



Nishnawbe Aski Nation
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Nishnawbe Aski Nation First Nations Guide for Responding to Social Emergencies

TABLE OF CONTENTS

1. Introduction – What is the purpose of this Guide?
2. Description of a Request for Emergency Assistance and Declaring a Social Emergency.
3. How to Request Emergency Assistance or Declare a Social Emergency.
4. Roles and responsibilities for First Nations, Tribal Councils, Provincial Territorial Organizations, Ontario and Canada.
5. Eligible emergency costs that will be covered for social emergency events.

Appendices:

1. Checklist for First Nation preparation for first emergency teleconference
2. Inventory of services/programs that available to your First Nation
3. Glossary of Terms
4. Media communications:
 - i. Tip Sheet for Communities
 - ii. Press release template
 - iii. Media outlet contact information
5. Example scenarios and applying this Guide

1. Introduction – What is the purpose of this guide?

The purpose of this Guide is to provide your First Nation's leadership and front-line workers with the information they need to access health and social supports when your community is overwhelmed by a social emergency event or situation. If you have an existing arrangement with your Tribal Council, or regional health organizations for responding to social emergencies, this process is not intended to replace it.

For the purposes of this Guide, a social emergency is defined as:

“An event or situation which carries risks to human health/life, mental wellness, or to the social fabric and well-being of the community. It exceeds the resources and capacities of a community, and requires the immediate response and support of governments, external agencies, and service providers.”¹

This guide provides information on two options for your First Nation for responding to a social emergency event or situation:

1. **Request for Emergency Assistance:** This process is for communities that are seeking immediate emergency assistance within 1-2 business days and do not want to declare a social emergency.
2. **Declaration of a Social Emergency:** This process is for communities that are seeking immediate emergency assistance within 12 hours and want to formally declare an emergency.

In this guide you will find information about:

- How to trigger both of these processes;
- The organizations that will be mobilized to work with your community to respond to your immediate needs; and
- An inventory of resources and services that are available for your First Nation.

This guide is an evergreen document that will be reviewed and updated annually in partnership with Mushkegowuk Council, Grand Council Treaty #3, Nishnawbe Aski Nation, Ontario and Canada.

There are First Nations with existing emergency management plans. This guide is intended to complement and support these existing plans, not replace them.

¹ This definition does not apply to natural disasters requiring evacuations and critical infrastructure failure in the community. Should you be experiencing a natural disaster or critical infrastructure failure emergency, please contact the Ontario Provincial Emergency Operations Centre Duty Officer at 1-866-314-0472. The Duty Officer is available 24 hours a day, seven days a week.

2. Description of a Request for Emergency Assistance and Declaring a Social Emergency.

If you feel your First Nation is in a social emergency situation that exceeds the resources and capacity of your community, you have two options to receive external supports.

If your First Nation has an existing arrangement with your Tribal Council, it is up to the First Nation to determine if they want to go through the Tribal Council first.

Request for Emergency Assistance:

The First Nation's leadership makes the decision to make a Request for Emergency Assistance. Through a Request for Emergency Assistance to Nishnawbe Aski Nation, you will receive support in identifying and accessing existing resources and services that are available through First Nation organizations and regional health and social services organizations. This may include crisis response resources to provide personal support for affected families, professional mental health counselling supports and food supports.

When you first contact Nishnawbe Aski Nation, they will work with you to assess your community's needs (sample checklist of needs is in Appendix 1). A template is included in Appendix 1 to help you identify needs and which service provider organizations need to be engaged. If it is determined that additional supports are required, they will contact the Ontario Ministry of Indigenous Affairs to collaborate with you in bringing together the appropriate service provider organizations (e.g. Tribal Council, Nodin Child and Family Services, etc), provincial ministries and federal departments to mobilize a coordinated multi-sector response. The federal and provincial organizations would include, but is not limited to the following:

- Indigenous Services Canada – First Nations and Inuit Health Branch.
- Indigenous Services Canada – Ontario Region Office.
- Ontario Ministry of Indigenous Affairs – Indigenous Relations Branch.
- Ontario Ministry of Children, Community and Social Services– North Region.
- Ontario Ministry of Children, Community and Social Services – Indigenous Healing and Wellness Strategy.
- Ontario Ministry of Health and Long-Term Care - Health Equity Branch.
- Northeast or Northwest Local Health Integration Network (depending on which First Nation(s) is requesting assistance).

Once the Ministry of Indigenous Affairs is contacted, a first teleconference will be scheduled within 1-2 business days. Teleconferences will be on-going until your First Nation leadership determines that teleconference calls are no longer needed.

The Chair of the first teleconference will be determined by the First Nation in collaboration with Nishnawbe Aski Nation and the Ministry of Indigenous Affairs. The

Chair's roles and responsibilities will be to set up the teleconference, facilitate the teleconference and document action items. These responsibilities can be shared by different organizations (For example, IAO set up the call, Nishnawbe Aski Nation or First Nation facilitate the call and IAO document action items.) The roles will be decided by the First Nation in collaboration with Nishnawbe Aski Nation and IAO.

Should the First Nation choose this option, they may decide at any point to declare a social emergency.

For a list of roles and responsibilities for the organizations listed above, please refer to Tab 4.

For a list of health and social services provided in your region, please see Appendix #1.

Declaration of a Social Emergency

The First Nation's leadership makes the decision to make a Request for Emergency Assistance. Through a Declaration of a Social Emergency to Ontario's Provincial Emergency Operations Centre (PEOC), the PEOC Duty Officer will collaborate with the Chief (or designate and/or Nishnawbe Aski Nation) to schedule an emergency teleconference within 12 hours of being contacted to assess needs and coordinate immediate response. A template is included in Appendix 1 to help you identify needs and which service provider organizations need to be engaged.

An emergency teleconference will be scheduled by the PEOC with the organizations listed under the section above (Request for Emergency Assistance) as well as Emergency Management Coordinators from the province and federal government and additional partners such as non-governmental organizations.

If your First Nation requires supports beyond what is currently available through First Nation organizations and regional health and social services organizations, the First Nation may make a request to Ontario for access to resources beyond what is available in the Nishnawbe Aski Nation region. For example, the deployment of Canadian Rangers in a community engagement role, or supports from non-governmental organizations. The federal government approves any additional resources being accessed beyond the Nishnawbe Aski Nation region. Accessing these resources does not require a proposal from the First Nation.

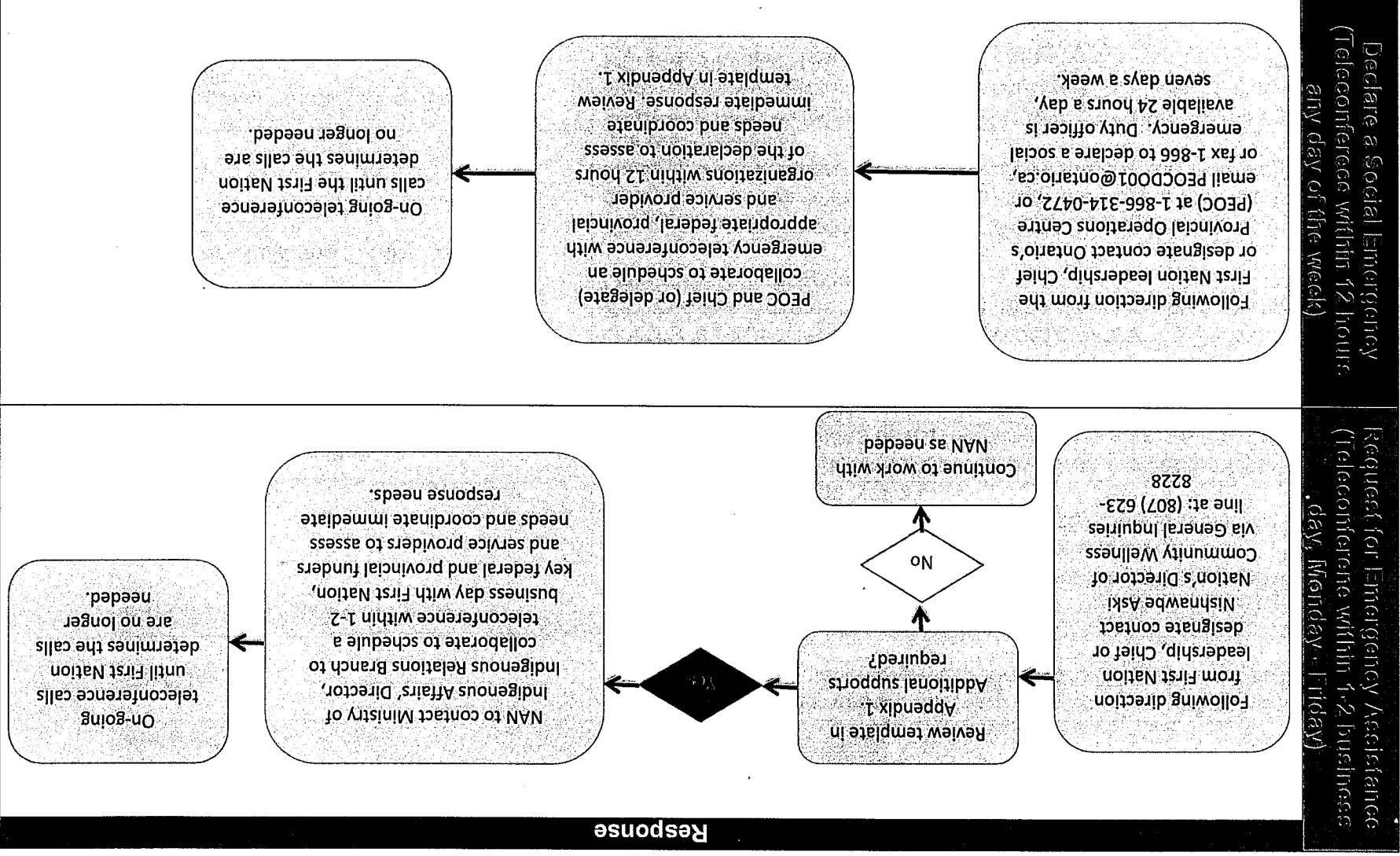
Once the PEOC is contacted, a first teleconference will be scheduled within 12 hours in collaboration with your Chief (or designate). The PEOC Duty Officer is available 24 hours a day, seven days a week. Teleconferences will be on-going until your First Nation's leadership determines that teleconferences are no longer needed. The first teleconference will be Chaired by the PEOC, with the Chair of on-going teleconferences to be determined by your Chief (or designate). These Chair responsibilities can be shared by different organizations (For example, PEOC set up the call, Nishnawbe Aski

