Planning Inc. Without their support, this treatment strategy would not be realized.





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“What do I like? There is always lots of friendly faces and all the nature, and all the animals.



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Phase 1: Getting Ready



This phase of planning is where we asked the question “Are we ready?” It included assessing capacity and organizing funding, people, governments, agencies, information, and data. It involved community engagement and communications for all phases of planning. The community invested time in asking individuals how they wanted to be involved in the process, to ensure a community-driven approach that is culturally respectful. It was important to explain the process (phases, steps, and decision tools) continuously, and adapt our process as needed. We also explained how local knowledge was to be used and respected and how an extensive effort would be made to document and share results of the process. Getting ready for planning was a continuous process of organizing and adapting the process strategically based on what we heard.

Quotes from the Planning Support Team Closing Workshop - April 29-30, 2008

“ Feels like we have given birth to something

“ Exciting, a dream come true

“ Recognize that our people need help, and want to do something

“ You always have to have hope – that people will be well again

“ Gives me a lot of courage to keep working on myself/hope for change

“ Hope for our children

Introduction

Project Leadership

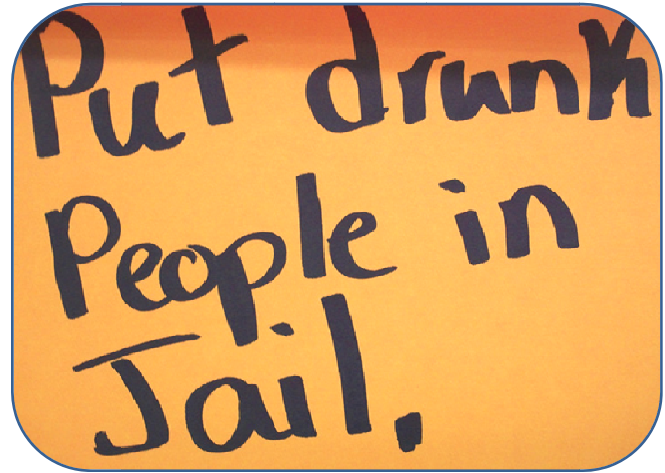
In April 2008, the Liard First Nation (LFN), under the project leadership of Liard Aboriginal Women’s Society (LAWS), launched a community-based process with the Kaska community and Town of Watson Lake to identify a path leading to a healthy community. The Northern Strategy Trust Initiative funded a two-year process to complete a three-year treatment strategy. Beringia Community Planning Inc. was hired to assist with planning facilitation, research, analysis, and documentation.



The LAWS Planning Support Team

Background

This current healing effort was first initiated by the Kaska Nation in 1993, when a comprehensive strategy on how best to address the chronic problem of drug and alcohol addiction was considered (see the report entitled *Kaska First Nation Program Proposal for the Development and Implementation of an Addiction Treatment System*). Since 1993, this commitment has been supported by the ongoing work of local health and social service agencies, and non-government agencies, including LAWS and the Watson Lake Wellness Committee. These agencies have consistently identified and supported the need for a *community-based, culturally appropriate* healing system.



However, for over 17 years, the issue of alcohol and drug addiction has not been addressed effectively. One thing remains certain: there is a consensus that the absence of a culturally appropriate treatment system is severely impacting the Kaska Nation's ability to prosper socially, culturally, and economically. The need can be considered foundational at the broadest strategic level and acts to undermine the quality of life for both individuals of the Kaska Nation and the Town of Watson Lake.

At the present time, our well-being is severely impacted by drug and alcohol addiction, and other dysfunctions such as lateral violence, physical abuse, bullying, and violence against women. Substance abuse is severing our relationship to our land, culture, and identity. It is impacting our language, governance systems, spirituality, our subsistence economy, traditional food systems, traditional medicine practices, family cooperation, and mutual interdependence. Problems associated with substance abuse, including family violence, violent crime, drug trafficking, and medical health issues are endemic to all parts of our community.

"It's nice to know this planning process is launched just when we think there is no hope for this community."

These abuses are well documented and are attributed to factors such as: European contact, history of outside relations, residential schooling, government policy and programs, economic poverty, geographic isolation, and trauma, among others. Substance abuse is a drastic, immediate, and ongoing problem because the work, commitment, and resources needed in the community to build the long-term health of both individuals of the Kaska Nation and Town of Watson Lake are far from adequate. Indicators expressed by community participants reveal the system's imbalance:

- Increase use of hard drugs and alcohol
- High number of doctor visits to Ross River
- Increased incidents of death due to drug and alcohol use
- Loss of A & D position of the Kaska Tribal Council
- Reported cases of community violence
- High unemployment rates
- High abuse of prescription medication
- High number of social assistant recipients
- High number of alcohol and drug infractions
- Low school attendance levels (truancy)
- Low community participation levels at general assemblies
- Poor school attendance
- Low school enrolment and number of graduates
- Lack of funding resources
- Loss of parenting skills
- High number of break and entries



Planning Opportunity

We created an opportunity to facilitate and participate in a community planning process that identified a vision, defined our priorities (e.g. expand health governance and build a cultural foundation for healing), and allowed us to decide on a set of actions (e.g. develop a local healing centre and create a health trust fund) necessary to improve our community health. Based on our participatory five-phase planning process, we engaged over 256 individuals including Elders and youth, women and men, Kaska Chiefs and Councils, the Mayor and Council of the Town of Watson lake, principals and teachers, and representatives from organizations and agencies involved in the health and well-being of our community. (See Appendix A for a list of participants.)

“We know what people need and want, it’s how to get action.

“I like the gathering of people who really care - I hope more people can participate.



Planning Objectives

*“All Kaska communities should be involved.
Maybe a gathering? Let's get our nation healthy. One by one.*

We want to build a more inclusive and self-reliant community, one that emphasizes effective intergenerational relationships, cross-cultural partnerships and relations, collaborative and cooperative working relationships, and increased equity in the contribution of men's and women's roles within our community.

The objectives of our community-based planning process were to:

- Develop a clear, written plan for culturally appropriate, holistic, community-based substance abuse treatment and detoxification that has the support of a wide cross section of people in the region;
- Facilitate the involvement of a wide cross section of the whole community, local agencies, and non-governmental organizations (NGOs) in the planning process, and empower confidence about finding local solutions to local concerns;
- Expand governance capacity and control through hands-on-learning, innovative decision tools, multiple engagement methods, and action research, while maintaining gender and demographic diversity in a culturally sensitive manner;
- As a by-product of the planning process, the project will increase community awareness and understanding about critical social and health issues, and their relationships with substance abuse, treatment, and options for regaining control;
- Maximize opportunities to build upon existing human, technical, and physical resources, and identify gaps in those resources, including services, programs, and facilities; and
- Communicate the results of the planning strategy in a regular, consistent, and effective manner throughout the course of the project.



Communications Tools

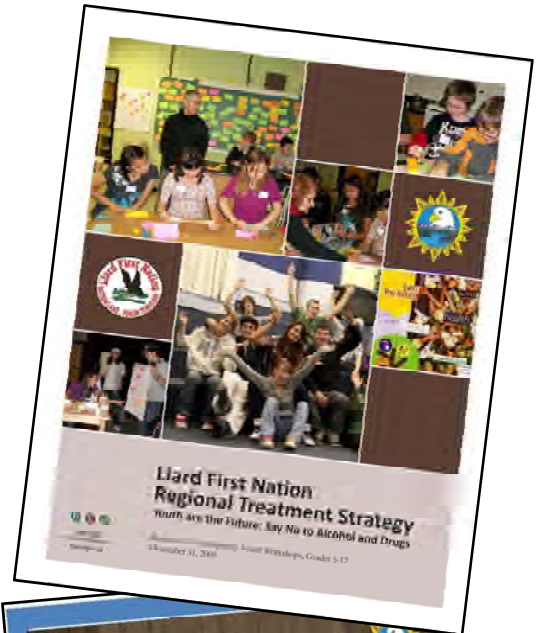
We have produced an extensive number of planning and communications products to share the results of our community process. There are three main planning documents from our process:

1. This report is the long version of the *Regional Treatment Strategy*.
2. To keep the size of the document to a minimum, many of the workshop, research, and survey deliverables are located in a *Appendices Binder*. (See Page viii for a listing).
3. A shorter version of this report exists as an *Executive Summary*, with a small set of appendices (it is important to refer to the *Appendices Binder* for background information and analysis).

Organization of Report

This report is organized into the five planning phases:

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



Approach & Methodology

We have created this strategy for a community-based substance abuse healing system that is for the community, by the community. It is based on traditional and local knowledge and values, targeting our strengths and assets. Our strategy provides a framework for action. It sets out our priorities based on wise choices and uses our resources to achieve our nine agreed-upon objectives. It is holistic and comprehensive in that it considers the social, economic, health, cultural, educational, and land-based needs of all individuals in our region.

Our planning process was based on five phases of planning as illustrated in Figure 1. These phases included: 1) Getting Ready; 2) Assessment; 3) Vision; 4) Action; and 5) Results. The five planning phases were essentially guided by the following questions:

1. Are we ready? (Capacity)
2. Where are we now? (Assessment)
3. Where are we going? (Vision)
4. How do we get there? (Action)
5. Are we getting results? (Results)

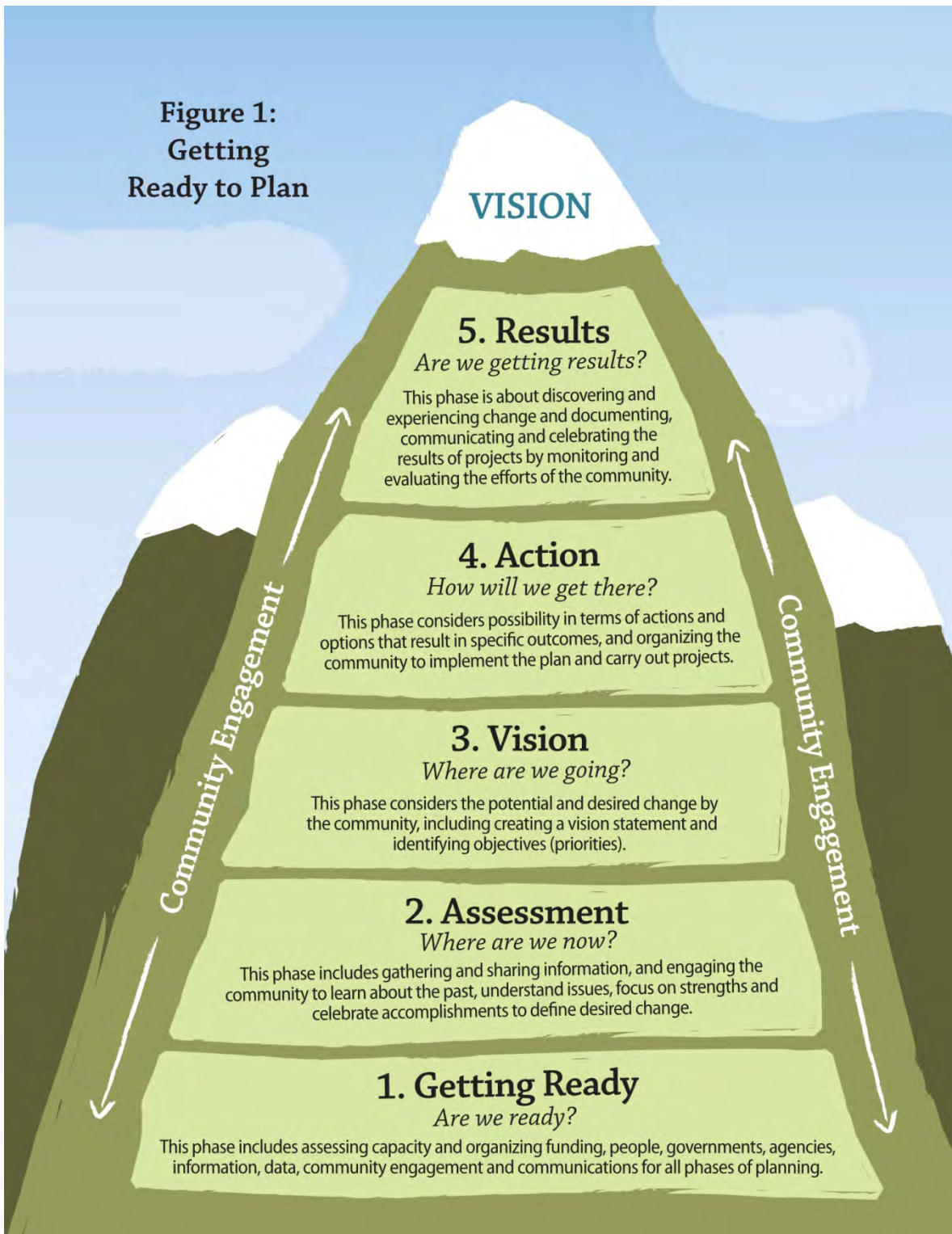
Our process progressed in an organized way, with approximately 25 steps (illustrated in Figure 2) within our five-phase planning process to complete our treatment strategy over a two year period.

