

GAPS & NEEDS ASSESSMENT OF MENTAL HEALTH AND ADDICTIONS SERVICES IN KENORA

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For
Kenora's All Nations Health Partners

Prepared by



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INTRODUCTION

The All Nations Health Partners (ANHP) are a coalition of leaders in Indigenous and non-Indigenous health services in the Kenora Region. The ANHP is working collaboratively to develop a regionally specific, culturally appropriate, and responsive health care system with a people-first approach.

This document outlines the urgent need to address issues at the intersection of mental health and addiction service delivery and health care in the City of Kenora, with a focus on methamphetamine use.

Kenora has recently seen a drastic increase in methamphetamine use and misuse by community members. Health professionals, emergency responders, police, local leadership, and workers in the justice system are voicing major concerns and are struggling in their respective fields to respond to the scale and intensity of the related issues. They are reporting gaps and needs pertaining to: supporting the health and safety of community members who struggle with mental health and addictions issues; addressing concerns about public safety; growing the current capacity of Kenora service delivery providers to respond and adapt to this rapidly shifting landscape; and working on longer-term systems change that connects to the roots of the issues.

This document provides an introductory overview of existing programs and services; identifies gaps in the community's ability to respond; and outlines some potential opportunities to implement solutions to the current challenges. It presents some of the identified short and longer term actions for Kenora to strengthen mental health and addiction services in response to high rates of homelessness and methamphetamine use. The gaps, needs, and actions presented in this document have been identified through consultation with service providers and service recipients in the City of Kenora.

BACKGROUND

The City of Kenora has a year-round population of 15,000 people and is a service hub for a broad area of Northwestern Ontario. The Kenora Region sees a seasonal increase which doubles the population each summer, as Lake of the Woods is a popular cottaging destination for people across Manitoba and Northwestern Ontario.

The City of Kenora also serves populations from additional reserves, towns and townships, which total an additional 10,000 people.

Kenora is experiencing a growing trend in substance addiction - particularly methamphetamines - mental health issues, and unsustainable first responder call volumes. The Ontario Provincial Police (OPP) have reported a steady increase in the amount of crystal meth that has been seized over the past decade, from 15 occurrences in 2010, to 453 occurrences in 2015, which then doubled in three years to 890 in 2018. The OPP have stated that the impacts of methamphetamine use in Kenora have dramatically increased over the past 12-18 months.

Since two large apartment buildings burned down in the past year, methamphetamine use has become more visible in the community as many people who lost their homes in the fires are drug users and are now homeless.

The All Nations Health Partners state, "The City of Kenora needs to have an addiction and treatment centre and clinic that will support those with substance addiction issues and will provide rapid access to care. The current emergency shelter nor emergency department are designed to be treatment centres for individuals suffering from addictions to drugs such as methamphetamines. The status quo is not going to work and is resulting in tremendous pressure being put on health, community, social and emergency services. The community needs all levels of government working together to help address the challenges facing Kenora."

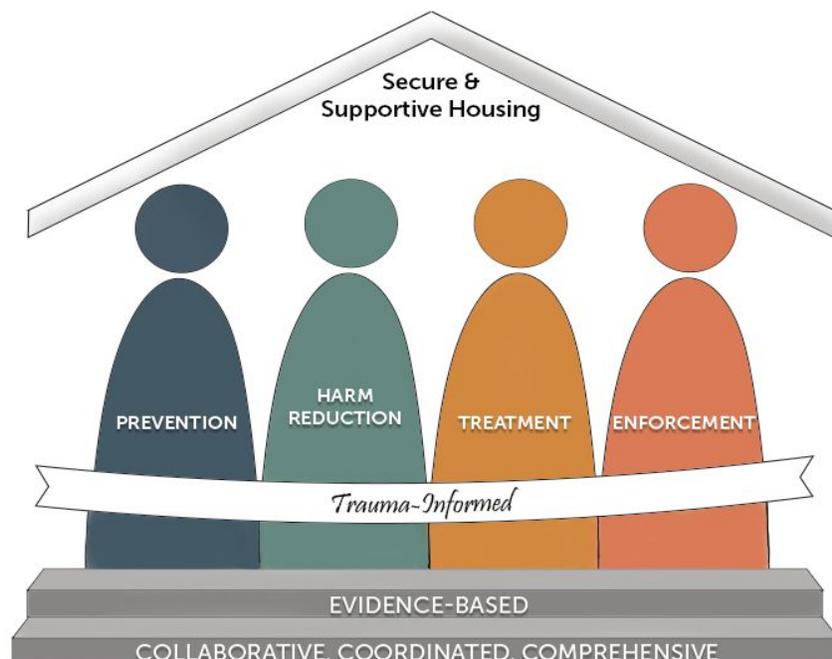
APPROACH

The health care community in Kenora recognizes the importance of patient-centred (or people-first) care, that is trauma-informed and based in a harm-reduction approach. The All Nations Health Partners are working towards creating a comprehensive and coordinated plan across service providers to improve access and reduce barriers to: health care, harm reduction, recovery supports, systems navigation and case management, housing, and healing support.