Nation or First Nation facilitate the call and PEOC document action items.) The roles will be decided by the First Nation in collaboration with Nishnawbe Aski Nation and PEOC.

For a list of roles and responsibilities for the organizations that will respond to a social emergency declaration, please go to Tab #4.

For a list of health and social services in your region, please go to Appendix 1.

3. How to Request Emergency Assistance or Declare a Social Emergency.
 If you have an existing arrangement with your Tribal Council, or regional health organizations for responding to social emergencies, this process is not intended to replace it.



4. Roles and responsibilities for First Nations, Tribal Councils, Provincial Territorial Organizations, Ontario and Canada.

Roles and Responsibilities	
First Nation	
First Nation	Provides direction to activate a Request for Emergency Assistance or Declaration of a social emergency. Identify needs and services that are disrupted.
First Nation Organizations	
Tribal Council	Takes direction from the First Nation and can assist the organizations in getting the resources to the community level and advocating for the needs of the community. Mobilize Community Mental Wellness Teams as directed by the First Nation.
Nishnawbe Aski Nation	Provides support to the Tribal Council and works collaboratively with the First Nation and provides assistance where possible, as requested.
Regional Health and Social Service Organizations	
Tikinagan Child and Family Services	Tikinagan Child and Family Services has a dual mandate. It is one of 53 Children's Aid Societies in Ontario mandated under the Child and Family Services Act to protect children from harm. They are accountable to Ontario for this responsibility. Tikinagan is also mandated by their Chiefs to provide services that are culturally sensitive to the needs of Aboriginal children, families and First Nations. They are accountable to the Chiefs and to the communities for this responsibility.
Sioux Lookout First Nations Health Authority	Sioux Lookout First Nations Health Authority (SLFNHA) serves 33 First Nation communities in the Sioux Lookout region in Ontario, Canada. Mandated by the leadership in these communities, our organization is

Roles and Responsibilities	
<p>dedicated to strengthening First Nations by contributing in unique ways to a strong health system for the Anishinabe.</p> <p>Provides a range of Health and Client services including:</p> <ul style="list-style-type: none"> • Physician Services, which includes the Northern Clinic; • Approaches to Community Wellbeing; • Primary Care Team; • Trauma Team; • Developmental Disability Services/Telemedicine Program; • Non-medical health care services for First Nation clients travelling to Sioux Lookout and other urban centres for medical appointments, including: <ul style="list-style-type: none"> ○ Ground Transportation; ○ Accommodations at the Hostel; ○ Client Advocacy and Support; ○ Meals; ○ Discharge Coordination. <p>Nodin Child and Family Intervention Services:</p> <p>Coordinates volunteer crisis teams that can be deployed to the community to provide personal support to affected families and the community. The teams are mobilized only upon request from the community and the community determines what type of support they require.</p> <p>Coordinates Trauma Teams who travel into a First Nation community to provide support to community members dealing with post-crisis situational or historical trauma. The Trauma Team provides a continuous and long term approach to healing, combining the cultural principles and practices of the Anishinabe way of life with the science and resources of the western world.</p>	

Roles and Responsibilities

<p>Other Nodin services include counselling, support and intervention services to First Nation children, youth and families from communities served by the Sioux Lookout First Nations Health Authority, who are experiencing social, emotional or behavioural problems. Nodin is a resource available to 33 First Nation communities in the Sioux Lookout region.</p>	<p>Mental Health Program: Provides intensive inpatient and outpatient care including:</p> <ul style="list-style-type: none"> • Emergency department assessment services • Short-term inpatient assessment • Stabilization treatment • Discharge planning • Outpatient assessment and treatment services • Consultation to other units and mental health education are also offered <p>The Program includes: Adult Mental Health and Forensic Mental Health</p> <p>The Child and Adolescent Mental Health Unit at Thunder Bay Regional Health Sciences Centre is an eight-bed unit designed to meet the needs of youth with mental health issues that require emergency care. The Unit provides a safe and therapeutic environment for youth, offering an assessment, stabilization, and brief treatment. Admissions to the unit are through the Emergency Department at the Health Sciences Centre or a regional hospital for those living outside of Thunder Bay.</p>	<p>Dilico health and mental health and additions programs and services are available for First Nation residents of any age in Dilico's jurisdiction and for children in the care of Dilico and their caregivers.</p> <p>First Nations in Dilico's jurisdiction include: Animbigoo Zaag'igan Anishnaabek, Binijitiwaabik Zaaging Anishnaabek (Rocky Bay), Bingwi</p>	<p>Dilico Child and Family Services</p>	<p>Thunder Bay Regional Health Sciences Centre</p>
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Roles and Responsibilities	
<p>Nyaashi Anishnaabek (Sandpoint), Fort William, Ginoogaming, Kiashke Zaaging Anishnaabek (Gull Bay), Long Lake #58, Michipicoten, Pawgwashœng (Pays Plat), Pic Mober, Biigtigong Nishnaabeg (Pic River), Red Rock (Lake Helen), Whitesand.</p> <p>Kunuwanimano works collaboratively with our First Nations members to ensure the safety and well-being of children is secured by strengthening, supporting and encouraging the healthy development of families. We are committed to providing services in a manner that is holistically and bi-culturally appropriate for our First Nations.</p>	<p>Kunuwanimano Child and Family Services</p>
Federal Departments	
<p>First Nations and Inuit Health Branch:</p> <ul style="list-style-type: none"> • Lead for responding to requests for enhancements to health services delivered on-reserve when demand exceeds capacity in the system (e.g. mental health counsellors, mental health wellness teams, primary care, acute care, etc). • Lead for Jordan's Principle Choose Life Program supports for youth. <ul style="list-style-type: none"> ○ Support: Provincial Territorial Organizations(PTO)/Tribal Council, Ministry of Health and Long-Term Care, Ministry of Children, Community and Social Services-Indigenous Healing and Wellness, Ministry of Health and Social Services. ○ Co-Lead with MOHLTC for responding to requests for enhancements for accessing health services-off reserve (e.g. mental health assessments and treatment, acute care supports, etc). ○ Support: PTO/Tribal Council, Ministry of Health and Long-Term Care, Ministry of Children, Community and Social Services-Indigenous Healing and Wellness, Ministry of Health and Social Services. 	<ul style="list-style-type: none"> • First Nations and Inuit Health Branch • Ontario Region Office <p>Indigenous Services Canada:</p>

Roles and Responsibilities	
	<ul style="list-style-type: none"> • Lead for responding to requests for food supports for the community. ○ Support: PTO/Tribal Council
<ul style="list-style-type: none"> • Lead for responding and coordinating Canadian Rangers in a community engagement role (note: Rangers cannot provide policing or security services), once approved. ○ Support: First Nation, Provincial Emergency Operation Centre 	
Provincial Ministries	
<ul style="list-style-type: none"> • Leverage resources that the NRO provides through funded agencies and existing programs such as Children's Aid Societies, Children's Treatment Centres and Right to Play to support needs identified by the First Nations such as youth resources, child protection and service planning and referral. These supports are individualized for crisis responses and are provided based on resources being available. 	Ministry of Children, Community and Social Services – North Region
<ul style="list-style-type: none"> • Leads responses to requests for health services, working with the federal government and local health system partners to: <ul style="list-style-type: none"> ○ Support access to culturally safe services and care coordination in the short, medium and long-term. ○ Identify opportunities to access provincial health services and resources. • Oversees the provincial health system and provides emergency care supports, including the coordination and delivery of emergency transportation services. <ul style="list-style-type: none"> ○ First Nations communities in Ontario are serviced by Ornge (the provincial air ambulance service), municipal land ambulances and ministry funded First Nations land ambulance services. The mode of transport is determined by various factors including patient acuity, travel distance, weather 	Ministry of Health and Long-Term Care