*“Leadership and people say they want healing
but there is no action.*

*“Ongoing leadership support is essential to
implement our vision for health and wellness.*



**Figure 1:
Getting
Ready to Plan**



**Figure 2:
5 Phase Planning Process**



Phase 1: Getting Ready

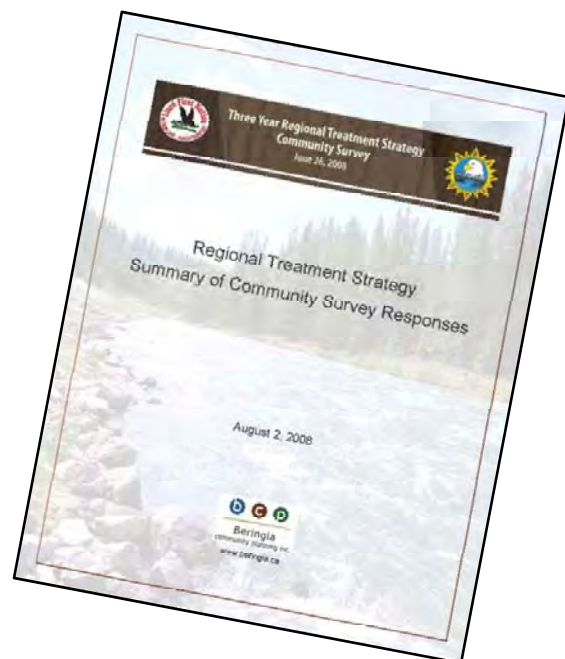
“When you gather people together you seem to achieve more positive ideas and plans.

Over the course of two years, from April 2008 to April 2010, individuals of the Kaska Nation and the Town of Watson Lake were invited to participate in developing a three-year regional strategy for community-based substance abuse treatment. Under the project leadership of LAWS, we engaged the services of Beringia Community Planning Inc. to help us facilitate our community process. This first phase of planning focused on the question “Are we ready?” We did this by assessing our capacity and organizing funding, people, governments, agencies, information, and data as well as community engagement and communications.

At the outset, we wanted this plan to be created by the community, for the community. As a result, two planning support groups were formed to guide the process. The first group was an Executive Planning Committee to help oversee the management and administration of the planning project. This group worked closely with the LFN, keeping the lead government informed about the project.

The second group was the Planning Support Team. This group consisted of a core group made up of community individuals, staff, health workers, and Elders who helped to lead and guide the planning process. This group was responsible for guiding the community engagement and overseeing communications.

Early on in the planning cycle, we completed a community survey to identify how best to involve the community in the planning process, and how individuals wanted the results of the process to be documented and communicated.



Phase 2: Assessment

We engaged the community and completed research to assess our ‘past’ and ‘current’ situations to better understand our strengths, lessons learned, issues and causes of substance abuse, and the effects of these on our community (see Figure 3 for our Community Planning Framework). To help answer the question “Where are we now?,” we spent time acknowledging our community’s strengths, identifying opportunities, and debating the existing and potential threats all in an effort to create the best possible ‘future’ situation for our community.

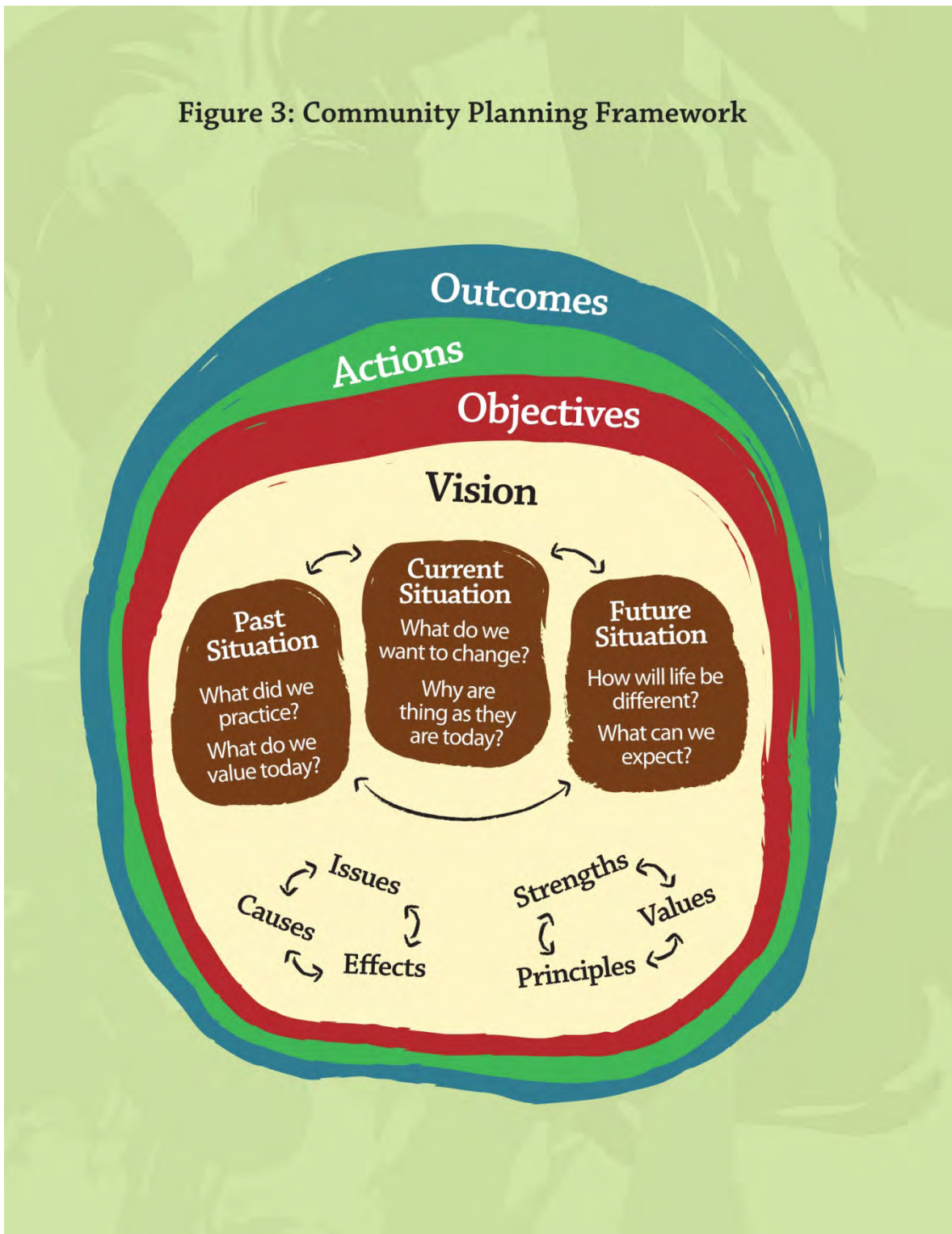
Phase 3: Vision

Once we assessed our community situation, we worked at capturing our future in a vision statement (located on Pg. 43, Figure 10) to determine “Where are we going?” This was followed with a set of principles (see Table 1 on Pg. 41 for the listing) and nine core objectives which would ultimately help us decide what actions (projects, programs, and policies, etc) would create our desired outcomes (see Figure 11 on Pg. 45 for an illustration of the objectives).

“Having our leaders come was great. They could hear the community’s concerns.



Figure 3: Community Planning Framework



Phase 4: Action

“Build responsible, strong and healthy people who care and support one another.

By identifying what really matters to us, and why, we could shift the process to the “How do we get there?” question to meet our vision and nine core objectives. Our objectives are the priorities needed to establish a sustainable healing system. Initially, we brainstormed over 200 solutions to overcome alcohol and drug addiction, and how we see healing being organized in our community.

To narrow down and focus our limited resources (e.g. information, time, funding, and people), we completed several ranking exercises in a structured way over a series of workshops to help us decide what would have the biggest impact on our vision. At the end of our process, we came up with a final set of 52 actions grouped into 12 Action Theme Areas to meet our vision (see Appendix T for a full list of actions and Table 3 on Pg. 48 for the summary listing. This exercise was followed by action planning, as well as the development of implementation and funding strategies.

Phase 5: Results

The final phase of the process looked at setting up our planning process in a way that answers the question “Are we getting results?” This phase is not only about discovering and experiencing change, but it includes developing steps to document, communicate, and celebrate results of the strategic actions. Monitoring and evaluating the plan consists of gathering information and evaluating that information so that adjustments to the process and the action plan can be made in an effective and transparent manner.



Community Engagement & Communication

“Need to get the non-Aboriginal players in the conversation.

As a result of our community survey, we designed our community planning process to be inclusive, participatory, capacity-based, and ongoing so that it worked for the community. We engaged youth, Elders, women and men, political leadership, agency representatives, health professionals, staff, principals and teachers in a discussion about their understanding and views on creating a better future for our community. Over 256 individuals participated in our process over a two-year period (see Appendix A for a list of participants).

To get everyone’s input on the future health of our community, we hosted open houses and community feasts, organized community workshops, distributed surveys and newsletters, conducted research and literature reviews, delivered presentations, and interviewed and met with people over time (see Figure 4 for the engagement methods). In short, we talked, questioned, discussed, listened, analyzed, summarized, documented, and communicated the results of our two-year process. Figure 5 summarizes the engagement and communication milestones of our two-year process. Our main communication effort was through the LAWS website, community newsletters, word of mouth, presentations, decision tools, and various report and survey summaries. In total there were 39 planning deliverables (see Figure 6 for a summary).



“We need to get to the people who have turned their life around – get the healthy people to tell their story.

Figure 4: Engagement Methods



Figure 5: Two Year Planning Process Milestones



Figure 6: Planning Deliverables



Phase 2: Assessment



This phase consisted of gathering background information and completing an analysis to help answer the question “Where are we now?” This foundation of knowledge and understanding helped to direct our future vision – or what the community wants to change for the health of future generations.

Quotes from participants

“ No help or support for an alcohol free environment

“ The Kaska have the capacity to create a healthy nation

“ Too much teens drinking, smoking and doing drugs because some of their friends do all that

“ We recognize we need help and we want to do something

“ Kaska people are strong in rights and titles

“ Members are bootlegging to other members

Community Profile

This section highlights some background information and analysis to assist in answering the question “Where are we now?” This foundation of knowledge and understanding helped to direct our future vision – or what the community wants to change for the health of future generations.

The community profile introduces the Town of Watson Lake, both First Nation and non-First Nation populations, and the five Kaska First Nations communities, namely: the LFN, Daylu Dena Council, Ross River Dena Council, Dease River First Nation, and Kwadacha First Nation. The full profile, entitled “Community Profile: Watson Lake and Kaska First Nation” (located in Appendix H), summarizes the relevant governance, environment, social and economic conditions.

Geography

The target area for the *Regional Treatment Strategy* surrounds the physical boundary of the Town of Watson Lake including the LFN’s territory. In addition, the other four Kaska Nations located in the communities of Ross River (Yukon), Lower Post (BC), Dease River (BC), and Good Hope Lake (BC) will also access and benefit from these initiatives. (See Figure 7 for a map of the region.)

The Town of Watson Lake is the Yukon’s third largest community and is both a regional and transportation hub in the southeast region of the territory.

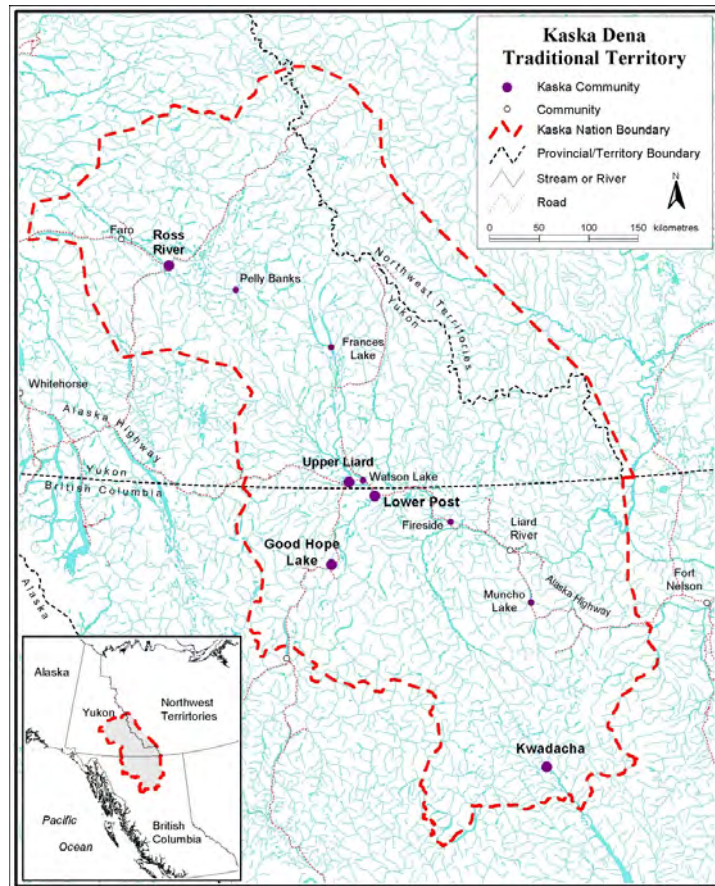


Figure 7: Kaska Dena Traditional Territory

Source: Kaska Dena Council, 2010a

Governance

The Kaska Tribal Council is comprised of five Kaska First Nations, namely: the LFN, Daylu Dena Council, Ross River Dena Council, Dease River First Nation, and Kwadacha First Nation. The negotiating body for the Kaska Nation’s BC Treaty is the Kaska Dena Council. The Town of Watson Lake is governed by a Mayor and Council.