This gaps and needs assessment has been interpreted through the framework of the Four Pillars + Housing approach. The Four Pillars approach is internationally recognized and endorsed by Health Canada as an effective way to address the harms associated with substance use. Health care providers in Kenora understand that access to safe, long term housing is an absolutely integral part of any harm reduction strategy, as recognized in the Government of Canada’s adoption of a Housing First approach and its *Reaching Home* strategy to address homelessness.

Service providers in Kenora recognize the need for strong coordination among allied organizations and programs in order to offer a suite of wrap-around services to community members requiring support. As a project led by the ANHP, this work aims to support a cohesive and coordinated response to Kenora’s current challenges of mental health and addictions.

“The opposite of addiction is not sobriety. It’s human connection.” - Johann Hari



METHODS

This gaps and needs assessment was developed through an expedient multi-stakeholder engagement process carried out in July 2019. Community planning consultants from HTFC Planning & Design worked closely with a sub-group of the ANHP and drew on input from service provider organizations, primary service staff, and service recipients. Together, these community members and organizations have provided the information necessary to develop an informed understanding of service delivery, including gaps, needs, and opportunities.

Key activities were as follows:

Service Providers' Workshop - HTFC Planning & Design facilitated a meeting at the Lake of the Woods District Hospital that was attended by multiple different service providers and administrators from the healthcare field, with some representation from the Ontario Provincial Police also.

Service Providers' Survey - A survey was sent out to service providers in order to create an inventory and map of services, a better understand the scope of the current gaps and needs in service delivery, and to get a sense of existing capacity and collaborations among organizations. 13 responses were received. The survey is included as Appendix iii.

Service Recipients' Survey - A separate survey was prepared to invite input from service recipients. It was distributed by Changes Recovery Centre and Morningstar Detox. A total of 32 completed surveys were submitted, providing strong input from those accessing services first-hand. The service recipients' survey is included as Appendix iv.

Interviews with Frontline Providers - Telephone interviews were conducted with five frontline clinicians in Kenora, including two public health nurses who operate the NWHU Mobile Outreach Van, and three primary care physicians who work in different capacities: on the Outreach Van; in the ER at the hospital; and at the Kenora jail.

Outcomes of the interviews, surveys, and workshop have been integrated in the following discussion of gaps, needs and opportunities.

GAPS & NEEDS IDENTIFIED BY SERVICE PROVIDERS

PREVENTION

Integration of Case Management with Services: Rapid Intervention Services Kenora (RISK) Table

The Rapid Intervention Services Kenora (RISK) Table brings together diverse sectors (e.g. mental health, addictions, criminal justice, social services, developmental services, etc.), to collaboratively resolve situations of Acutely Elevated Risk. It is an initiative from the Human Services and Justice Coordinating Committee (HSJCC).

Individuals in complex situations, facing multiple risk factors that cannot be addressed by any single agency on its own, are presented at the Table. The most appropriate service provider then takes the lead and plans interventions with wraparound services. Funding for a dedicated coordinator for the RISK Table has run out.

*"[We need] funding for a coordinator for the RISK Table (Situation Table in Kenora)."
(Mental Health and Addictions Organization)*

There is also a need for a flexible pool of funding to support the resolution of complex cases:

*"[We need a] case resolution mechanism with flexible pool of funding to creatively solve situations that go beyond our capacity of services. This has been done before successfully."
(Lake of the Woods District Hospital)*

*"Resources, some sort of equality of funds between service providers so that all our facilities can operated with the capacity needed to serve this population. Much of what becomes acute care could be avoided with the proper coverage. Closing the gap of wage disparities would help maintain a sustainable strong workforce in healthcare throughout our community."
(Frontline Service Provider)*

Child and Youth Early Interventions & Crisis Prevention

An effective strategy to prevent adult addictions begins with ensuring that children and youth have robust social supports. There is a need to increase protective factors and reduce risk factors for youth. Youth who are in foster care or who have aged out of care without strong familial or community support are particularly at risk.