Roles and Responsibilities	
<ul style="list-style-type: none"> • conditions and aircraft availability. For example, in cases where First Nations communities in the north are fly-in only communities (e.g. no available road to transport the patient via land EMS vehicle), Ornge will provide emergency air ambulance transport to enable timely access to care. • Administers the Regional Training Coordinator (RTC) program in support of development and maintenance of volunteer Emergency First Response Teams (EFRTs), primarily in Northern First Nations communities. ○ EFRTs provide emergency first-aid care to patients while a land or air ambulance is en-route. The RTC program is the only pre-clinic medical response in northern First Nations communities. Due to the vast geographical areas in the northern First Nations communities, the group of volunteers becomes an integral part of their community and are valued for their efforts. 	
<ul style="list-style-type: none"> • Lead for responding to requests for crisis supports (non-medical): <ul style="list-style-type: none"> ○ Leverage resources that IHWS provides through existing programs such as Healing Lodges and NAN Crisis Coordination to support needs identified by the First Nation such as youth resources, interim staff supports, some transportation, food security, supplies and some travel. These supports are individualized for crisis responses and are provided based on resources being available from IHWS funding and are not permanent/annualized. ○ Support: PTO/Tribal Council, Ministry of Indigenous Affairs, Ministry of Children, Community and Social Services, Ministry of Health and Long-Term Care, Ministry of Status of Women. 	<p>Ministry of Children, Community and Social Services – Indigenous Healing and Wellness Strategy (IHWS)</p>

Roles and Responsibilities	
<ul style="list-style-type: none"> • Support for requests related to the local response (supplies and equipment for community engagement, supports for affected families, and youth programming) 	Ministry of Indigenous Affairs
<ul style="list-style-type: none"> • Collaborate with First Nation for coordinating emergency teleconferences, teleconference minutes (if leading/coordinating the call). • Lead for liaising with federal government for requests for provincial assistance to support federal response. ◦ Support: Provincial ministries as appropriate to the request for assistance. 	Ministry of the Solicitor General – Provincial Emergency Operations Centre
<ul style="list-style-type: none"> • Lead for remote airports servicing remote communities. 	Ministry of Transportation
Provincial Agencies	
<ul style="list-style-type: none"> • Works with OPP to respond to requests for additional policing supports. 	Nishnawbe Aski Nation Police Service (NAPS)
<ul style="list-style-type: none"> • Works with OPP to respond to requests for additional policing supports. 	Anishnabek Police Services
<ul style="list-style-type: none"> • Responding to requests from NAPS and Anishnabek Police Services for additional policing supports: • Provide assistance to NAPS and Anishnabek Police Services according to established policy, pending notifications and approvals. 	Ontario Provincial Police

4. Eligible emergency costs that will be covered for social emergency events.

The table below sets out the eligible emergency costs, funder and process for reimbursement.

Item:

Funding support to bring community members out of their homes into a common area such as a community hall to share meals together in an effort to support community togetherness and healing during a social emergency. Eligible costs include:

- Food and water purchased in the community or outside the community for affected families.
- Transportation of food and water to the community.
- Cost of gas for vehicle to transport affected families from their homes to location where meals are being served.

Funder: Indigenous Services Canada

Process: First Nation to identify this need in the first teleconference meeting for an emergency Request for Assistance or Social Emergency Declaration. First Nation to provide direction to either NAN or the Tribal Council to coordinate food purchase and delivery. Costs are to be tracked by NAN or the Tribal Council for reimbursement by Indigenous Services Canada.

Item: Equipment for community engagement patrols: Flashlights, high visibility vests, radios.

Other supplies and equipment: Sleeping bags, cots, air mattresses, portable heaters, first aid kits, utility knives, compass, tissue paper, hand sanitizer.

Funder: NAN

Process: First Nation to identify this need in the call to NAN for an emergency Request for Assistance or Social Emergency Declaration. Purchases and costs for transportation are covered by NAN.

Item: Immediate needs for youth or affected families that are not covered through existing services and resources provided by affiliated First Nation organizations, service providers the federal government and other provincial ministries. Examples include recreation activities, workshops, healing events, funeral costs and crisis supports.

Funder: Ministry of Indigenous Affairs may be able to provide a small allocation for these supports.

Process:

- Once a request for emergency assistance or social emergency declaration has been made, the Ontario Ministry of Indigenous Affairs will join a teleconference to respond to the community's needs.
- At that teleconference, should the First Nation identify immediate needs for youth or affected families that are not covered through existing services and resources provided by affiliated First Nation organizations, service providers the federal government and other provincial ministries, the Ontario Ministry of Indigenous Affairs may be able to provide a small allocation for these supports.
- Examples include recreation activities, workshops, healing events, funeral costs and crisis supports.
- The First Nation will need to send an email or fax to the Ontario Ministry of Indigenous Affairs listing the types of equipment or services that are immediately required with a cost estimate.
- Within 1 business day, the Ministry of Indigenous Affairs will send a funding letter confirming the funding amount available for signing by the Chief.
- Funding will flow to the First Nation within 3 business days of receipt of the fully signed funding letter.

Appendix 1 – Checklist for First Nation preparation for first emergency teleconference

First Nation Checklist for First Emergency Teleconference	
Assessing Needs:	
<input type="checkbox"/>	Mental health counsellors
<input type="checkbox"/>	Food and water supports
<input type="checkbox"/>	Programs and events for youth
<input type="checkbox"/>	Other supplies and equipment (list):
	•
	•
	•
<input type="checkbox"/>	Crisis supports (for example personal supports for families, engaging youth in a non-clinical role)
<input type="checkbox"/>	Public safety
<input type="checkbox"/>	Other (list)
	•
	•
	•
Service Providers and Organizations to invite to the teleconference:	
<input type="checkbox"/>	NAN
<input type="checkbox"/>	Tribal Council
<input type="checkbox"/>	Tikinagan Child and Family Services
<input type="checkbox"/>	Sioux Lookout First Nations Health Authority
<input type="checkbox"/>	Nodin Child and Family Intervention Services
<input type="checkbox"/>	Thunder Bay Regional Health Sciences Centre
<input type="checkbox"/>	Dilico Child and Family Services
<input type="checkbox"/>	Kuuwanimano Child and Family Services
<input type="checkbox"/>	Nishnawbe Aski Nation Police Services
<input type="checkbox"/>	Northwest L'HIN
<input type="checkbox"/>	Indigenous Services Canada – First Nations and Inuit Health Branch.
<input type="checkbox"/>	Indigenous Services Canada – Ontario Region Office.
<input type="checkbox"/>	Ontario Ministry of Indigenous Affairs – Indigenous Relations Branch.
<input type="checkbox"/>	Ontario Ministry of Children, Community and Social Services – North Region.
<input type="checkbox"/>	Ontario Ministry of Children, Community and Social Services – Indigenous Healing and Wellness Strategy.
<input type="checkbox"/>	Ontario Ministry of Health and Long-Term Care - Health Equity Branch.
<input type="checkbox"/>	Other (list):
	•
	•
	•

**Appendix 2
Inventory of services/programs that available to your First Nation**

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
Alpha Court Non-Profit Housing	Case Management Youth in Transition- 16-24 Gender- both Capacity - 12	16+ 16-24 Gender- both Capacity - 12	Case management for individuals with mental illness and addictions, crisis support, 16+, Promote recovery and independence with appropriate community based support. Youth in transition: For youth who have confirmed mental diagnosis of MH illness. Services are designed to promote the skills necessary for youth to live independently in the community while coping with the symptoms of mental illness.	Main Office: 221 Wilson Street, Thunder Bay, ON, P7B 1M7 Phone: (807) 683-8200 Fax: (807) 683-8225
Attkokan General Hospital	Intensive Case Management In-patient 24/7 Crisis Support	Adult	Medication monitoring, housing self-care, nutrition and meal preparation, education and training, and family support. Note: There is capacity for crisis support. Have been on standby in the past for Pikangikum. Lac la Croix is closest First Nation.	Box 2490, 120 Dorothy Street, Attkokan, Ontario P0T 1C0 Phone: (807) 597-4215 Fax: (807) 597-4305
Attkokan General Hospital	Counselling	No age restrictions	Individual, couple, group, or family counselling, psychiatric consults, crisis intervention, suicide prevention, assessments, referral services, advocacy, and grief/loss	Phone: (807) 597-4215 Fax: (807) 597-4305
Attkokan Native Friendship Centre	No age restrictions	No age restrictions	Provides a meeting place for urban Aboriginal people and community members regardless of nationality • Hosts cultural events including Pow Wows and Fish Fry Days Programs and services focused on improving the quality of life for Aboriginal people living in an urban environment	