Population

Current population estimates of the Town of Watson Lake range widely (846 to 1,555) but all sources indicate a declining trend. The majority of Kaska First Nations individuals live in Watson Lake. Despite the fact that current estimates vary widely for the LFN (305 to 1,089), it is an important segment of the Watson Lake population. Population estimates for the Kaska Tribal Council also range from 1,200 to 2,050 persons, depending on the source.

As of 2006, the Town of Watson Lake’s population was young, with over a third under the age of 24 in 2006 and children under the age of 14 constituting 21.3%. Adults aged 24 to 62 comprised the largest proportion of people at 58.5%, while adults over the age 65 represented 7.7% of the total population. The medium age in the Town of Watson Lake was 37.9 years old.

*“What do I like about
Watson Lake?
Snowboarding is the best.”*



Social - Alcohol and Drug Situation

Research is limited on the alcohol and drug situation for the Kaska Nation and the Town of Watson Lake. Summary reports on addictions and its treatment are located in Appendices K (Community Data Collection Project, March 2010), L (Literature & Resource Review: Addictions Treatment – Phase 1 Planning, June 2008), M (Overview of Substance Abuse and Addictions Treatment, April 2010), N (Themes in Aboriginal Canadian Health Addictions Research, April 2010) and O (Listing of BC Treatment Centres, August 2009). However, all current sources indicate that substance abuse is a significant issue for Kaska communities and the Town of Watson Lake, and that the impact is pervasive, from the youth to the Elders, from homes to schools and workplaces. For example, when 92 youth were asked in a survey if they thought there was an alcohol and drug problem in the community, an overwhelming 94% (83 youth) said yes, with 52% (46) recognizing it as a serious problem and 16% (14) as critical. See Appendix J for the Youth Report.

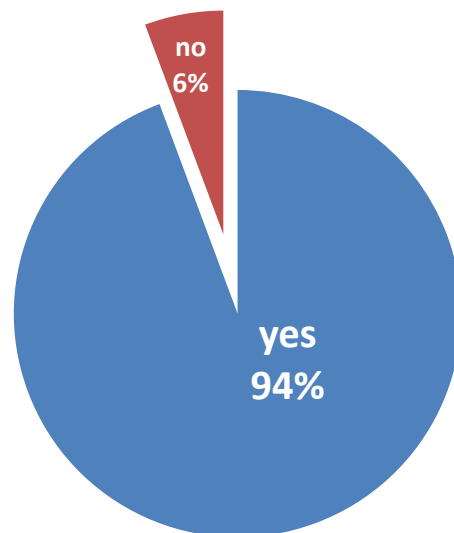


Figure 8: Do you feel that there is an alcohol and drug problem in your community?

Research on substance abuse in Yukon First Nation populations identifies that alcohol abuse poses a 'constant problem' whereby illicit drug use poses a 'frequent problem' in the community. Estimates are that between 75% and 95% of Kaska adults are facing issues related to drug and alcohol. However, of those abusing the substances, few are accessing treatment programs (for a myriad of reasons).

Local sources comment that substance abuse is part of everyone’s story including youth and is a major contributing factor to issues such as family violence and crime. One Yukon-based research study identified that half the Yukon population has been negatively affected and/or experienced harm due to people’s use of alcohol and drugs. Substance abuse also a serious concern for the health of Yukoners and is linked to a variety of health conditions and social disruptions.

Research identifies that access to drugs and alcohol is relatively easy, even for youth, which is the initial necessary step to its use. It was also found that Yukoners who live in rural areas reported having greater access to illicit drugs (e.g. crack, cocaine, marijuana, and solvents) than those who live in urban areas. In addition, research reveals that the majority of adults and youth who use drugs also used alcohol and smoke.

In terms of treatment, as illustrated in Figure 9, feedback from participants reveals that the system is dysfunctional in that it: enables each other’s addictions; citizens are not helping themselves; they are using social assistance to stay addicted and not taking ownership (at individual and community level); there is too much blaming and no initiative to create substance free events; there is too little local human resource capacity; and there is not enough programming offered, long wait times and no aftercare.

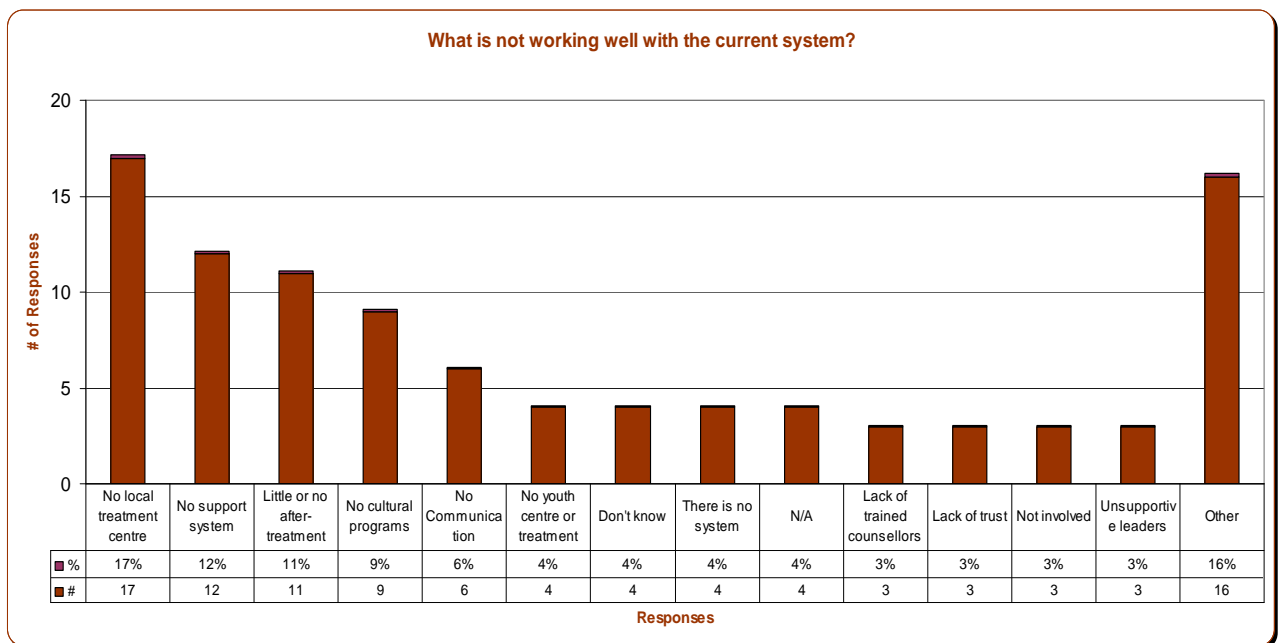


Figure 9: What is not working well with the current treatment system
(source: LFN Treatment Survey Results Summary August 2, 2008)

A review of health infrastructure shows 26 agencies that are currently available for addictions and substance abuse treatment (see Table 5 on Pg. 65 for a list of agencies). Services range from detoxification to counselling with the vast majority of key players providing information on addictions and referrals. The services are offered via toll-free help lines/online, by visiting and local providers, or citizens travel to seek assistance. However, research reveals that these services are not coordinated, nor do they incorporate cultural treatment programming, and there is no local access to a continuum of care so citizens are forced to leave their home for treatment.

Economy

While Whitehorse is experiencing strong economic growth, rural communities such as the Town of Watson Lake have experienced a shrinking economy. However, expectations are positive with the development of oil and gas exploration and other natural resource developments. It is expected that southeast Yukon will be able to capitalize on longer-term economic impacts going forward. Unemployment and the resulting reliance on social assistance is a serious concern for the Kaska communities, as well as having healthy, employable citizens who can capitalize on job opportunities.

Culture

Research and participants in this planning process identified traditional First Nations culture as a source of healing. Across Canada, current programs and services that are rooted in traditional, cultural values, and practices are proving effective at treating alcohol and drug abuse. Conversely, the lack of cultural connection is frequently cited as a primary cause of addictions among First Nations.

Our current treatment system does not incorporate the Kaska culture. We believe that our culture, language, and traditions must be an integral part of the continuum of care system, including the involvement of Kaska Elders and incorporating the land into all aspects of the program.



Community Assessment

Understanding the current situation is important to begin shifting how the community is approaching the healing challenge and opportunity, and the effectiveness of treatment efforts to date. Asking the question “Where are we now?” provides the means to translate strengths-issues-causes-effects into targeted priorities.

These priorities ultimately become the values expressed as ends-means objectives (discussed in the Phase 3: Vision section). We used a strengths, weaknesses, opportunities, and threats (SWOT) analysis as one tool to help organize what needs changing and why, and to begin deciding how we make change happen.

The SWOT analysis summarized in the following paragraphs and then listed in Table 1 was identified by participants throughout the planning process. Key identifying sessions include the Vision Workshop held in October 2008 (see Appendix I for a summary) and the Youth Workshops held in November 2009 (see Appendix J for a summary). The community was also surveyed, and a Community Data Collection Project was undertaken (see Appendix K for the full report). In addition, research was used as part of this discussion. Summary reports on addictions and its treatment are located in Appendices L, M, N and O, and the Community Profile: Watson Lake and Kaska First Nation is in Appendix H.



Strengths

“There is a lot of good trails to drive ATVs or snowmobiles.”

Perhaps the most pivotal strength is that our community wants change. It wants to solve this problem. Our members understand the issues concerning alcohol and drugs and their impact on everyone in the community. Our Elders and leaders are focusing on solutions. With this understanding and support comes a united desire to eliminate alcohol and drug addiction on both personal and community levels.

What will facilitate this drive for change is the solid ground upon which the Kaska Nation and the Town of Watson Lake is built. Our community has the land, the history, the

spirituality, the culture, and the language. It has traditions that can act as a foundation for health and wellness. It has a holistic vision for a healthy community that includes attaining each member's hopes and dreams.

Each Kaska member is part of our strength. Our community is made up of Kaska members and individuals of the Town of Watson Lake who know each other; people who are friends and family and who will care and support one another. With a common set of values to guide treatment, we will bring our people together - those who need treatment, those who are recovering, and those who want to help. We have the capacity to create a healthy community through the strengths of each member, as well as our community's experienced, qualified, and trustworthy health, social, education, and justice workers.

The strategy itself is based on taking everything that works from the current health, social, education, and justice systems and building better, more coordinated systems that meet the needs of the Kaska community.

All of this is important to us because we have potential. Our youth and Elders are committed to a substance-free and healthy community evidenced by the fact that we have more sober adults and Elders today than yesterday. Our education levels are improving. Our region has economic potential. And above all, our land is an eternal resource and can be one of the foundations for healing our people.

See Appendix P for a full listing of Strengths.



Weaknesses

“We need more information on alcohol and drugs.”

Issues affecting a community’s health may be based in fact, or simply felt. They may be historical, or a new occurrence. They may affect one person, one family, or the community at large. In an attempt to understand our current situation and our community’s issues surrounding alcohol and drug addiction, participants identified a myriad of issues (271 in fact). (See Appendix Q for “Understanding Our Current Situation: Community Issues Surrounding Alcohol and Drug Addiction”).)

The most obvious, and maybe pervasive, issue related to our community’s health is substance abuse. It is in our homes, in our schools, and on our land. Access to drugs and alcohol is too easy, and there is no control over consumption. Our community is at the point where our members are bootlegging for each other, even for our youth. We are living in an alcohol and drug addiction, dependency-based environment.

However, it is too simple to think that everyone just needs to say no to drugs and alcohol. Members are not seeking treatment because they are not empowered to do so. From not understanding the treatment program options to not feeling ready or supported by family and the community, or due to personal issues such as residential school histories, a lack of self esteem, and a fear of the unknown, very few members are actually seeking treatment, are unable to break the cycle of addiction, and are continuing to hurt themselves, their families, and their community.

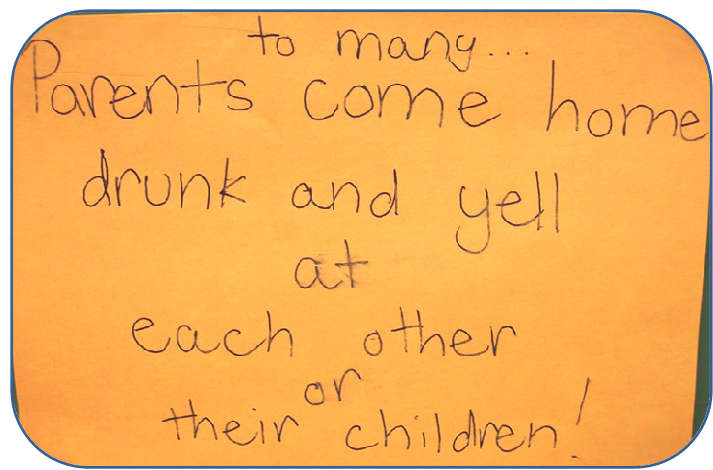


Unfortunately, our community's substance abuse issues are not limited to the adults. Our youth are ruining their lives by doing drugs and drinking. Their home, school, and social lives are constantly exposed to substance abuse issues, which result in pain, trauma, no sense of belonging, little self respect, and unhealthy living. Sadly, our community is not working to give back to youth their youth by supporting them in treatment or providing a healthy living environment.

This support originates in the family. However, families are not seeking treatment either. Family empowerment is an issue. There are too many family obstacles to seeking treatment, from not wanting to leave the family to programming not supporting the family as a unit. However, the family issue is critical to the community as the family is its backbone. With too many parents abusing drugs and alcohol, often resulting in violence in the home, children know nothing else. A lack of parenting support and an unhealthy home life exacerbates the intergenerational cycle of abuse.

A community's health is obviously a reflection of its members and its families' health. Our community is unhealthy and dysfunctional. We are losing our culture and language. We are divided along racial lines. We are unemployed and reliant on social assistance. We are not united or motivated to address substance abuse issues. In fact, we are just blaming each other or denying the issues exist. The police are ineffective at stopping alcohol and drug use, and the ensuing violence that often occurs. A lack of resources, attitude, and understanding mixed in with a lack of communication, information, and coordination are hurting our efforts. Basic principles of treatment like confidentiality are not being ensured. As a result, there is a feeling of apathy or of fear, and the environment continues to be unhealthy and unsupportive.

Unfortunately, our community leaders are not making a treatment strategy a priority, either because they themselves are abusing alcohol and drugs, or they do not have the resources or expertise to solve the problem. This lack of priority is reflected in inadequate levels of funding for treatment, a lack of vision and direction, a lack of attempts to



to many...
Parents come home
drunk and yell
at
each other
or
their children!

coordinate interagency programming and insufficient numbers of skilled and trusted counsellors from the community to support our members. Leaders are also hindered by the lack of information about our community. Government agencies are not collecting or sharing the information they need in order to understand substance abuses' affects. The lack of statistics impacts the quality of informed decision making, and does not allow the community to track and monitor the impacts of actions, or leverage funding to support treatment.

Our community extends past our borders in terms of our health. There are local, regional, territorial/provincial, federal, NGO, and private agencies providing programs related to our community's health. However, these agencies do not work together in a cooperative way to improve the health of our members. Nor do we have control over what treatment is offered by them. We do not know how each agency defines treatment, what approach they are taking, and what it encompasses (for example, if it includes pre treatment or aftercare).

What is offered in terms of programming is inadequate and insufficient. It is inadequate because it does not offer the continuum of care, does not encourage or support treatment, and does not offer specialized treatment (e.g. for suicide prevention or family programming). It is insufficient because there is an inadequate level of service for those members seeking treatment. The level relates to having access to treatment (which is riddled with problems), as well as having treatment that responds to the needs of our members. As a result, the community lacks locally relevant and culturally appropriate treatment programming.



In terms of a treatment centre, members are forced to leave the region to seek assistance and when they return, there are no aftercare facilities to assist them stay sober. There is no plan in place to provide a centre, no resources being put towards it, no advocacy occurring at government levels, and no data to support the need.

From youth to Elders, to friends and family, substance abuse is impacting negatively on all members of our community. The reality is that individuals who are addicted to alcohol and drugs are unhealthy. They are poisoning themselves, are in pain, are at increased risk of experiencing trauma and/or sexual abuse, are losing brain cells, and are withdrawing from our community. This is not just an individual problem; unhealthy individuals impact the community in many ways, only one of which is the demand on the health and treatment systems. This impact is only deepening as our community experiences intergenerational cycles of addictions, which is leading to further community and family breakdown, and difficulties in steering clear of abuse due to a lack of pride, pain and trauma, healthy role models, and a sense of belonging.



Opportunities

Our strengths and weaknesses combined provide us with a breadth of opportunities to solve our community's substance abuse problems. Perhaps most distinct is our demand for cultural, land-based healing. We have an opportunity to create a healing and treatment strategy that truly reflects Kaska traditions, language, culture, and history. We can take what the system provides us, and shape it to make it our own.

We can do the shaping because we have the opportunity to partner with those agencies already serving the Watson Lake area but also with new partners outside of our territory. Health and wellness is on everyone's agenda, including the private sector's, and we can take advantage of that to improve results through increased funding, knowledge, and networks.

Partnering also entails lobbying. We have the opportunity to lobby local, territorial/provincial, and federal government health agencies to support our healing system's vision and needs. We can leverage the work we have done today and in the past to create more support in the future.

Back at home, we have an encouraging opportunity to link economic development to social development. We have always known these two are intertwined, but now that we have identified the significance of the relationship, we can do something about it. We can take a holistic approach to regional planning so that each citizen is healthy, well, and taken care of in all aspects.

"My vision for Watson Lake is that everyone will be supportive and stay positive. We shall have more activities and less drugs and alcohol. I think the people will live a long healthy life."



Threats

Of course, we are cognizant of the possible road blocks to realizing our treatment strategy. We do not have control over what others do, only how we respond. Because we require partnerships to enable our strategy, we need their support. A major threat then is that our partners do not respond at all, or only in a limited way, to our requests for funding, knowledge, and networks. Perhaps our lobbying efforts do not reach the targeted audience. Lack of funding especially could impact what we are able to implement, and its timing.

Locally, large employers like the mining companies may not respond to our healing needs in maintaining a healthy workforce. We may experience a general downturn in the economy, which would impact our local economy, and thus our healing strategy's implementation.



*“A functional community is one that is willing to teach what they’ve learned,
listen to what is being discussed,
and actively cooperate to find solutions for problems.”*

Table 1: Strengths, Weaknesses, Opportunities, Threats

Strengths	Weaknesses
<ul style="list-style-type: none"> • We understand the issues concerning alcohol and drugs • We realize that alcohol and drug abuse impacts everyone • The community wants to solve this problem • We have a strong set of values to guide treatment • We are good at bringing people together • Our education levels are improving • We have a critical mass of people who need help • We are a centralized, rural region • Watson Lake has economic potential • We have some access to treatment services • Some access to culturally oriented treatment exists • Communities recognize the need to increase capacity • There is political support for a regional treatment system • Traditional activities, knowledge and language can guide our treatment • Our strong ties to the land will heal us • Youth care about their community 	<ul style="list-style-type: none"> • Access to drugs and alcohol is too easy • Members are bootlegging to members • There is a lack of awareness of treatment options • Very few members are seeking treatment • Individuals are not committed to treatment • Individuals want local support • Simply offering good programming does not guarantee members will access it • There is fear and resistance to treatment • Members who seek treatment are very isolated • Youth are ruining their lives by doing drugs and drinking • There is too much violence in our community • There is no safe haven for those being abused • Youth are not supported by their families • There is too much blaming and not enough doing • Our community is not supporting addicts • Watson Lake is a dysfunctional community • The community is not communicating about substance abuse • There is a lack of interagency cooperation • There is no local treatment or healing centre • There is little community infrastructure for health • The police are not doing enough to stop alcohol and drug abuse • Racism and cross-cultural issues are hindering treatment • The lack of local statistics on alcohol and drug use is hurting us • There are not enough skilled and trusted counsellors in the community • Our members have too many problems accessing treatment • We do not recognize our successes

Opportunities	Threats
<ul style="list-style-type: none"> • Demand for cultural, land-based healing • Expand our partnership base outside of Watson Lake • Expand the communications system • Tap into the private sector • Sustain long-term partnerships • Lobby government health agencies to support healing system vision and needs • Target national lobbying campaign in Ottawa • Get the youth more involved in healing • Increase incentives to heal • Invest in role models • Increase health champions • Profile our community heroes • Unite to share information 	<ul style="list-style-type: none"> • Unable to secure adequate funding support • External Non-aboriginal services do not meet needs • Lack of national and regional responses to strategy • Mining companies do not support healing our workforce • Downturn in local economy • Threat of not employing people who are ready to work • Adequate support for the lead implementation agency to oversee the treatment strategy • Lack of capacity and ability to track and evaluate results

“Promote our cultural and traditional ways.

“Bring back pride of our people.



Phase 3: Vision



After looking at the 'current' and 'past' situations (assessing community strengths, issues, opportunities, and threats – including causes and effects), in this phase, individuals worked together tirelessly to create a 'future' situation in this phase. The community considered what it wanted to see in the next 10 years. An emphasis was placed on overcoming drug and alcohol addictions and taking a comprehensive approach to healing, in deciding “Where are we going?” to better lead future generations.

Quotes from participants

“ *Locally driven treatment options and aftercare* ”

“ *Family unity, sobriety, a healthy community, 100% employment* ”

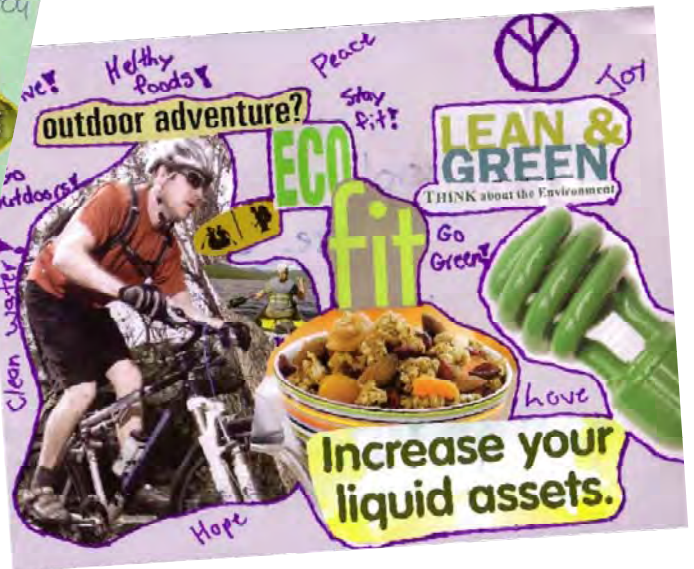
“ *Healthy members young and old in mind, body and spirit* ”

“ *Happy families out on the land* ”

“ *I am right where I belong, home, in Watson Lake* ”

“ *A strong Kaska Nation* ”

Youth Vision of Health



Community Vision for Alcohol and Drug Addictions

Developing a community vision involved creating health principles, a vision statement, ends-means objectives (that define community priorities), and then a deciding on a set of targeted, strategic actions to bring about the desired change. These pieces define the planning framework for the treatment strategy (see Figure 3 on Pg. 14 from Phase 1).

Key vision sessions included the “Vision Workshop” held in October 2008 (see Appendix I for a summary), the “Youth Workshops” held in November 2009 (see Appendix J for a summary), the “Community Options 1 & 2 Workshops” held in January and February 2010 (see Appendix R, S, and T for summaries and a list of actions), and various interviews held over the past two years.

“Power of cultural healing.

“One person can change the world.

“Be the change you want to see.

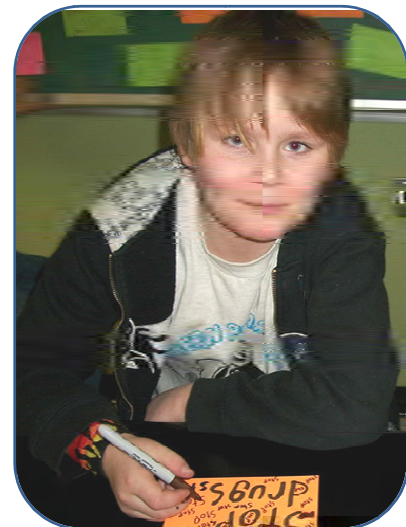


Health Principles

Participants generated 30 principles to guide the community's vision for health, listed in Table 2.

Table 2: Health Principles

1. Live each day to the fullest	16. Connect across the land
2. Live and work together	17. Do not forget who you are
3. Strive for a higher vision	18. Love our youth
4. Treat each other with respect	19. Respect our Elders
5. Keep our families together	20. Live more peacefully
6. We need each other	21. Honour your strengths
7. Love and support one another	22. Never give up
8. Make change for a better tomorrow	23. Consider how your actions impact others
9. Take your own power back	24. Support the commitment to change
10. Speak up, speak out	25. Hear the constant beat of the drum
11. Learn from others	26. Adapt to the situation
12. Celebrate the successes	27. Rise up, gather strength
13. Need to feel safe	28. Find love in your life
14. Listen to the voice of youth	29. Always remember where you come from
15. Care and share for one another	30. Be the change you want to see



Vision Statement

After looking at the current situation and assessing community strengths, challenges, and opportunities, participants worked together to create a ten-year vision for a healthy community, illustrated in Figure 10 on the next page. An emphasis was placed on overcoming drug and alcohol addictions and taking a comprehensive approach to healing.

Our vision summary is as follows.

Vision Summary

Our Vision for healing is one where individuals and families of the Kaska Nation and the Town of Watson Lake are united and committed to creating a healthy and vibrant community for future generations. Our comprehensive healing system and centre is based on our cultural values, incorporates living on the land, emphasizes learning and education, and targets individuals and families. Our expanded continuum of care is adaptive to the strengths and challenges of each individual and we have adequate human capacity to deliver the best care possible. Our vision includes gaining strength in numbers, working together, and supporting individuals to lead healthy, active lifestyles to feel more secure in this world. Our children and youth are loved and nurtured because of our strong families and extended support networks. Our determination and strength have resulted in more sobriety, equality for women and men, community respect and pride, vibrancy and cooperation.