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
Brain Injury Services of Northern Ontario	Homelessness Initiative Support for First Nations as needed.	No age restrictions	<ul style="list-style-type: none"> Participates in various community events including Bass Classic tournament, Christmas and Halloween bazaars and Drug Awareness pancake breakfasts Provides a small resource library which includes books on Aboriginal culture and history, physical and mental health and environmental topics Offers crisis intervention 	426 Balmoral Street Thunder Bay, ON P7C 5G8 Email: bishnor@bismo.org Phone: (807) 623-1188 Fax: (807) 623-1201 Toll Free: 1-866-796-1188
Canadian Mental Health Association (CMHA) - Thunder Bay	Crisis Intervention & Residence Maamawe Kenjigewin, 24 crisis line, No mobilizing within the community	No age restrictions	Individuals with brain injury and mental illness and risk of homelessness. Provide safe, affordable housing, rehabilitation, crisis intervention, advocacy, and referrals. Workers in Fort Frances, Kenora, Dryden, Nipigon Area, Geraldton. Advice to workers on acquired brain injuries.	CMHA Thunder Bay 200 Van Norman Street Thunder Bay, ON P7A 4B8 Tel: (807) 345-5564 Fax: (807) 345-4458 E-mail: cmhatb@cmhatb.on.ca
Youth Mental Health Court Outreach Program	Access Note A referral form is available at the CMHA Thunder Bay office. Clients may also attend in person or call.	Age 16-17 Capacity 30 Gender- both	<p>Immediate crisis assessment and intervention; referrals; and follow up for individuals, families and friends. Crisis Support Residence, short-term support service.</p> <p>Court outreach: provides services to address the needs of transitional age youth (ages 16 and 17) with mental health/ behavioural needs, who are involved with the criminal justice system. Youth that meet the criteria of the program will be diverted from the criminal justice system into the mental health system. Youth will be linked to appropriate mental health services and other</p>	

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
Canadian Mental Health Association (CMHA) - Thunder Bay	Referral is generally through the court. Service is offered to all youth having significant mental health issues who have come into conflict with the law.		resources in the community to address individual client needs. The Youth Mental Health Worker works closely with youth justice personnel, including Crowns, Defence Counsel and Probation Officers. The youth and guardian (where appropriate) will be involved in treatment decisions. The worker may also provide consultation for youth clients who are not diverted from the criminal justice system. Model of service is psychosocial rehabilitation.	CMHA Thunder Bay 200 Van Norman Street Thunder Bay, ON P7A 4B8 Tel: (807) 345-5564 Fax: (807) 345-4458 E-mail: gmhafb@cmha-tb.on.ca
Canadian Mental Health Association (CMHA) - Kenora	Other mental health services Maamawe Kenjigewin, 24 crisis line, No mobilizing within the community	No age restrictions	Court / justice system outreach, diversion, and case management, mental health education and awareness, dual diagnosis support, early psychosis intervention	Kenora Branch 227 Second Street South 2nd Floor Kenora Canada Phone: (807) 468-1838 Fax: (807) 468-6396 Email: office@cmhak.on.ca Url: http://www.cmhak.on.ca
Canadian Mental Health Association (CMHA) - Fort Frances	Case Management	Adult MH	Services include intake, assessment, group and individual mental health therapy. Also work specializing with people involved with justice system.	Case Management Program Box 446 - 612 Portage

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
Changes Recovery Home	Residential Addictions Treatment	Adult	counseling for self/ family, referrals, advocacy, employment, financial management, Evacuation situations, referrals to Fort Frances P9A 3M8 Fort Frances, Ontario Phone: 807-274-2347 Fax 807-274-3515	102 Government Rd, Keewatin, ON P0X 1C0 Phone: (807) 547-2125
Children's Centre - Thunder Bay	Substance Abuse Counseling and Treatment		Residential treatment for addictions, including clients involved in justice system. Other support services to promote healthy lifestyle, community outreach, education, and referrals. Very interested in providing more services to First Nation communities. Can provide temporary services and training for crises. Serves high-risk marginalized youth with substance abuse, mental health issues, and social / behavioural problems.	283 Lisgar St, Thunder Bay, ON P7B 6G6 Phone: (807) 343-5000
Children's Centre - Thunder Bay	Program Name Anishnabe Program Youth and Family Community Treatment Ages 12-18 Program Ages 12-18	Ages 12-18 Gender - both	Program Description Program provides group intervention for Indigenous youth struggling with substance abuse and mental health issues. Services are holistic in nature with an emphasis placed on spirituality, traditions, and ceremonies. Cognitive-behavioural and dialectical behavioural, multi system approach to intervention. Integrated treatment modalities, including those related to family therapy, are also available. Individual and family counselling Program Description: Cognitive-behavioural and dialectical behavioural, multi system approach to	

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
			<p>intervention. Integrated treatment modalities, including those related to family therapy, are also available. Individual and family counselling.</p>	
Crossroads Centre Inc.	Residential Addictions Treatment	Adult	<p>Residential treatment for addictions, including pretreatment (preparation for treatment) and aftercare support.</p>	<p>580 North Algoma Street, Wing H Box 21116 Thunder Bay, ON P7A 8A7 Phone: (807) 622-2730 Fax: (807) 622-7587</p>
Dilico Anishinabek Family Care	Community Wellness Development Teams Mental Health Case Management Crisis Support		<p>Assists communities to develop and coordinate response plans for mental health needs. Provides training for local workers.</p> <p>Concurrent disorders, history with justice system, dual-diagnosis, grief, depression. System navigation, case mgmt, and care plans. Also crisis intervention.</p> <p>FN Crisis Support- Part of core mandate. Also serve FNs outside of their catchment area that are in crisis.</p>	<p>200 Anemki Pl, Fort William First Nation, ON P7J 1L6 Phone: (807) 623-8511</p>
Dryden Regional Health Centre	In patient 24/7 Crisis Support	Adult MH	<p>Crisis response, toll-free crisis line (entire Kenora / RR) district, video conf, crisis beds in Dryden, Kenora and fort Frances. Beds available up to maximum of 5 nights. Community stabilization unit located in Dryden. Mobile crews, Dryden and Kenora locations are staffed 24/7</p>	<p>58 Goodall St, Dryden, ON P8N 2Z6 (807) 223-8200</p>

Organization	Access Type/Time	Age Limitations	Description of Supports	Contact
Firefly	Access services – referral based	Children and youth and families	<p>Outreach case managers, housing support, daily needs, forensic program, video conf, withdrawal mgmt, residential/outpatient</p> <p>FN Crisis Support- Significant work in past. Crisis prevention and response planning, training workers / crisis teams, community engagement. Not able to send in workers for ongoing services.</p>	
Fort Frances Tribal Area Health Services	Community Counselling Services		<p>Services for families with children and/or youth who are experiencing developmental, physical, emotional or mental health challenges are eligible for services, as well as adults who have been diagnosed with a developmental disability. Participation in services is voluntary. We provide service to those who reside within the service area of one of the Agency's offices:</p> <ul style="list-style-type: none"> - Dryden, Ignace and surrounding areas - Kenora and surrounding areas - Red Lake, Ear Falls and surrounding areas - Sioux Lookout, Hudson and surrounding areas <p>Access Services are available in Atikokan, Dryden, Fort Frances, Kenora, Red Lake and Sioux Lookout.</p>	
Fort Frances Tribal Area Health Services	Community Counselling Services		<p>Provides counselling for Aboriginal individuals in office and on reserve. Assists clients in identifying the issues, developing a counselling plan to address issues.</p> <p>Counselling Team Services include: Addiction Support Services Anger Management Support Community Based Workshops</p>	<p>1460 Idlywild Dr, Fort Frances, ON P9A 3M3 Phone: (807) 274-2042</p>

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
Gizhwaadziwin Aboriginal Health Access Centre	Case Management		<p>Community Support Services Crisis Management/Counseling Elder Support Grief Recovery Programming Individual Grief Counseling</p> <p>Treatment Team Services include: Case Management Services Intake, Assessment, and Program Orientation Pre-Treatment Support and programming Out-Patient Support and programming AfterCare Support and programming Referrals for continuing services with First Nation community service providers, other internal agency programs, and external resources</p>	<p>1460 Idylwild Drive, Box 686 Fort Frances, ON P9A 3M9 Phone: (807) 274-3131 Admin Fax: (807) 274- 6280 Clinic Fax: (807) 274- 3855 info@gizhac.com</p>
Innew Friendship Centre	No age restrictions		<p>The Innew Friendship Centre's objectives are to develop, expand, and preserve Aboriginal cultural identity through the institution of education and socially oriented programs for all people of Aboriginal ancestry.</p> <p>Also advocacy and support services, difficulties; as well as some mental illnesses, violence, substance abuse and coping Counseling for grief, suicide, stress, family</p>	<p>190 3rd. Avenue, Cochrane, Ontario, Canada</p> <p>The Innew Friendship Centre's objectives are to develop, expand, and preserve Aboriginal cultural identity through the institution of education and socially oriented programs for all people of Aboriginal ancestry.</p> <p>They provide informational, communication and interpretive services to resident and transient people of Indigenous ancestry in the areas of</p>