10 Year Community Vision

Our 10 year Vision is one where individuals of the Kaska Nation and the Town of Watson Lake, including local governments and leaders, health organizations and agencies, schools and college, and the business community are united and committed to working together to create a healthier community.

Our citizens are committed to receiving treatment, and understand their options for making active and better choices given our extensive range of holistic healing programs and services. Our treatment system is comprehensive in nature: it targets a range of people (women, youth, and men; both Aboriginal and non-Aboriginal); is tailored to meet a diverse array of healing needs; offers choice and flexibility; has a strong learning foundation based on culture; incorporates living on the land; is guided by our Elders and traditional knowledge; and emphasizes individual and family-based healing.

Our local Healing Centre is instrumental in satisfying our need for culturally appropriate treatment programming and services. We have increased the quality and number of health care workers and the balance where staffing meets demand, and greater financial capacity to provide long-term care for the Town of Watson Lake and surrounding Kaska communities. Our expanded continuum of care model includes pre-treatment (from assessment and intake); detoxification and treatment; monitoring and evaluation (citizen, program, and system monitoring); and aftercare, re-integration, essential skills, and employment. Our treatment system is adaptive to the unique strengths and challenges of each individual.

As a result of our Vision and strategic actions, individuals and their families are more self-reliant, reducing their dependency on social assistance, and feeling more secure in the world. Individuals and families have increased self-esteem, are gaining strength in numbers, and are working together to support each other. As a result, children and youth are loved and nurtured with extended networks of safety, mentoring, learning, recreation, and fun. Not only are children and youth proud and active in community affairs, more are graduating and finding employment. Most importantly, we are experiencing higher levels of sobriety, including more individuals and families who are leading healthy, active lifestyles. Rates of violence against youth and women are reduced, and so are infractions within the justice system. Our economy is prosperous and generating more local employment.

We understand that a sober and drug-free community can help us thrive to become an active, positive, peaceful, harmonious, and more conscious community. As we continue to find ways to balance our health holistically, on emotional, physical, psychological, spiritual, and economic levels, we are confident that we can celebrate the road ahead for future generations.

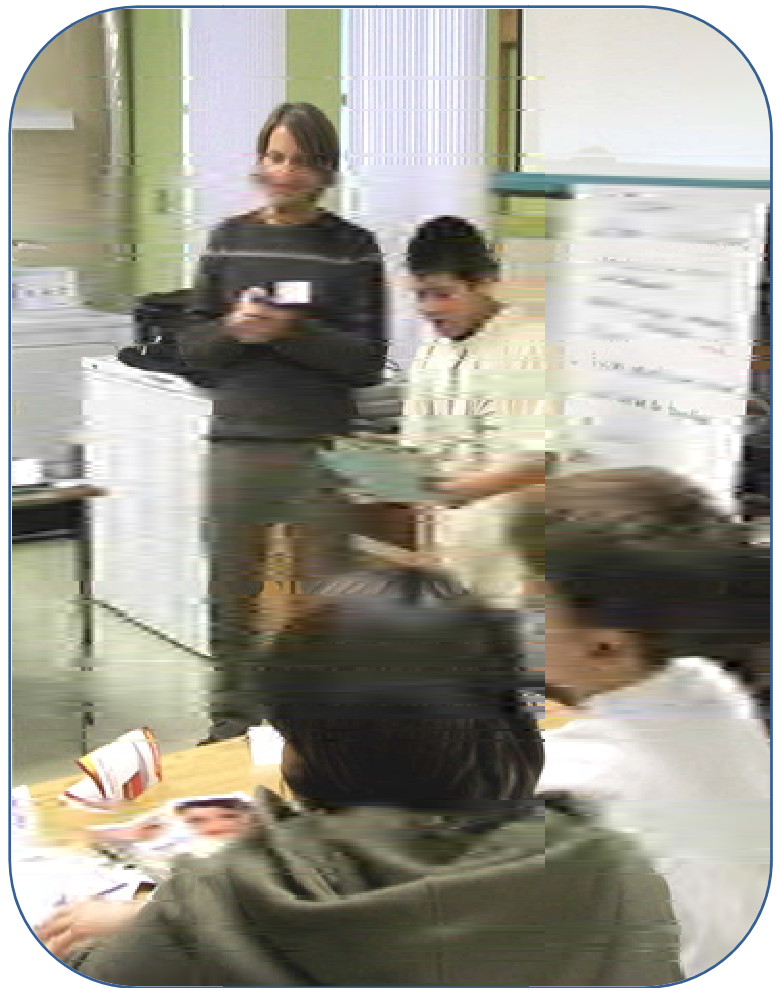
Figure 10: Vision Statement



Community Priorities – Ends Objectives

Setting the priorities to guide community actions over the next three-year implementation period evolved over a series of workshops, conversations, meetings, surveys, interviews, and presentations. The final set of nine objectives agreed to by participants is illustrated in Figure 11.

“A functional community is one that is willing to teach what they’ve learned, listen to what is being discussed, and actively cooperate to find solutions for problems.”



Core Objectives



Figure 11: Core Objectives

Ends-Means Objectives

Once the question “Where are we going?” was asked, we began exploring “how” we would make our vision a reality. We generated 36 means objectives to further guide what actions (projects, programs, and policies) would be strategic in bringing about our desired change. The means objectives are organized in a circle under each ends objective. However, many of the means objectives serve to support several of the ends objectives at any one given time. Figure 12 summarizes the objectives to guide our community actions.





Figure 12: Ends-Means Objectives

Action Priorities

Once individuals brainstormed over 200 actions, the actions then needed to be reduced in number and prioritized. Deciding which actions would have the greatest impact in meeting the community’s vision evolved over time. Numerous engagement methods including decision and ranking tools were used to help decide what matters strategically given limited community resources of people, funding, information, and time (see Appendix S for the Options #2 Workshop for the Ranking Summary).

In total, there are 12 Action Theme Areas with 52 projects targeted primarily over the next three years and beyond. The summary list of actions is presented in Table 3. (See Appendix T for the full list.)

Table 3: Summary List of Actions by Category

Item	1. Planning Process
1	Host Community Celebration
2	Release Treatment Strategy
3	Update Community Website
	2. First Steps - Implementation
4	Designate Lead Implementation Agency
5	Create Implementation Committee
6	Hire Implementation Coordinators
7	Review & Update Work Plan
8	Review & Implement Funding Strategy
	3. Current & Expanding Actions
9	Youth Summer Camps
10	Traditional Camp
11	Traditional Cabin Network
	4. Health Governance
12	Create Dena Au’Nazen Council
13	Create Health Protocol

	5. Inter-Agency Collaboration
14	Communications Strategy
15	Social Data Project
16	Gathering of Health Workers
	6. Capacity
17	Capacity Assessment & Skills Inventory of Health Workers
18	Recruit & Train Wellness Counsellors & Staff
19	Healing Language Project
	7. Financial & Economic Development
20	Host Job / Health Fair
21	Hire Proposal Writer
22	Essential Skills Inventory
23	Healing Trust Fund
24	Kaska National Strategy
25	Industry & Local Hiring Policy
	8. Community Engagement
26	Community Talking Circles
27	Traditional Gathering
28	Gathering of Survivors
29	Hero & Mentor Campaign
30	Health Newsletter
31	Transportation Shuttle
32	Promote Drug & Alcohol Free Events
33	Expose the Bootleggers & Drug Runners
34	Speak Up, Speak Out Campaign
35	Sharing Your Healing Story
36	Women's Network
	9. Youth
37	Youth Council
38	Youth Website, Newsletter, Helpline

39	Youth Video Project
	10. Healing Programming
40	Modify Social Assistance Program
41	Pre-Treatment Program
42	Detoxification Program
43	Family Based Healing Program
44	Cultural Based Program
45	Trauma Informed Care Program
46	Aftercare Program
	11. Learning & Education
47	Healthy Lifestyle Campaign
48	Healthy Leadership Campaign
	12. Healing Infrastructure
49	Healing Centre
50	5 Aftercare Facilities
51	Youth Safe House
52	Men's Shelter



Phase 4: Action



After extensive planning, implementation was our next phase, furthering answering the question “How do we get there?” It requires carrying out and executing our developed plan. Implementation involves organizing resources, which includes identifying strengths, challenges, implementation champions, and communications. We also need to profile the plan, create a political strategy, identify how changes to the plan will be made, and determine how our efforts will be monitored and evaluated. Action planning also consisted of costing the strategy, creating an action plan for funding the plan, and determining a final set of actions to begin organizing and realizing results.

Quotes from participants

“ Walk away from drugs and alcohol

“ Get the healthy people to tell their story

“ Take the liquor store away

“ Build relationships - enhance, unity, rejuvenate

“ Have a camp-out on our land

“ Put drunk people in jail

Implementation

Implementation Checklist

Implementation of our *Regional Treatment Strategy* involves organizing resources, which includes identifying:

1. Community strengths and existing / potential challenges in implementing the strategy;
2. Lead agencies and key players who will champion ‘making the plan’ happen and the respective roles and responsibilities;
3. The communications systems to keep the community informed;
4. How the plan will profiled and distributed;
5. The political strategy used to secure funding and capacity support;
6. How changes to the implementation strategy will be made and communicated; and
7. How implementation efforts will be monitored and evaluated over time.

However, having an effective treatment strategy is only part of directing change. The greater challenge is in making sure the strategy happens and with the intended results. Therefore, effective implementation requires strategic thinking and actions to direct the desired change, making sure everyone follows through on the ideas and actions, thus ensuring the best possible outcomes for the community.

“Have a traditional wellness program within our homeland; open to natives and non-natives.



Using Our Strengths

To implement the *Regional Treatment Strategy* effectively, a strategy and an action plan are required. It is also important to recognize, incorporate, and build on key strengths of the community to affect implementation positively. Therefore, community participants were asked about their strengths to help with the implementation of our strategy.

Participants noted their primary strengths to leverage in implementing our plan are as follows:

1. Our united political voice;
2. Our community-driven process that has significant buy-in from leadership and stakeholders;
3. Agencies are aware of our commitment over the past two years; and
4. The urgency of our drug and alcohol epidemic.



Potential Challenges

There are many challenges in ensuring that our treatment strategy happens, including following through on what the community said it needs to do to create the desired change. It is important to consider these challenges in advance so we can respond appropriately to maximize our results.

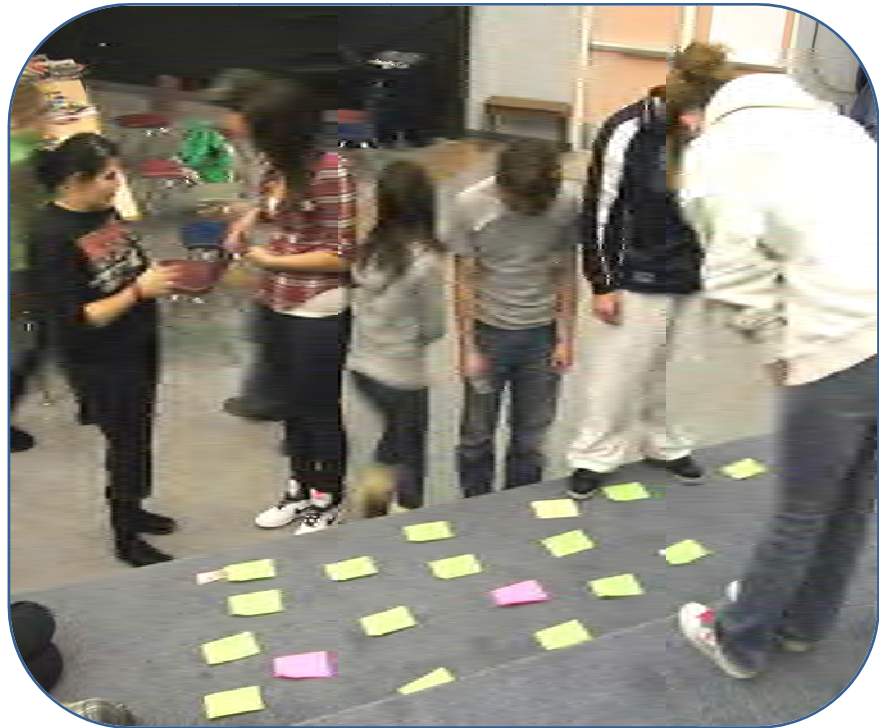
Community participants were asked about any challenges they foresee and how to reduce these when implementing the plan. When asked what is working against them in terms of putting the strategy into action, some (potential and ongoing) challenges as noted by participants include:

1. **Active and committed leadership** – We need dedicated and motivated leaders with the capacity to take on the responsibility of implementing the strategy. We need to mobilize our leaders within the Kaska First Nations and the Town of Watson Lake to create positive social change.
2. **Lead agency** – We need a lead agency to drive this plan. Kaska First Nations and the Town of Watson Lake currently do not have the capacity to lead this initiative. Therefore, identifying a lead agency with adequate human and financial resources is essential to get our plan moving.
3. **Adequate funding** – There is a limited funding to implement the plan. Our strategy will require that we lobby and secure funding that is outside of First Nations annual program funding. A political strategy needs to be developed to negotiate an initial phase of funding to launch implementation.

4. **Managing community expectations** – We have to consider and manage the timing of results since it takes times to secure funding. Also, knowing the funding opportunities and having the ability to effectively submit proposals are at the heart of effective implementation.
5. **Implementation champions** - It is important to recognize that no one agency or organization can take on the implementation of the strategy alone or in isolation. An agency or organization needs to champion the plan with adequate resourcing from the start.
6. **Coordination and communication** – We must coordinate our strategy in a team environment and maintain ongoing communication to keep the community and all stakeholders informed, engaged, and involved.
7. **Partnerships, networking, and lobbying** – We need to build and maintain networks and partnerships, as well as facilitate ongoing lobbying of governments so they respond to our treatment vision in a consistent way.



8. **Traditional knowledge and capacity** – We need to ensure that the treatment strategy incorporates our traditional knowledge and capacity, understanding that cultural relevance (i.e. traditional healing, cultural and spiritual components) is of the utmost importance for any successful treatment strategy.
9. **Momentum and motivation** – It is fundamental to maintain both momentum and motivation throughout, particularly during the transition period between planning and implementation. We need to keep the treatment strategy alive by demonstrating results to participants throughout the implementation process, especially in the short term.
10. **Commitment from everyone** – We need to get commitment from individuals, families, and multiple organizations and agency players to ensure that we follow through with the strategy. Maintaining ongoing buy-in and engagement from everyone is one of the most important tasks of the implementation team.



11. ***Fear and resistance*** – It is natural for people to feel anxious about change so it is important for the implementation team to recognize people’s fears and confront resistance in a positive and constructive manner. Overcoming the community’s fear of change or resistance to treatment and healing due to established dependency will have major implications for the effectiveness of the implementation strategy and longer-term sustainability of the project.
12. ***Time*** – We must anticipate and manage the expectations of community participants and stakeholders. It will take a long time to implement the numerous identified projects and realize benefits so everyone involved needs to be realistic about the timing and sequencing of activities and results.
13. ***Taking on too much too soon*** – There is a risk that the strategy or implementation team takes on too much too soon or starts with projects that are too large for current capacity. We must be reasonable about current capabilities, limitations, and resources in order to achieve intended outcomes.
14. ***Monitoring and evaluation*** – We must maintain an adequate information base to continually monitor progress and results. We need to ensure that actions we target are generating results that are in line with and meeting the community’s vision. Consistent evaluation of outcomes will help to ensure longer-term, sustainable achievements for the community.

“We are damaging our future with drugs and alcohol”



Targeted Strategies

In addition to having an effective treatment strategy, effective implementation requires a strategy to ensure appropriate follow through and results. Community participants were asked to consider what ideas and actions would be needed throughout implementation of the treatment strategy to ensure the intended results are achieved. Table 4 presents the strategies that have been developed and will be utilized during implementation. Each strategy corresponds to a potential challenge, as previously discussed above under ‘Challenges’.

Table 4: Strategies for Effective Implementation

Challenge	Strategy
1. Active and committed leadership	<p><i>Announce and celebrate the plan</i> – A community open-house and feast, along with a special follow-up newsletter can help complete the planning circle. The feast and celebration will help to honour the contributions of community participants, build pride, and ensure a commitment to follow through with the plan. [Also addresses challenge #6]</p> <p><i>Have Leadership endorse the plan</i> – The Kaska Tribal Council’s and the Town of Watson Lake’s endorsement of the treatment strategy will demonstrate their support and recognition of the Community’s vision and effort. [Also addresses challenge #5]</p>
2. Lead agency	<p><i>Identify a lead agency to oversee the treatment strategy</i> – The Kaska Tribal Council will be designated as the lead agency. The regional nature of the strategy is best supported by the Kaska Tribal Council.</p>
3. Adequate funding	<p><i>Create a funding strategy</i> – A strategy is required to mobilize the Kaska Nation to secure funding from governments, industry, and various agencies. This will help to leverage the extensive community effort, as well as maximize funding resources to meet the needs of the community.</p>
4. Managing community expectations	<p><i>Keep individuals informed and communicate results</i> – It is important to explain the implementation process to individuals so that they do not have any false expectations and to communicate results on an ongoing basis.</p>
5. Implementation champions	<p><i>Establish a lead implementation team</i> – Individuals will be selected to oversee and take ownership of the implementation process. [Also addresses challenge #2]</p>

Challenge	Strategy
	<p>Secure funding and hire two implementation coordinators – Secure funding immediately and hire two implementation coordinators to launch the treatment strategy. Combined, these efforts will help to ensure that the strategy remains active and that it does not sit on a shelf and remain dormant.</p>
<p>6. Coordination and communication</p>	<p>Create an action plan – Identifying what will be completed, when and by whom will help to keep the plan on track. This will be an important management tool to coordinate working relationships and to commit the necessary responsibility. [Also addresses challenge #10]</p> <p>Create a communications strategy and celebrate ongoing results – We must communicate our results and successes to demonstrate the value of planning. Using communications tools (newsletters, website, radio, and brochures) will show the community that their ideas do matter and are contributing to a new way of doing things. Positive reinforcement and recognition of individuals’ contributions will increase community respect and pride. A communications and media strategy will also help to increase positive community messaging and social awareness. [Also addresses challenge #4]</p>
<p>7. Partnerships, networking, and lobbying</p>	<p>Advocate for health – Advocacy should involve lobbying various groups and pushing recognition of the Kaska Tribal Council to champion this treatment strategy. Completing a public relations strategy, combined with a communications strategy, will help to mobilize the scale of people needed to act and increase momentum.</p>
<p>8. Traditional knowledge and capacity</p>	<p>Elder involvement – Bringing both Elders and youth into the implementation process is essential. The Elders’ vision, insight, and stories, and their ability to know whether the strategy is working are needed. It is also an important opportunity to involve the youth and promote inter-generational knowledge transfer and role models. [Also addresses challenge #9]</p>
<p>9. Momentum and motivation</p>	<p>Explain the plan – Allowing enough time and having appropriate tools to teach the treatment strategy to the entire community is essential. These activities need to be actioned on an ongoing basis so that participants can become familiar with the plan and continue to feel a part of it. [Also addresses challenge #4]</p>

Challenge	Strategy
10. Commitment from everyone	<i>Involve the community during implementation</i> – Involving participants will increase community commitment buy-in.
11. Fear and resistance	<i>Use culture and language</i> – In helping people to overcome their fear and resistance, it is important that we rely on our strong foundation of Kaska culture and values, history and language, stories, food, medicine, diversity, land, healing, and Elders. Bringing Elders in will help people with their healing needs.
12. Time	<p><i>Schedule regular meetings</i> – Setting up relevant meetings with key staff and community participants to help manage expectations will help to keep the plan alive and minimize false expectations. [Also addresses challenge #4]</p> <p><i>Sequence projects strategically</i> – Sequencing what comes first, when, and how needs to be planned effectively and be in line with readiness and local capacity to help manage results and expectations.</p> <p><i>Expect changes and contingency planning</i> – We require a process to review and make changes to our plan if necessary. [Also addresses challenge #6]</p>
13. Taking on too much too soon	<i>Start with pilot project</i> – Starting with smaller projects first is a way to build confidence and capacity as well as minimize risk. Funding agencies tend to support sequential funding based on results. It is important that the community does not take too much on at one given time, or larger initiatives that it is not prepared for.
14. Monitoring and evaluation	<i>Create an evaluation plan and track our results</i> – We need to monitor and evaluate how we are doing – what’s working and not working – and have a process in place to do this.



Key Players

To effectively implement and achieve the intended outcomes, our *Regional Treatment Strategy* requires support from a multitude of players and stakeholders. As seen in Figure 13, key players include the Federal Government, First Nations Governments, the Yukon Government (Whitehorse and Watson Lake departments and agencies), Kaska Community Agencies (non-government), Community Agencies (non-government), and Private Sector Agencies.

When community participants were asked to consider getting ready to implement the plan, they were asked to talk about who could help with implementing the plan and what their potential role might be. Table 5 starting on Pg. 65 highlights the roles of the key players.



Key Players in the Treatment System

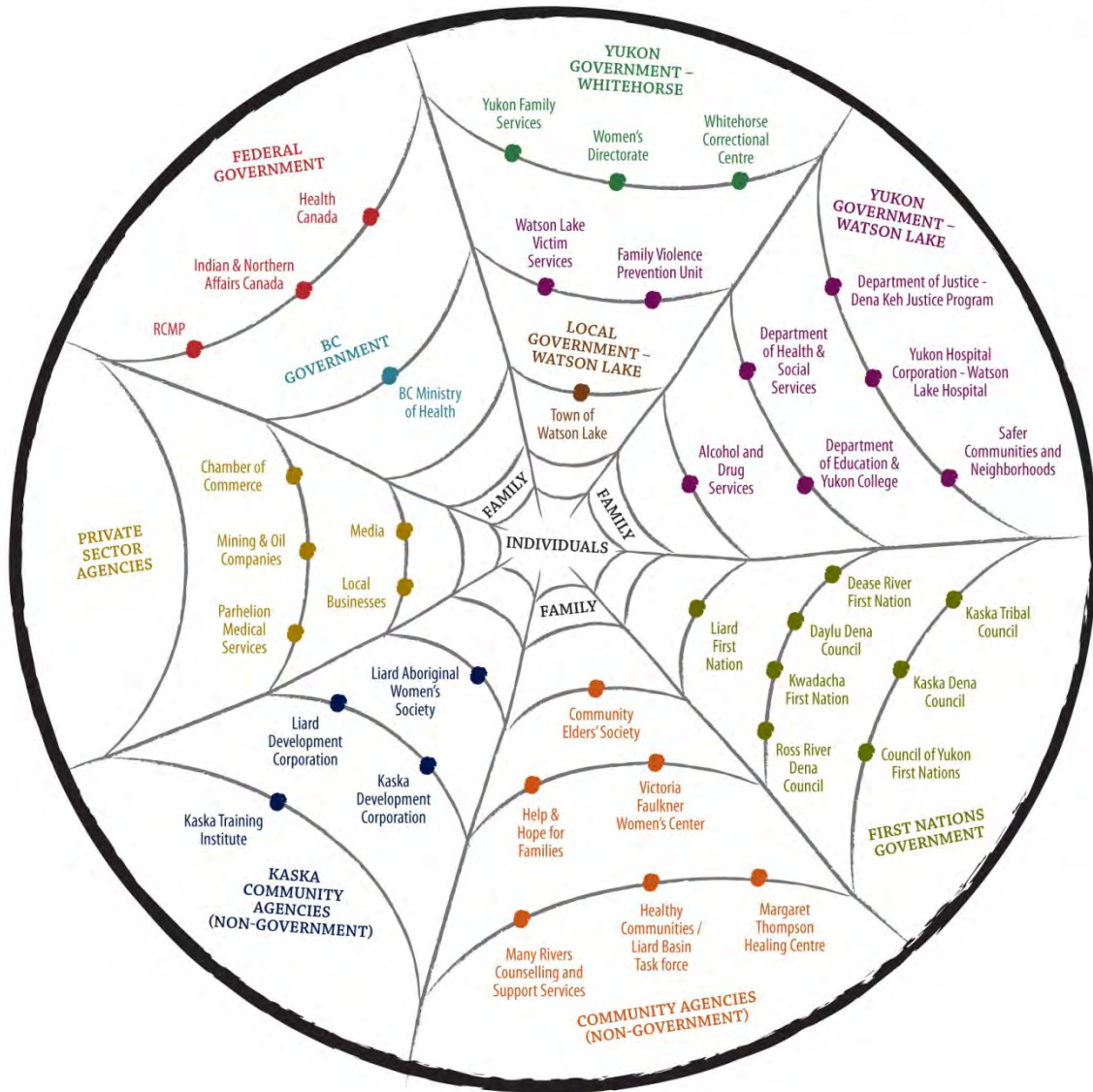


Figure 13: Key Players in the Treatment System

Table 5: Key Players and Potential Roles

Category	Agency	Role
Federal Government	Health Canada	Support and profile of our plan; provide social data, funding and program support
	Indian & Northern Affairs Canada	Provide education and training support; funding; advocacy; health systems development
	RCMP	Support the plan; work with LFN members and Kaska communities; track social data
Yukon Government – Whitehorse	Yukon Government	Support and profile of our plan; advocacy; provide social data; funding and program support; human resource support
	Yukon Family Services	Profile and advocacy of our plan; provide social data; maintain social information system; funding and program curriculum and support; offer human resource support and development
	Women’s Directorate	Profile and advocacy of our plan; provide social data; maintain social information system; funding and program curriculum and support
Yukon Government – Watson Lake	Yukon Government	Leadership and advocacy; funding support; planning and implementation support
	Department of Justice – Dena Keh Justice Program	Profile and advocacy of our plan; funding support; justice programming
	Yukon Hospital Corporation – Watson Lake Hospital	Support and advocacy of our plan; program support; potential partnerships
	Safer Communities & Neighborhoods	Profile and advocacy of our plan; funding support
	Department of Health & Social Services	Profile and advocacy of our plan; provide social data; maintain social information system; funding and program curriculum and support
	Department of Education & Yukon College	Leadership and advocacy of our plan; education, training and support; assist with program development and activities for youth
	Watson Lake Victim Services	Leadership and advocacy; funding support
	Family Prevention Unit	Profile and advocacy of our plan; provide social data; maintain social information system; funding and program curriculum and support