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
<p>Ka-Na-Chi-Hih Specialized Solvent Abuse Treatment Centre</p>	<p>Program Name Residential Treatment - Long-Term Residential Program Residential Treatment</p>	<p>Male Ages 16-30 Capacity 30 Average length of stay 120 days</p>	<p>legal-aid, medical appointments, and accommodation. The Innew Friendship Centre provides a meeting place and milieu in which people of Indigenous ancestry may freely interact and socialize. We also organize and supervise recreational activities for the young people affiliated with the Centre.</p>	<p>100 Anemki Drive, Suite 102 Fort William First Nation Thunder Bay, ON P7J 1A5 Toll Free: 1-888-863-1560 Phone: (807) 623-5577 Fax: (807) 623-5588 E-mail: dmay@kanachih.ca</p>
<p>Ka-Na-Chi-Hih Specialized Solvent Abuse Treatment Centre</p>	<p>Program Name Residential Treatment - Long-Term Residential Program Residential Treatment</p>	<p>Male Ages 16-30 Capacity 30 Average length of stay 120 days</p>	<p>bed long-term treatment program for First Nations males between 16 and 30 years old, throughout Canada, whose lives are affected by solvent abuse. The holistic program uses traditional and contemporary models of treatment that embraces the emotional, mental, physical and spiritual components that make one whole. The program currently consists of two treatment phases. Phase I: The "Core Group Program" is designed to educate the clients in addition to one on one counselling sessions. Phase II: The "Individualized Treatment Plan" is geared towards meeting the client's specific needs. The initial assessment is completed by the referring agent, the information followed by pre-treatment interview(s) will determine if the participant is suited for the treatment program. A voluntary commitment and a willingness to participate in the healing process are required. For further information regarding programming, please feel free to contact the treatment coordinator or the intake worker.</p>	<p>Residential Treatment - Long-Term Residential Program Residential Treatment</p> <p>Access Note Must be solvent-free for 5 days. Must be Canadian First Nation or Inuit. Client's use of solvents must have become habitual. Must be medically stable</p>

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
Kapuskasing Friendship Centre		No age restrictions	<p>Programs & Services:</p> <ul style="list-style-type: none"> • Akwe:go: Urban Aboriginal Children's Program • Cultural Connections for Aboriginal Youth • Healing and Wellness Program • Urban Aboriginal Healthy Living Program • Wasa-Nabin: Urban Aboriginal Youth Program 	45 Murdock Ave, Kapuskasing, ON P5N, Canada
Kenora Association for Community Living	Case Management / Crisis Intervention / Residence	Adult MH	<p>Outreach, assessment, service provision for clients with mental health issues. Also crisis intervention and residential services for clients. FN Crisis Support - Dual-diagnosis training, outreach to communities with MCYS programming, adult developmental services, children's services / complex needs,</p>	501 Eighth Avenue South, Kenora, Ontario, P9N 3Z9 Phone: (807) 467-5225 Fax: (807) 467-5247
Kenora Chiefs Advisory	Mental Health Case Management Services		<p>Mental Health & Addictions Program The program operates within a Case Management model providing: Direct counselling to clients and their families Education on Substance Abuse & Mental Health issues; Support and advocacy for the client; Linking client to the appropriate professional and service agency;</p>	240 Veterans Drive, Third Floor P.O. Box 349 Kenora, ON P9N 3X4 Phone: 807-467-8144 Toll Free: 1-855-367-2600 Fax: 807-467-2656

Organization	Access Type/ Time	Age Restrictions	Description of Supports	Contact
Kenora Sexual Assault Centre	24/7	No age restrictions	<p>Support and training to clients in the life skills (self care, money management, care of housing)</p> <p>Works to eradicate the social conditions that contribute to violence against women and children, through public education, lobbying and political action</p> <ul style="list-style-type: none"> • Provides a confidential 24-hour Crisis Line • Offers individual and/or group counselling • Offers information on police investigation, medical and legal procedures • Provides individuals advocacy and accompaniment through any procedures they choose • Offers referrals when requested • Provides information and support for families and friends of the victim or survivor • Offers education and prevention through public awareness • Provides resource materials, books, films, videos and reports, all available to the public • Outreach into First Nations 	<p>Kenora Sexual Assault Centre 101 Chipman Street Kenora, Ontario P9N 1V7 Tel: 468-7958 Crisis Line: 807/468-7233 (safe)/1-800-565-6161 Fax: 468-4808 ksacdiretor@kmts.ca</p>
Lake of the Woods District Hospital	Counselling and Treatment	Adult MH	<p>Counselling for mood disorders, depression, bipolar disorders, eating disorders, grief and loss, stress, gender issues and physical and sexual abuse.</p> <p>FN crisis support - Yes. Comprehensive services.</p>	<p>Lake of the Woods District Hospital 21 Sylvan Street West Kenora, ON P9N 3W7 Ph: (807) 468-9861 Extension: 2243 Fax: (807) 468-3939 Contact email: admin@lwvh.on.ca</p>

Contact	Description of Supports	Age Limitations	Access Type/ Time	Organization
<p>Lake of the Woods District Hospital 21 Sylvan Street West Kenora, ON P9N 3W7 Ph: (807) 468-9861 Extension: 2243 Fax: (807) 468-3939 Contact email: admin@lwdh.on.ca</p>	<p>Inpatient services, Mental health crisis intervention, specific programs for Aboriginal individuals, system navigation, individuals with justice system, Adult MH for Schedule 1 services but have pediatric beds.</p>	<p>All</p>	<p>Inpatient and Crisis Intervention / Other Crisis Support services</p>	<p>Lake of the Woods District Hospital</p>
<p>Kenora, ON 326 2nd Street South Phone: 807-468-5440 Fax: 807-468-5340</p>	<p>The Ne Chee Friendship Centre offers a full calendar of events including programs for all age groups and needs, cultural events and social/recreational activities. Staff welcome the suggestions and support from the community in expanding our services.</p> <p>Services Recreation - Ne-Chee offers a wide variety of recreational activities such as sporting events, tournaments and social gatherings. Check out programs taking place through our various programs or contact us for the latest listing of events.</p> <p>Support/Information Referral - the Friendship Centre provides information and referral service to all Aboriginal people who require assistance in some way. If a service is beyond our capability, the case will be referred to the appropriate agency. We also work closely with a number of groups, organizations and agencies that support the Aboriginal community in the Kenora region.</p>	<p>No age restrictions</p>	<p>Monday – Friday 9am – 4:30pm</p>	<p>Nee-Chee Friendship Centre</p>

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
<p>Nishnawbe-Gamik Friendship Centre</p>	<p>OFFICE HOURS Monday - Friday 9 am - 5 pm</p>	<p>No age restrictions</p>	<p>The Centre offers a wide range of services that are geared for all ages from infancy to elders.</p> <p>Available Programs</p> <ul style="list-style-type: none"> • Life Long Care Program • Indigenous Healing & Wellness Program • Aboriginal Alcohol and Drug Worker Program • Aboriginal Combined Courtwork Program • Anokeewin Wiichiiwaawin Employment Program • Urban Aboriginal Healthy Living Program (UAHLP) • Urban Aboriginal Healthy Living – Kids Program • Wasa-Nabin: Urban Aboriginal Youth Program • Akwe: go Urban Aboriginal Children's Program • Partner Assault Response (PAR) Program • Aboriginal Best Start Hub 	<p>52 King St., Stoux Lookout, ON P8T 1B8 Phone: 1-800-619-9519 Mobile: (807) 737-1903 Fax: (807) 737-1805 Email: reception@ngfc.n et</p>
<p>North of Superior Programs</p>	<p>FN Crisis support. Maamawe Kenjigewin Participant. Coordinate responded to regional communities.</p>	<p>Adult and child MH</p>	<p>Schedule 3 psychiatric services, in person or by videoconference, mental health counselling. Outreach to most municipalities in District of Thunder Bay.</p> <p>Mental Health Programs</p> <ul style="list-style-type: none"> • Provides individual, couple and group counselling • Offers psychological and educational evaluations • Provides Triple P (Positive Parenting Program) 	<p>NORTH OF SUPERIOR COUNSELLING PROGRAMS c/o P.O. Box 670, 16 Front St. Nipigon, ON P0T 2J0 Canada Tel: 1-877-895-6677 (NOSP) Email: info@nossp.on.ca</p>

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
<p>Red Lake Indian Friendship Centre</p>	<p>Peer Support and Advocacy</p> <p>Crisis Support</p>	<p>Adult MH</p>	<p>• Offers home and school based interventions</p> <p>• Teaches parenting skills</p> <p>• Offers psychiatric consultations and referrals</p> <p>Addictions Programs</p> <p>• Provides assessments and referrals</p> <p>• Coordinates outpatient treatment</p> <p>• Develops treatment plan suited to the individual's requirements</p> <p>• Offers individual and family counselling</p>	<p>Head Office & Outreach Office Thunder Bay 217 S. Algoma St, Thunder Bay ON PH: 807-343-4760 TF: 1-800-405-8235 FX: 807-344-8147</p>
<p>Red Lake Indian Friendship Centre</p>	<p>Peer Support and Advocacy</p> <p>Crisis Support</p>	<p>Adult MH</p>	<p>• Offers home and school based interventions</p> <p>• Teaches parenting skills</p> <p>• Offers psychiatric consultations and referrals</p> <p>Addictions Programs</p> <p>• Provides assessments and referrals</p> <p>• Coordinates outpatient treatment</p> <p>• Develops treatment plan suited to the individual's requirements</p> <p>• Offers individual and family counselling</p>	<p>Site 1: 1 Legion Road. PO, Box 244 Red Lake, ON P0V 2M0 Site 2: 114 Forestry Rd. Phone: 807-727-2847 friends@rllfc.ca</p>