Category	Agency	Role
	Alcohol and Drug Services	Profile and advocacy of our plan; provide social data; maintain social information system; funding and program curriculum and support
First Nations Government	Kaska Tribal Council	Profile and advocacy of our plan; political and implementation support; funding lobby; facilitate partnerships with industry
	Kaska Dena Council	Political and funding lobby
	Council of Yukon First Nations	Profile and advocacy of our plan
	Dease River First Nation	Participation; planning and implementation support; guidance and political support; funding provider; role model for sobriety and treatment
	Daylu Dena Council	Participation; planning and implementation support; guidance and political support; funding provider; role model for sobriety and treatment
	Kwadacha First Nation	Participation; planning and implementation support; guidance and political support; funding provider; role model for sobriety and treatment
	Liard First Nation	Participation; planning and implementation support; guidance and political support; funding provider; role model for sobriety and treatment
Community Agencies (Non-Government)	Margaret Thompson Healing Centre	Profile and advocacy of our plan; political and implementation support; funding lobby
	Healthy Communities / Liard Basin Task Force	Profile and advocacy of our plan; political and implementation support; funding lobby
	Many Rivers Counseling & Support Services	Profile and advocacy of our plan; political and implementation support; funding lobby
	Victoria Faulkner Women's Centre	Profile and advocacy of our plan; political and implementation support; funding lobby
	Help & Hope for Families	Profile and advocacy of our plan; political and implementation support; funding lobby; programming support
	Community Elders' Society	Guidance and traditional knowledge

Category	Agency	Role
Kaska Community Agencies (Non-Government)	Kaska Training Institute	Profile and advocacy of our plan
	Kaska Development Corporation	Profile and advocacy of our plan; political and implementation support; funding lobby and provider; employment creation; training support
	Liard Development Corporation	Profile and advocacy of our plan; political and implementation support; funding lobby and provider; employment creation; training support
	Liard Aboriginal Women's Society	Profile and advocacy of our plan; funding lobby; program support; recruitment agency
Private Sector Agencies	Private Sector Agencies	Profile and advocacy of our plan
	Chamber of Commerce	Profile and advocacy of our plan
	Mining & Oil Companies	Profile and advocacy of our plan; partnership development; funding provider; assistance in building a healthy workforce
	Parhelion Medical Services	Profile and advocacy of our plan
	Local Businesses / Business Community	Profile and advocacy of our plan; partnership development; funding provider; assistance in building a healthy workforce
	Media	Profile and advocacy of our plan; monitor and tracking function
British Columbia Government	Ministry of Health	Provide education and training support; funding; advocacy; health systems development
Local Government – Watson Lake	Town of Watson Lake	Leadership and advocacy; funding support; planning and implementation support
Citizens & Families	Elders, adults, youth and children	Profile and advocacy of our plan; wisdom and knowledge sharing; planning and implementation support; guidance and support; provide labour force needs; volunteer; act as a messenger
	Health Professionals	Advocacy, program and service delivery; support information system; provide social data; track and share information and results

Budget

The proposed budget to implement the 12 action areas and 52 actions for the next three years and beyond totals \$16.2 million. Tables 6 and 7 summarize the costing details (see Appendix U for detailed project cost assumptions and Appendix V for project descriptions and an action plan).

Table 6: Total Cost for 12 Action Areas

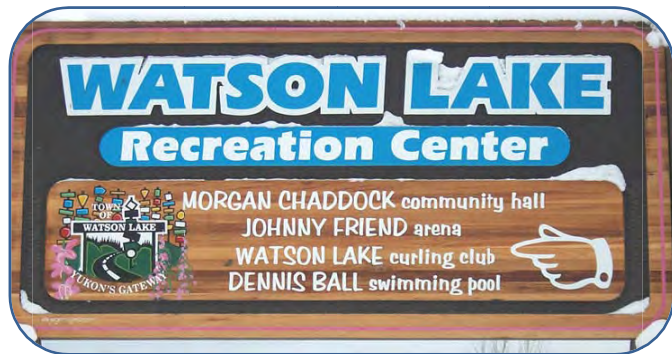
Strategic Directions	Total Cost
Action	
1. Planning Process	\$25,500
2. First Steps - Implementation	\$431,480
3. Current & Expanding Actions	\$541,975
4. Health Governance	\$64,620
5. Inter-Agency Collaboration	\$315,873
6. Capacity	\$2,842,500
7. Financial & Economic Development	\$1,271,632
8. Community Engagement	\$292,463
9. Youth	\$194,370
10. Healing Programming	\$373,800
11. Learning & Education	\$69,100
12. Healing Infrastructure	\$9,805,300
TOTAL BUDGET	\$16,228,613

Table 7: Breakdown of Project Costs

Strategy Direction	Total Cost
Action	
1. Planning Process	
Host Community Celebration	\$10,000
Release Treatment Strategy	\$6,500
Update Community Website	\$9,000
2. First Steps - Implementation	
Designate Lead Implementation Agency	\$27,480
Create Implementation Committee	\$6,000
Hire Implementation Coordinators	\$398,000
Review & Update Work Plan	\$0
Review & Implement Funding Strategy	\$0
3. Current & Expanding Actions	
Youth Summer Camps	\$55,900
Traditional Camp	\$95,900
Traditional Cabin Network	\$390,175
4. Health Governance	
Create Dena Au'Nazen Council	\$44,960
Create Health Protocol	\$19,660
5. Inter-Agency Collaboration	
Communications Strategy	\$11,000
Social Data Project	\$239,873
Gathering of Health Workers	\$65,000
6. Capacity	
Capacity Assessment & Skills Inventory of Health Workers	\$61,625
Recruit & Train Wellness Counsellors & Staff	\$2,759,750
Healing Language Project	\$21,125

7. Financial & Economic Development	
Host Job / Health Fair	\$10,200
Hire Proposal Writer	\$65,000
Essential Skills Inventory	\$821,432
Healing Trust Fund	\$273,000
Kaska National Strategy	\$102,000
Industry & Local Hiring Hire Policy	\$0
8. Community Engagement	
Community Talking Circles	\$6,000
Traditional Gathering	\$121,300
Gathering of Survivors	\$43,863
Hero & Mentor Campaign	\$14,050
Health Newsletter	\$12,400
Transportation Shuttle	\$28,750
Promote Drug & Alcohol Free Events	\$500
Expose the Bootleggers & Drug Runners	\$500
Speak Up, Speak Out Campaign	\$29,550
Sharing Your Healing Story	\$29,550
Women's Network	\$6,000
9. Youth	
Youth Council	\$113,760
Youth Website, Newsletter, Helpline	\$34,810
Youth Video Project	\$45,800
10. Healing Programming	
Modify Social Assistance Program	\$58,800
Pre-Treatment Program	\$56,250
Detoxification Program	\$51,750

Family Based Healing Program	\$51,750
Cultural Based Program	\$51,750
Trauma Informed Care Program	\$51,750
Aftercare Program	\$51,750
11. Learning & Education	
Healthy Lifestyle Campaign	\$34,550
Healthy Leadership Campaign	\$34,550
12. Healing Infrastructure	
Healing Centre	\$6,348,000
5 Aftercare Facilities	\$2,359,500
Youth Safe House	\$553,900
Men's Shelter	\$543,900
GRAND TOTAL	\$16,228,613



Funding Strategy

In addition to the implementation actions, the following next steps have been identified to secure funds and financial sustainability for the *Regional Treatment Strategy*, as summarized in Table 8. (See Appendix W for research completed on funding.)

Table 8: Funding Action Plan

	Task (What)	Responsibility (Who)	Completion Date (When)
1.	Hire a fundraising and proposal writing specialist, and include a local training capacity project.	Kaska Tribal Council (KTC), Consultant	Within 3 months
2.	Review budget to implement the treatment strategy.	KTC & Implementation Committee (IC), Consultant	Within 3 months
3.	Update funding research and compile a best practices report to secure funding.	Consultant	Within 3 months
4.	Maintain a database of funding programs.	Consultant	Within 3 months
5.	Develop a funding strategy to mobilize players and to identify new funding sources and partnerships.	KTC, IC and Consultant	Within 3 months
6.	Develop financial policies to ensure a transparent healing system and operation.	KTC, IC	Within 3 months
7.	Develop a general funding proposal and package that can be customized quickly for opportunities as they arise.	Consultant	Within 3 months
8.	Review the budget, including fixed or overhead costs (administration, infrastructure, etc.), direct costs, shared costs and contingency expenses.	IC, Consultant	Within 3 months
9.	Develop a political strategy and communications tools to connect with the Federal Government for partnership development and funding options including Health Canada and Indian and Northern Affairs Canada (INAC).	KTC, IC	Within 3 months

	Task (What)	Responsibility (Who)	Completion Date (When)
10.	Develop a political strategy and communications tools to connect with Yukon Government for partnership development and funding options including Yukon Family Services, Women’s Directorate, Town of Watson Lake, Department of Justice, Safer Communities and Neighbourhoods, Department of Health and Social Services, Watson Lake Victim Services, Family Prevention Unit, and Alcohol and Drug Services.	KTC, IC	Within 3 months
11.	Develop a political strategy and communications tools to connect with the BC Government for partnership development and funding options.	KTC	Within 3 months
12.	Develop a political strategy and communications tools to connect with the Town of Watson Lake Government for partnership development and funding options.	KTC	Within 3 months
13.	Develop a political strategy and communications tools to connect with local First Nations Governments for partnership development and funding options including the Kaska Tribal Council, Kaska Dena Council, along with Ross River, Dease River, Daylu Dena Council, Kwadacha and LFN.	KTC	Within 3 months

“Family, shelter, healthy food, and healthy lifestyle make the community grow.



Project Sequencing

Part of project effectiveness is deciding what comes first, when, and the timing of actions. Based on the results of community workshops, discussions, surveys, ranking exercises, and implementation criteria, the following list of actions listed in Table 9 are sequenced over a ten-year period, with the focus on the next three years.

Table 9: Strategic Actions

Strategy Direction		Scale			Cost			Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 2	Phase 3
Action		S	M	L	L	M	H	3 months	6 month	9 months	12 months	Year 2	Year 3	Years 4-5	Years 5-10
1. Planning Process															
1	Host Community Celebration	x			x										
2	Release Treatment Strategy	x			x										
3	Update Community Website	x			x										
2. First Steps - Implementation															
4	Designate Lead Implementation Agency	x			x										
5	Create Implementation Committee	x			x										

Strategy Direction		Scale			Cost			Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 2	Phase 3
Action		S	M	L	L	M	H	3 months	6 month	9 months	12 months	Year 2	Year 3	Years 4-5	Years 5-10
6	Hire Implementation Coordinators	x				x									
7	Review & Update Workplan	x			x										
8	Review & Implement Funding Strategy	x			x										
3. Current & Expanding Actions															
9	Youth Summer Camps			x	x										
10	Traditional Camp		x		x										
11	Traditional Cabin Network			x		x									
4. Health Governance															
12	Create Dena Au'Nazen Council		x		x										
13	Create Health Protocol		x		x										

Strategy Direction		Scale			Cost			Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 2	Phase 3
Action	S	M	L	L	M	H	3 months	6 month	9 months	12 months	Year 2	Year 3	Years 4-5	Years 5-10	
5. Inter-Agency Collaboration															
14	Communications Strategy		x		x										
15	Social Data Project		x		x										
16	Gathering of Health Workers		x		x										
6. Capacity															
17	Capacity Assessment & Skills Inventory of Health Workers		x		x										
18	Recruit & Train Wellness Counsellors & Staff		x			x									
19	Healing Language Project		x		x										
7. Financial & Economic Development															
20	Host Job/Health Fair			x	x										
21	Hire Proposal Writer		x		x										
22	Essential Skills Inventory		x			x									

Strategy Direction		Scale			Cost			Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 2	Phase 3
Action		S	M	L	L	M	H	3 months	6 month	9 months	12 months	Year 2	Year 3	Years 4-5	Years 5-10
23	Healing Trust Fund			x			x								
24	Kaska National Strategy		x			x									
25	Industry & Local Hiring Health Policy		x		x										
8. Community Engagement															
26	Community Talking Circles		x		x										
27	Traditional Gathering		x		x										
28	Gathering of Survivors		x		x										
29	Hero & Mentor Campaign	x			x										
30	Health Newsletter	x			x										
31	Transportation Shuttle		x		x										
32	Promote Drug & Alcohol Free Events	x			x										

Strategy Direction	Scale			Cost			Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 2	Phase 3
Action	S	M	L	L	M	H	3 months	6 month	9 months	12 months	Year 2	Year 3	Years 4-5	Years 5-10
33 Expose the Bootleggers & Drug Runners		x		x										
34 Speak Up, Speak Out Campaign		x		x										
35 Sharing Your Healing Story		x		x										
36 Women's Network		x		x										
9. Youth														
37 Youth Council		x		x										
38 Youth Website, Newsletter, Helpline	x			x										
39 Youth Video Project		x		x										
10. Healing Programming														
40 Modify Social Assistance Program			x	x										
41 Pre-Treatment Program			x	x										
42 Detoxification Program			x	x										

Strategy Direction	Scale			Cost			Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 1	Phase 2	Phase 3
Action	S	M	L	L	M	H	3 months	6 month	9 months	12 months	Year 2	Year 3	Years 4-5	Years 5-10
43 Family Based Healing Program			x	x										
44 Cultural Based Program			x	x										
45 Trauma Informed Care Program			x	x										
46 Aftercare Program			x	x										
11. Learning & Education														
47 Healthy Lifestyle Campaign		x		x										
48 Healthy Leadership Campaign		x		x										
12. Healing Infrastructure														
49 Healing Centre			x			x								
50 Aftercare Facilities			x			x								
51 Youth Safe House			x			x								
52 Men's Shelter			x			x								

Action Plan

In addition to general themes, participants identified specific implementation tasks. Table 10 illustrates next steps in implementing the treatment strategy.