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
Red Lake Margaret Cochenour Memorial Hospital	Case Management	Adult MH	Increase independence of persons with mental illnesses. Services: skill development, medication monitoring, crisis intervention, counselling, daily living support.	Red Lake Margaret Cochenour Memorial Hospital #51 Highway 105 P.O. Box 5005 Red Lake, ON P0V 2M0 Phone: (807) 727-2066 Automated System Fax: (807) 727-2923
The Reverend Tommy Beardy Memorial Wee Che He Wayo-Gamic Centre	Residential Treatment		Alcohol and Drug Rehab for families, residential services, childcare for families, life skills, cultural programming, transition care, aftercare for one year Skill development, medication monitoring, crisis intervention, counselling support, and assistance with activities of daily living FN crisis support - Yes. First Nations just need to make a formal request for services / training when in crisis.	PO Box 131 Muskrat Dam, ON P0V 3B0 Tel: 807-471-2554 Toll Free: 1-800-265-9796 Fax: 807-471-2510
Riverside Health Care Facilities	Crisis Intervention / Case Management / Counselling Other mental health services	Adult MH	Toll-free crisis line, community mobile support workers, crisis and safe beds, withdrawal management services and information and referrals, short term crisis beds Violence against women, residential services, outreach to other municipalities, abuse services, concurrent disorders	Corporate Office 110 Victoria Ave. Fort Frances, ON P9A 2B7 (807) 274-3266 (807) 274-2898 Fax
Saint Joseph's Care Group	Case Management / Counselling Other Mental Health Services	Adult MH	Psychiatry, Family Medicine, Nursing, Occupational Therapy, Therapeutic Recreation, Social Work, Vocational Counselling, and Aboriginal Worker Eating disorders, Concurrent disorders, outpatient treatment, residential treatment,	285 Cummer Ave Toronto ON M2M 2G1 Phone: 807-343-2431

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
Sioux Lookout Meno-Ya-Win Health Centre	Case Management / Counselling		Concurrent disorders, liaison w/ psychiatry, housing, justice system, and social services. Counselling for abuse, trauma, stress, family problems and anger. Crisis intervention.	1 Meno Ya Win Way, Sioux Lookout, ON P8T 1B4 Phone: 807-737-3030
Sioux Lookout First Nations Health Authority	Community Wellness Development Teams		Assists communities to develop and coordinate response plans for mental health needs. Provides training for local workers.	61 Queen Street, Sioux Lookout, ON P8T 1B8 (807) 737-1802
Sister Margaret Smith Centre	Program Name: TAY Outreach	Ages 16-24 Gender – both Capacity 115	The Transitional Aged Youth (TAY) program provides specialized treatment and navigational supports to youth between 16 and 24 years who are struggling with prescription opiate use. Working within an interprofessional practice team, the specialized case management service will provide direct care and assist young people and their families to navigate the system of services to meet their individual needs. The target population are young people who may be using polysubstances, including opiates, or are struggling in school, are homeless, or are involved in the criminal justice system and/or living in remote areas.	301 Lillie St N, Thunder Bay, ON P7C 0A6 (807) 684-5100
Sister Margaret Smith Centre	Program Name Youth Substance Abuse Community Treatment	Ages 13-24 Gender – both Capacity 50	Community Treatment encompasses a variety of non-residential treatment options that are available to individual clients and their families.	301 Lillie St N, Thunder Bay, ON P7C 0A6 (807) 684-5100

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
Sister Margaret Smith Centre	Program Name: Youth Gambling Community Treatment	Ages 12-18 Gender- both Capacity 50	Services are delivered in the individual and group format. The focus of this service is to assist in many areas including but not limited to: education & awareness; stabilization and readiness for change; examining impact of gambling in family and relationships; developing stress management skills & relapse prevention planning. This program also treats process addictions (i.e., internet, gaming).	301 Lillie St N, Thunder Bay, ON P7C 0A6 (807) 684-5100
Sister Margaret Smith Centre	Program Name: Youth Residential	Ages 16-19 Gender – both Capacity 10 Average length of stay 35	Sister Margaret Smith Centre, Youth Addiction Programs, provide a four-week substance abuse treatment program for youth from age 15 - 19 years. This program uses a strength-based, harm reduction, Dialectical Behavioural approach to recovery for youth which focuses on skill development. It includes group therapy, individual counselling, education sessions, life skills development, and introduction to self-help and leisure and recreation opportunities.	301 Lillie St N, Thunder Bay, ON P7C 0A6 (807) 684-5100

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
Three C's Reintroduction Centre	Residential Treatment	18+	Relapse prevention, Group therapy, Life skills, One-on-one counselling, Positive peer group work, Vocational counselling, Recreational Therapy	226 Dog Lake Rd, Thunder Bay, ON P7G 2G2 (807) 767-4172
Thunder Bay Counselling Centre	Case Management Crisis Support	Adult MH	Services for concurrent disorders, housing, finances and daily life needs, youth to adult transition, and clients involved with justice systems, case mgmt counselling. FN Crisis Support - Yes Comprehensive counselling, addictions treatments, youth counselling, forensics, case mgmt.	544 Winnipeg Ave, Thunder Bay, ON P7B 3S7 (807) 684-1880
Thunder Bay Counselling Centre	Youth in Transition	Ages 12-24 Gender – both Capacity -8	This is a case management program, which provides services to youth aged 12 to 24 who are living with mental health and substance use issues and are struggling with life in their transition to adulthood. These individuals may be dealing with housing, financial, relationship, education, and other issues as well as mental health and addiction concerns.	544 Winnipeg Ave, Thunder Bay, ON P7B 3S7 (807) 684-1880
Thunder Bay Regional Health Sciences Centre – Children and Adolescent Mental Health Unit	In-patient 24/7	Children/ad olescents up to age 16 only	Emergency mental health care for brief assessment and stabilization during crisis with average stay of 3-5 days. Treatment team includes physicians, psychological associates, social workers, nurses, and child and youth workers.	980 Oliver Rd, Thunder Bay, ON P7B 6V4 (807) 684-6000
Thunder Bay Seaway Non-Profit Apartments	Residential Treatment		Treatment for addictions and adults with addictions issues. Many users with concurrent disorders, social issues, history with justice system and homelessness.	415 Kingsway, Thunder Bay, ON P7E 2A6 (807) 623-4864

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
Thunder Bay Sexual Assault and Crisis Centre	Sexual Abuse Service		Telephone and mobile-unit crisis response intervention, individual and group counselling for victims of sexual / childhood assault FN crisis support-Yes. Scheduled education sessions in communities for identifying victims and leading counselling. Work with Dilico / ONWA.	385 Mooney St Thunder Bay, ON P7B 5L5 (807) 345-0894 info@tbsasa.org 24-hour hotline: (807)344-4502
Thunderbird Friendship Centre	Mon-Fri: 8:30am – 4:30pm	No age restrictions	Provides a wide range of community-based and culturally appropriate programs and services to Aboriginal people(s) residing in or migrating to the city	301 Beamish Ave W Geraldton, ON P0T 1M0 Phone: 807-854-1060 Toll-free: 1-888-854-1060 Fax: 807-854-0861
Triple PLAY Kenora	Youth Sports/Recreation		<p>Major programs include:</p> <ul style="list-style-type: none"> • Addresses the distinct needs of Indigenous peoples in the areas of justice, health, education, employment and training and relief of poverty • Participates in community development activities that promote cultural diversity and partnership development with other Indigenous and non-Indigenous agencies <p>• Aboriginal Alcohol and Drug Workers Program</p> <ul style="list-style-type: none"> • Aboriginal Criminal Courtworker Program • Aboriginal Family Support Program • Aboriginal Health and Wellness Program • Aboriginal Life Long Care Program 	<p>Triple P.L.A.Y. is a local program fund that gives Kenora & area kids facing financial barriers the opportunity to participate in recreation & leisure</p> <p>Phone: (807) 466-2785 Fax: (807) 467-2132</p>

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
United Native Friendship Centre	Office Hours: Monday – Friday 8:30am – 4:30pm Summer Hours 8:30am – 4:00pm	No age restrictions	<p>Available Programming:</p> <ul style="list-style-type: none"> • Aboriginal Courtwork Programs • Aboriginal Drug & Alcohol Program • Aboriginal Family Support Programs • Aboriginal Head Start • Aboriginal Healthy Babies • Indigenous Healing & Wellness Program • Aboriginal Life-Long Care • Aboriginal Prenatal Nutrition • Akwego Program • Alternative Secondary School Program • Apatiswin Employment Services • Children's Mental Health Program • Cultural Resource Program • Homelessness Outreach Program • Kizhaay Anishnaabe Niin • Urban Aboriginal Healthy Living Program • Urban Aboriginal Healthy Living for Kids Program • Wasa-Nabin Program • Wiinisisdotam Adult Literacy Program • Youth Justice Program 	516 Portage Avenue and Mowat Avenue Fort Frances, ON P9A 3N1 Toll-free: 1-877-496-9034 Phone: (807) 274-8541 Fax: (807) 274-4110 General Inquires email: inquiry@unfc.org
Wasegizhig Nanaandawe'yewigamig	Case Management Program	No age restrictions	Case management with cultural and traditional elements incorporated into healing paths. Services available in Ojibway if needed.	212 4th Ave S, Kenora, ON P9N 1Y9 (807) 467-8770
Weechi-it-te-win Family Services Inc.	Residential Treatment		Mental health counselling and treatment for physical, emotional, and sexual abuse issues;	1457 IDYWILD DR, Ontario (807) 274-3201

Organization	Access Type/ Time	Age Limitations	Description of Supports	Contact
			health; anger management; substance abuse; relapse prevention.	

Appendix 3 – Glossary of Terms

Community Crisis Teams (Nodin Child and Family Intervention Services):

Nodin's Crisis Response Program provides crisis intervention and support to immediate families impacted by tragic incidents occurring within their family unit (e.g. suicide, homicide, tragic accidents etc.). The teams are mobilized only upon request from the community and the community determines what type of support they require. The Crisis Response Program team members include a Supervisor, Coordinator, contractual Crisis Team Counsellors/Traditional Workers and volunteer crisis teams from neighboring communities. This is a fast-paced service that responds to crisis as quickly as possible. They work with family members that are in crisis/at risk, refer to appropriate resources and make sure planning is done to ensure there is immediate service for the family unit. The volunteer teams come from communities close by where a tragedy has happened; providing comfort and support in any way they can to the community at a great time of need.

Community Mental Wellness Teams:

Mental Wellness Teams are community-based teams located within Tribal Councils that provide a comprehensive suite of culturally appropriate services that include, but not limited to: direct clinical services, trauma informed care, land-based healing and treatment, early intervention and screening, aftercare, and care coordination with provincial services. There are 7 Community Mental Wellness Teams serving NAN communities.

Critical Infrastructure Failure:

Critical Infrastructure Failure includes the prolonged disruption of existing of infrastructure in First Nation communities that meet vital human needs. Examples include water treatment plant failures, power generation failures and sewage back-ups forcing families to leave their homes.

Declaration of a Social Emergency:

A "declaration" is a phone call, email or fax by a First Nation Chief (or designate) to the Duty Officer at the Provincial Emergency Operations Centre declaring an emergency and requesting federal and provincial assistance.

Designate:

For the purposes of this Guide, a Designate is the person identified by the First Nation leadership who is given the authority to make a Request for Emergency Assistance or Declare a Social Emergency when the Chief is unable to do so. This could include a member of the First Nation Council, or a representative from NAN or the Tribal Council.

Federal departments:

The Government of Canada is organized into Departments that deliver on the mandates set by the Prime Minister. Each ministry has a Minister that makes up the Ontario Cabinet. The number and type of ministries can change based on the decisions of the Prime Minister through what is commonly known as a "Cabinet Shuffle".

Jordan's Principle:

"Jordan's Principle provides that where a government service is available to all other children, but a jurisdictional dispute regarding services to a First Nations child arises between Canada, a province, a territory, or between government departments, the government department of first contact pays for the service and can seek reimbursement from the other government or department after the child has received the service. It is a child-first principle meant to prevent First Nations children from being denied essential public services or experiencing delays in receiving them. On December 12, 2007, the House of Commons unanimously passed a motion that the government should immediately adopt a child-first principle, based on Jordan's Principle, to resolve jurisdictional disputes involving the care of First Nations children." <https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/jordans-principle.html>

Nishnawbe Aski Nation Crisis Response Coordinators:

NAN Crisis Response Coordinators will be responsible to oversee crisis response for NAN communities and community members experiencing crisis related to suicide, family violence, and other critical incidents. The Crisis Response Coordinators will assist with case management and coordination of services (materials and personnel). Responsibilities include maintaining internal crisis/emergency management plans, on-call system, and other programs of service relating to crisis response. Other duties include planning, organizing, and preparation to ensure efficient operation of crisis response.

Non-Governmental Organizations:

Non-governmental organizations, nongovernmental organizations, or nongovernment organizations, commonly referred to as NGOs, are usually non-profit and sometimes international organizations independent of governments and international governmental organizations (though often funded by governments) that are active in humanitarian, educational, health care, public policy, social, human rights, environmental, and other areas to effect changes according to their objectives.

Provincial Emergency Operations Centre (PEOC):

Staffed at all times, the Provincial Emergency Operations Centre (PEOC) constantly monitors evolving situations inside and outside of Ontario. This ensures key decision makers and provincial resources are able to respond to evolving situations as quickly as possible. The key function of the PEOC is to coordinate Ontario Government response to major emergencies. This includes providing municipalities and First Nations with a single point of contact for provincial assistance in times of crisis. If the province requires specialized or large-scale assistance from the federal government, it will be requested through the PEOC.

PEOC Duty Officer:

The PEOC Duty Officer is a position in the PEOC that is available 24 hours a day, 7 days to respond to emergency declarations by First Nations, municipalities, provincial ministries and the federal government.

Provincial Ministry Emergency Management Coordinators:

The Emergency Management Coordinator is a position designated to develop, implement and maintain the each ministry's emergency management program to ensure compliance with the *Emergency Management and Civil Protection Act*. This includes conduct Hazard Identification and Risk Assessments for their ministry specific emergency management responsibilities, coordinating response efforts within their Ministry and through the Provincial Emergency Operations Centre.

Provincial ministries:

The Government of Ontario is organized into Ministries that deliver on the mandates set by the Premier. Each ministry has a Minister that makes up the Ontario Cabinet. The number and type of ministries can change based on the decisions of the Premier through what is commonly known as a "Cabinet Shuffle".

Appendix 4 – Media Communications

i. Tip Sheet

The following information provides only a few helpful tips in dealing with the media. It is recommended that your First Nation pursue media training opportunities, if possible, for a trained spokesperson to prepare for working with the media in a social emergency. Nishnawbe Aski Nation can also provide media communications support to your community during a social emergency.

Be cautious:

It is recommended that messaging for the media be prepared prior to speaking with the media and that your media contacts stay on message. Remember, the media often records all conversations. Try to have a witness present and/or your own recorder for all media interviews to confirm facts. Be clear about what is on the record, and what is not. Another option is to only provide written statements to the media and not provide verbal interviews.

Nishnawbe Aski Nation can provide you with support in crafting media messaging.

To develop a relationship with media, establish some key contacts within the media outlets. For instance, if a reporter comes to the community or contacts the community, save this contact for follow up purposes.

To promote positive stories in the community – invite media. Be sure there will be visuals (i.e.: youth working on a project, recreation activities, land based activities, etc.) and/or sound (i.e.: voices to help tell the story, music, natural sound) because these will help pitch the story to media. Media, especially television, radio and digital, rely on pictures and sound to tell the story.

Tell your own stories and share on social media. This may be through video or pictures. There have been recent examples of videos – created by Indigenous youth – that have gone viral and received media pick up on these stories.

Contacts:

If the Chief of the community is the main media contact, it may be a good idea to include another contact. In the event of a social emergency, the Chief may be busy so an additional contact would be useful to media.

Nishnawbe Nation can also provide media contacts and communications support.

Internal Communications:

It is recommended that leadership also communicate regularly with community members and front-line workers on the response to the social emergency so that

community members do not rely on outside media for information. Community radio and social media can be used as a tool to communicate directly to your community.

ii. **Press release template**

[Insert First Nation logo]

NEWS

[Insert name of community]

[Insert Headline]

[Insert more specific subhead]

NEWS

Month day, year

Insert body of news release. Keeping it simple and to the point whenever possible.

Can use bulleted lists if appropriate.

QUOTES

“[Insert quote].
— XX, Chief of XX

“[Insert quote].”
— insert name and title

QUICK FACTS

- [Insert additional facts if relevant and do not already appear in the body of the release].
-

Media Contacts

Name, Title, Telephone Number
Name, Title, Telephone Number

[Suggest including at least two media contacts including someone who is designated as being readily available to the media.]