Table 10: Action Plan

Task (What)	Responsibility (Who)	Completion Date (When)
1. Announce and celebrate the treatment strategy by organizing a community open-house presentation including feast and entertainment to launch the plan.	LAWS	April 16, 2010
2. Circulate a newsletter announcing the completion of the treatment strategy.	Beringia	April 16, 2010
3. Present the plan to Kaska Tribal Council and the Town of Watson Lake for endorsement to demonstrate support and recognition of the community’s vision and effort.	LAWS & Beringia	April 16, 2010
4. Develop a memorandum of understanding (MOU), terms of reference, and work plan, as well as identify roles and responsibilities between the Kaska Tribal Council and the implementation agency and/or lead implementation team.	KTC	Within 3 months
5. Establish a lead implementation team including community individuals to oversee and take ownership of the implementation process.	KTC	Within 3 months
6. Hire two implementation coordinators.	KTC	Within 3 months
7. Create an action plan identifying what is to be completed, when, and by whom to help keep things on track.	IC	Within 3 months
8. Review the funding strategy to mobilize players and secure funding.	IC & KTC	Within 3 months
9. Create a communications strategy to teach and profile the plan, including tools such as newsletters, website, radio, and marketing materials such as brochures to profile and expose the plan.	IC & KTC	Within 3 months

Task (What)	Responsibility (Who)	Completion Date (When)
10. Have other First Nations endorse and support the plan – get letters of support.	KTC	Within 6 months
11. Develop a media strategy to help increase positive community messaging and social awareness.	IC & KTC	Within 6 months
12. Develop a networking and partnership plan for relationship building and plan support. Advocacy should involve lobbying various groups to push for the recognition of the Kaska Tribal Council.	IC & KTC	Within 6 months
13. Create a partnership and/or negotiate funding with industry to move this plan forward.	IC & KTC	Within 3 months
14. Present the strategy to all the relevant agencies and release copies of our final strategy.	IC & KTC	Within 3 months
15. Link our treatment strategy to employment and training services – Kaska Training Institute	IC & KTC	Within 3 months
16. Organize a presentation at the Yukon-Federal Council and the Capacity Council Framework	IC & KTC	Within 3 months
17. Create a strategy/working group for Elder involvement.	IC & KTC	Within 6 months
18. Create a strategy/working group for youth involvement.	IC & KTC	Within 6 months
19. Develop a community involvement plan to engage everyone in the implementation process.	IC & KTC	Within 6 months



Phase 5: Results



Asking the question “Are we getting results?” was important to ensure our treatment strategy is effectively working for the community and that the strategy remains active. Creating a monitoring and evaluation system is the final phase of our five-phase planning process. This system acts as a vehicle for accountability and a management tool for improving the actions (projects, programs, and policies) we decided were strategic in meeting our vision.

Monitoring & Evaluation

Taking the time and having a way of tracking how the plan is working can assist the community to adjust and modify the treatment strategy as a way to increase the effectiveness and results of using community resources (e.g. money, time, information, and people).

Using the final set of actions we identified, we developed a monitoring and evaluation framework that consists of three main components:

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

Tables 11, 12 and 13 illustrate three tools to guide our monitoring and evaluation process and framework. These tables take into account the root issues we expressed early on in the process and help us understand whether or not we are making progress towards our vision (see Appendix X for the full list of indicators).

“We need something done right away before we lose our First Nations to alcohol and drugs.”



Compliance Monitoring Tool

The compliance monitoring tool in Table 11 tracks progress on the implementation of our treatment actions. This helps managers and leadership with ongoing decision making about allocation of resources and capacity. This table should be reviewed and completed regularly. Communication with the community, partners, and potential funders is recommended to maintain support for and momentum towards the implementation of our three year treatment strategy.

Impact Monitoring Data Management Tool

The impact monitoring tool in Table 12 helps us understand how our actions are impacting our core objectives and the issues we originally expressed through our planning process. It uses the framework of our nine objectives we created to organize indicators that will provide a picture of the progress we are making towards our vision. We can see how progress is being made over a multi-year period so we can compare with past years as we go. It is recommended that we complete the impact monitoring tool on a regular basis.

Evaluation Tool

The evaluation tool in Table 13 is designed to help us look at the results of our monitoring and decide how we should adjust our strategy to achieve better results. We can see where we are making our biggest gains and also the areas where we can still improve. This lets us compare changes illustrated through the indicators over monitoring periods and then assess what actions or approaches should be adjusted to be more effective, and ultimately, to better achieve our objectives.

“I would like to see more of our younger people learning about our traditional ways and taking more time with our elders.”



Table 11: Compliance Monitoring Tool

Compliance Monitoring Tool	1. Who - Agency	2. Actual Start Date	3. Actual End Date	4. Assessment Report Date	5. Communication - How	6. Complete - Yes/No	7. % Complete - Partial	8. Not Started - Check Off	9. Comments – Explanation
Planning Process									
Host Community Celebration	e.g. Laws	Apr-10	Apr-16	Apr-20	Newsletter	Yes			Celebration surpassed expectations
Release Treatment Strategy									
Update Community Website									
First Steps - Implementation									
Designate Lead Implementation Agency									
Create Implementation Committee									
Hire Implementation Coordinators									
Review & Update Workplan									
Review & Implement Funding Strategy									
Current & Expanding Actions									
Youth Summer Camps									
Traditional Camp									

Compliance Monitoring Tool	1. Who - Agency	2. Actual Start Date	3. Actual End Date	4. Assessment Report Date	5. Communication - How	6. Complete - Yes/No	7. % Complete - Partial	8. Not Started - Check Off	9. Comments – Explanation
Traditional Cabin Network									
Health Governance									
Create Dena Au’Nazen Council									
Create Health Protocol									
Inter-Agency Collaboration									
Communications Strategy									
Social Data Project									
Gathering of Health Workers									
Capacity									
Capacity Assessment & Skills Inventory of Health Workers									
Recruit & Train Wellness Counsellors & Staff									
Healing Language Project									
Financial & Economic Development									
Host Job / Health Fair									

Compliance Monitoring Tool	1. Who - Agency	2. Actual Start Date	3. Actual End Date	4. Assessment Report Date	5. Communication - How	6. Complete - Yes/No	7. % Complete - Partial	8. Not Started - Check Off	9. Comments – Explanation
Hire Proposal Writer									
Essential Skills Inventory									
Healing Trust Fund									
Kaska National Strategy									
Industry & Local Hiring Health Policy									
Community Engagement									
Community Talking Circles									
Traditional Gathering									
Gathering of Survivors									
Hero & Mentor Campaign									
Health Newsletter									
Transportation Shuttle									
Promote Drug & Alcohol Free Events									
Expose the Bootleggers & Drug Runners									
Speak Up, Speak Out Campaign									

Compliance Monitoring Tool	1. Who - Agency	2. Actual Start Date	3. Actual End Date	4. Assessment Report Date	5. Communication - How	6. Complete - Yes/No	7. % Complete - Partial	8. Not Started - Check Off	9. Comments – Explanation
Sharing Your Healing Story									
Women's Network									
Youth									
Youth Council									
Youth Website, Newsletter, Helpline									
Youth Video Project									
Healing Programming									
Modify Social Assistance Program									
Pre-Treatment Program									
Detoxification Program									
Family Based Healing Program									
Cultural Based Program									
Trauma Informed Care Program									
Aftercare Program									
Learning & Education									

Compliance Monitoring Tool	1. Who - Agency	2. Actual Start Date	3. Actual End Date	4. Assessment Report Date	5. Communication - How	6. Complete - Yes/No	7. % Complete - Partial	8. Not Started - Check Off	9. Comments – Explanation
Healthy Lifestyle Campaign									
Healthy Leadership Campaign									
Healing Infrastructure									
Healing Centre									
5 Aftercare Facilities									
Youth Safe House									
Men's Shelter									

Table 12: Impact Monitoring & Data Management Tool

Objective	Measure	Baseline 2010	Actual	2013 Target	Actual	2016 Target	Actual	Data Method	Responsibility	Communication Method	Date of Reporting
1. Expand health governance and leadership	No. of health committees leading health initiatives										
	No. of signed health agreements and protocols										
	No. of policies, legislation related to health										
2. Increase local control and effectiveness of treatment system	No. of health committees leading health initiatives										
	No. of local healing and training programs and workshops										
	No. of individuals who use the healing system / participate										
3. Build financial capacity to sustain long term treatment system and	Amount of external funding to support strategy										

Objective	Measure	Baseline 2010	Actual	2013 Target	Actual	2016 Target	Actual	Data Method	Responsibility	Communication Method	Date of Reporting
services	Amount of funds in the healing trust fund										
	Amount of annual mining royalties										
4. Improve individual, family and community health and wellness	No. of individuals who use the healing system / participate										
	Percentage of community individuals who are sober										
	No. of children / youth who stay in school and graduate										
5. Promote self reliance of citizens to take charge of their own health	No. of individuals who use the healing system / participate										
	No. of health workers										
	No. of sober individuals										

Objective	Measure	Baseline 2010	Actual	2013 Target	Actual	2016 Target	Actual	Data Method	Responsibility	Communication Method	Date of Reporting
6. Restore community safety, fun and pride	No. of drumming performances										
	No. of cultural and social gatherings										
	No. of youth who attend events										
7. Expand treatment infrastructure that is environmentally responsible	No. of traditional cabins on land										
	No. of land and culture-based healing camps										
	No. of local healing and training programs and workshops										
8. Empower women and youth to live safe, active lifestyles	No. of women and youth who use the healing system / participate										
	No. of reported cases of spousal abuse										
	No. of times women speak out against violence										
9. Build a cultural foundation for	No. of individuals practicing cultural traditions										

Objective	Measure	Baseline 2010	Actual	2013 Target	Actual	2016 Target	Actual	Data Method	Responsibility	Communication Method	Date of Reporting
healing and treatment	No. of land-based treatment programs										
	No. of individuals who use the healing system / participate										



Table 13: Evaluation Tool

Objective	Measure	Baseline 2010	Actual	2013 Target	Actual	2016 Target	Actual	Comments - Cause	Variance Effect	Lessons Learned / Best Practice	Recommendations: Changes to Plan / Projects	Responsibility : Individual / Agency / Government	Reporting & Communication Method
1. Expand health governance and leadership	No. of health committees leading health initiatives												
	No. of signed health agreements and protocols												
	No. of policies, legislation related to health												
2. Increase local control and effectiveness of treatment system	No. of health committees leading health initiatives												
	No. of local healing and training programs and workshops												
	No. of individuals who use the healing system / participate												

Objective	Measure	Baseline 2010	Actual	2013 Target	Actual	2016 Target	Actual	Comments - Cause	Variance Effect	Lessons Learned / Best Practice	Recommendations: Changes to Plan / Projects	Responsibility : Individual / Agency / Government	Reporting & Communication Method
3. Build financial capacity to sustain long term treatment system and services	Amount of external funding to support strategy												
	Amount of funds in the healing trust fund												
	Amount of annual mining royalties												
4. Improve individual, family and community health and wellness	No. of individuals who use the healing system / participate												
	Percentage of community individuals who are sober												
	No. of children / youth who stay in school and graduate												
5. Promote self reliance of citizens to take charge of their own health	No. of individuals who use the healing system / participate												

Objective	Measure	Baseline 2010	Actual	2013 Target	Actual	2016 Target	Actual	Comments - Cause	Variance Effect	Lessons Learned / Best Practice	Recommendations: Changes to Plan / Projects	Responsibility : Individual / Agency / Government	Reporting & Communication Method
	No. of health workers												
	No. of sober individuals												
6. Restore community safety, fun and pride	No. of drumming performances												
	No. of sewing circles every week												
	No. of people trapping												
7. Expand treatment infrastructure that is environmentally responsible	No. of traditional cabins on land												
	No. of land and culture-based healing camps												
	No. of local healing and training programs and workshops												
8. Empower women and youth to live safe, active lifestyles	No. of women and youth who use the healing system / participate												

Objective	Measure	Baseline 2010	Actual	2013 Target	Actual	2016 Target	Actual	Comments - Cause	Variance Effect	Lessons Learned / Best Practice	Recommend -ations: Changes to Plan / Projects	Responsibility : Individual / Agency / Government	Reporting & Communication Method
	No. of reported cases of spousal abuse												
	No. of times women speak out against violence												
9. Build a cultural foundation for healing and treatment	No. of individuals practicing cultural traditions												
	No. of land-based treatment programs												
	No. of individuals who use the healing system / participate												