[Insert website of community]

!!! Media Outlet Contact Information
1) Indigenous Media

Media Outlet	Location	Telephone	E-mail	Contact
Print (Ontario)				
Red Eagle	Kenora	807-468-5440	reception@nechee.org;	Patti Fairfield
Sioux Lookout Bulletin http://www.siouxbulletin.com/	Sioux Lookout	807-737-3209	bulletin@siouxbulletin.com;	Dick Mackenzie, editor
Wawatay News	Sioux Lookout	1-800-243-9059	lennyc@wawatay.on.ca	Lenny Carpenter, editor
Wawatay News	Thunder Bay	1-888-575-2349	lennyc@wawatay.on.ca	Lenny Carpenter, editor
Wawatay News	Timmins	1-877-929-2829	editor@wawatay.on.ca	Lenny Carpenter, editor
Anishinabek News		7058402971	Kasmith@gmail.com	Kelly Anne Smith
Print (Manitoba)				
First Perspective/The Drum (Taiga Comm.)	Winnipeg	204-903-1500 1-866-374-0404	Post info via contact page: http://www.firstnationsdrum.com/contact/	James Wastesecoot, President
Ontario Birchbark (Windspeaker)	Edmonton	780-455-2700	windspeaker@ammsa.com;	Debra Steel
Radio (Ontario)				
Wawatay Radio Network	Sioux Lookout	807-737-2951	billm@wawatay.on.ca;	Bill Morris
TV				
APTN	Toronto	416,525,2786 416-525-2786 1.888.278.8862	bandrews@aptn.ca info@aptn.ca; writers@aptn.ca	Beverly Andrews Video Journalist
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Partner				
Nation Talk	Toronto	866-651-8516	admin@nationtalk.ca; dbarracough@nationtalk.ca	Don Barracough President, Nationtalk (866) 651-8516 ext. 204
Nishawbe Aski Nation	Thunder Bay	(807) 625,4906	mheintzman@nan.on.ca	Amy Harris

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Northern News	Kirkland Lake	705-567-5321	logrady@postmedia.com;	Joe O'Grady
Timmins Daily Press	Timmins	705-268-5050	tperry@postmedia.com rgrech@postmedia.com	Thomas Perry, Regional managing editor (ext. 228) Ron Grech, City editor (Ext 268)
Timmins Today	Timmins	1-855-998-2464 (ext. 2) 705-998-2464 (ext. # 120)	news@timminstoday.com news@villagemedia.ca;	
Radio				
CHPB-FM (Moose FM 98.1)	Cochrane	705-272-6467	moose981.news@moosefm.com; sarmstrong@vistaradio.ca	Scott Armstrong, Regional Cluster Manager

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Appendix 5 – Example Scenarios and Applying this Guide

Example Request for Emergency Assistance:

On a Tuesday morning following a long weekend, two youth in *First Nation A* were found unconscious in their home. After alerting their community's emergency services, the family member alerted their Band Office, letting them know of the situation. After being rushed to the hospital, one of the youth was declared deceased after an overdose and the other in critical condition.

With this information, the Chief contacts Nishnawbe Aski Nation's Director of Community Wellness to get help with evaluating their capacity to respond to the situation. Nishnawbe Aski Nation and the Chief conclude that the community's resources are overwhelmed and they require Emergency Assistance in order to access resources and services available to them through First Nation organizations and regional health and social services organizations.

By Tuesday afternoon, the community had identified that it would require mental wellness counsellors, crisis supports, opioid educational supports, and policing supports.

Nishnawbe Aski Nation contacts the Ministry of Indigenous Affairs (IAO), Indigenous Relations Branch Director on behalf of the First Nation to inform them of the situation and seek support from the province and federal government.

Upon being informed of the situation at hand and the requested services/resources, IAO informs Nishnawbe Aski Nation that the Ministry can collaborate with the community to bring together any appropriate services/resources to respond to the community's needs. IAO offers to set up a conference call within the next 24 to 48 hours, and asks the First Nation who they would like to Chair the teleconference meeting. The First Nation asks that Nishnawbe Aski Nation Chair the first meeting.

The teleconference call is held on Wednesday afternoon. Participants include:

- First Nation Chief and key band office staff
- Nishnawbe Aski Nation
- Tribal Council
- Indigenous Services Canada First Nations and Inuit Health Branch and Ontario Region
- Northwest Local Health Integration Network
- Nishnawbe-Aski Nation Police Service
- Ontario Provincial Police
- Ministry of Indigenous Affairs
- Ministry of the Solicitor General
- Ministry of Children, Community and Social Services Indigenous Healing and Wellness Strategy
- Ministry of Health and Long-Term Care

- Ministry of Children, Community and Social Services – North Region.

On the call, the Chief opens the meeting with a prayer and overview of the community's needs. NAN advises that they have deployed crisis supports to the First Nation, but additional resources are needed to meet the community's request for mental wellness counsellors, opioid educational supports, as well as resources to temporarily enhance the existing police force. ISC advises that they can work with Nishnawbe Aski Nation and the First Nation to identify the needed mental health counsellor supports. The Northwest Local Health Integration Network advises they can contact the public health unit to seek opioid educational supports. The OPP advises they may be able to provide some opioid educational supports as well. NAPS advises that they will work with the OPP to ensure appropriate policing supports are in place.

The Chief approves all offered supports and resources. The Chief asks that another teleconference be hosted on Friday for a status report on the deployment of these resources and asks Nishnawbe Aski Nation to Chair the next teleconference and future teleconferences. The call closes with a prayer from the Chief.

Teleconferences continue at the request of the community to collaborate on identifying and addressing gaps in services and supports.

Two weeks later, the Chief informs all the partners that the community was beginning to move into a state of recovery and that regular teleconferences were no longer required.

Declaration of a Social Emergency Example:

For the past several years *First Nation A* and *First Nation B* have found it increasingly more difficult to engage the youth in the community, especially during the holidays when they are home from school. Just days before the youth return to school in the South after the Christmas break, the Band Office of *First Nation A* learns that a young girl has died by suicide and two others have been admitted to the hospital after attempting suicide as part of a suicide pact.

With the immediate emergency situation in hand at the hospital, the Chief fears that the suicide pact may include more youth, or that the news of the death of a community member may have unpredictable effects on the rest of the community.

With this information, the Chief then contacts Nishnawbe Aski Nation's Director of Community Wellness to get help with evaluating their capacity to respond to the situation. Nishnawbe Aski Nation and the Chief conclude that the community's resources are overwhelmed and require Emergency Assistance in order to access resources and services available to them through First Nation organizations and regional health and social services organizations.

Just then, Nishnawbe-Aski Nation is contacted by *First Nation B*. Having learned about the suicide from posts on Facebook, two youth from *First Nation B* had decided to follow through with their plans for a suicide pact but were found early enough that they could be medically evacuated for treatment.

The situation in the territory is now on a path that the First Nations and Nishnawbe Aski Nation had feared and it is no longer under their control. There is a high concern that the safety and well-being of the youth in both communities are at immediate risk. In response, Nishnawbe Aski Nation declares a Social Emergency to Ontario's Provincial Emergency Operations Centre (PEOC) on behalf of both First Nations. The PEOC Duty Officer then collaborates with Nishnawbe Aski Nation and the First Nations to schedule an emergency teleconference for that same afternoon in order to accelerate the emergency response. The First Nations advise that they need immediate enhancements to crisis supports, land-based healing and mental health supports for youth, resources to monitor high risk in the community and recreation programming for youth. The PEOC offers to set up the teleconference and asks the First Nation who they would like to Chair the first teleconference meeting. The First Nation asks the PEOC to Chair the first meeting.

The afternoon call consists of representatives from:

- First Nations
- Nishnawbe Aski Nation
- Tribal Council Council
- Indigenous Services Canada First Nations and Inuit Health Branch and Ontario Region
- Department of National Defence
- Public Safety Canada
- Ministry of the Solicitor General,
- Ministry of Health and Long-Term Care
- Ministry of Children, Community and Social Services
- Ministry of Children, Community and Social Services
- Ministry of Transportation
- Northwest Local Health Integration Network
- NAPS
- OPP
- Non-governmental organizations (Red Cross, Salvation Army, St John's Ambulance).

On the call, the Chief opens the meeting with a prayer and overview of the community's needs. NAN advises that all their crisis response resources are exhausted. The First Nation requests support from Canadian Rangers and/or NGOs to engage youth with on the land activities and monitor their activities. PEOC advises that they will prepare a Request for Assistance for Canadian Rangers to be deployed in a community engagement role for approval by Public Safety Canada. PEOC also offers to set up a teleconference with the First Nation, NGOs and Indigenous Services Canada to identify other potential community engagement supports. The Ministry of Children, Community

and Social Services offers to work with NAN to see if crisis supports for the community can be enhanced. Indigenous Services Canada advises that all mental health supports that are available in the region have been exhausted and requests support from the province to identify other mental health counsellors from other areas of the province that could be deployed to the community as soon as possible. MOHLTC immediately begins work to identify mental health supports from other parts of the province that could be mobilized with ISC's support, including potentially the immediate deployment of the province's Emergency Medical Assistance Team. IAO advises that they can support some immediate equipment purchases for land-based and recreation programs for youth and asks the First Nation to send a list. Indigenous Services Canada advises that they can provide food to the community to bring families out of their homes to the community centre where other supports are offered.

The Chief approves all offered supports and resources. The Chief asks that another teleconference be hosted the next day for a status report on the deployment of these resources and asks Nishnawbe Aski Nation to Chair the next teleconference and future teleconferences. The PEOC offers to continue to set up the call and the Chief accepts. The call closes with a prayer from the Chief.

With the State of Emergency activated, the PEOC sets up daily emergency teleconferences or the next week as resources begin to arrive in the communities. Those resources include food, mental wellness teams with extra supplies, recreation supplies and equipment. Additional resources identified by partners include activating Community Mentors under the employ of Right to Play in partnership with several of the neighbouring communities, and deploying the Canadian Rangers in a community engagement role.

Over the next several weeks, regular teleconference calls are held to keep representatives informed of the situation while the youth begin to return to school.

After one month, the Chiefs inform all the partners that the community was ready to move from the emergency response to medium and long-term response planning. IAO offers to set up a tripartite working group to support the community in developing and implementing a medium-long term action plan.