The Iceland Youth Initiative is a model that shows reductions in alcohol use among youth. It addresses substance use by youth through community and societal interventions that help to risk factors and strengthen protective factors, such as increasing funding for organized extracurricular activities and reducing opportunities for exposure to substances in advertising.

The Initiative is currently being explored by the NWHU along with other health units across the province. It would require funding and a strong coordinator to implement.

"[We need] Intensive support services that assist youth in staying engaged in wellness or peer/mentoring services to assist with engagement." (Mental Health Service Provider)

"The most notable gap I see would likely be youth in a transitional age. I often encounter youth who have signed themselves out of care and don't know where to turn to for help, how to access help, and/or how to advocate for their rights and needs. Often these youth end up living on the streets, couch surfing, and begin engaging in negative coping strategies, which unfortunately, seems to frequently lead to addiction and mental as well as physical health issues. I know there are programs, centres, and hubs coming to help address and am optimistic there will be growth in this area." (Social Service Organization)

Four Directions Community Pathways Partnership

The Kenora Four Directions Community Pathways Partnership empowers culturally competent student support navigators to coordinate health and social services for at-risk students, particularly indigenous students transitioning from other communities or who have moved from northern communities to attend secondary school.

The program reduces modifiable risk factors for high-risk individuals and populations by assessing health, social, behavioural, economic and other risk-related issues, and connecting students to evidence based interventions.

The program was initiated during 2018/2019 school year in Kenora and Dryden but funding ended for the navigator position at the end of June.

"The Four Directions Community Pathway Partnership funding has ended. Reinstatement of the funding would increase supports for a high risk youth population" (Healthcare Administrator)

Community Foot Patrol

Service providers highlighted the need for continued support for a community-led street patrol with a residential component (like the Bear Clan model in Winnipeg).

The Ne-Chee Friendship Centre does have a paid Street Patrol Program, but additional funding may be needed to give this program increased visibility, training and support. Standardization (such as uniforms) and safety gear for the street patrol are necessary to make it effective.

The Street Patrol Program entails workers patrolling on foot in designated areas in the City of Kenora to locate and provide assistance to adults, youth and children who are in hazardous or stressful situations because of intoxication, lack of accommodation, transportation, care and other circumstances.

"[We need increased support for the] street patrol." (Mental Health Service provider)

"There should be a Bear Clan Patrol in this town." (Service Recipient at Changes)

HARM REDUCTION

Outreach Services

Service providers have recognized that harm reduction services in Kenora often function best through an outreach model.

An outreach service that is currently working well is being provided by the NWHU Outreach Van. The NWHU Outreach Van currently provides free, confidential, non-emergency support and services to people in Kenora who might not otherwise have access to services. This program brings health promotion and harm reduction together to deliver equitable client centered services to people that need it most.

"Traditional counselling does not work for the individuals we support, they require mobile counselling that is available in the evening/weekends." (Social Service Provider)

"[We need to increase] after hours crisis services (mobile) that could divert from the ER." (Frontline Healthcare Service Provider)

Currently, the outreach van only runs once or twice a week (it was increased to twice a week for the syphilis outbreak). The NWHU has a physician occasionally joining the outreach van (providing about 10 to 15 hours per month) with funding from LWDH; however, the funding is expected to end at the end of summer/early fall. The outreach service could be further enhanced with the use of an actual ambulance, which would improve services with access to: oxygen, a stabilization chair to draw blood, secure

storage, better wifi for quicker administrative processing, refrigeration for vaccines, and more privacy. Because this is often the only access clients have to healthcare due to multiple barriers, outreach clinicians try to address any and all health issues in one appointment. The harm reduction outreach service would increase its efficacy and efficiency with administrative support, and the addition of team members such as other physicians or nurse practitioners, a social worker, and/or a cultural coordinator.

“We need to bridge the gap to consistent and supportive healthcare. It’s important for all clinicians to understand where our clients are coming from and treat them with respect.” - (Mobile Outreach Team)

Another mobile outreach service in Kenora is provided by the MAHKWA Program, which has a mobile crisis unit van that supports youth. Currently, the Youth Mobile Crisis Team (MAHKWA Program) has a dedicated police officer that works with a Youth Mobile Crisis Worker from a partner agency (Kenora Chiefs Advisory). There is a need to extend this mobile support service to adults as well.

Supervised Consumption Site

Kenora health care practitioners and administrators have identified the need for a fixed site to provide harm reduction support services in Kenora. A supervised consumption site could support the safety of people who use drugs, as well as reduce drug use in public space and the number of needles that are discarded in public places.

Safe consumption sites in other Canadian cities have proven effective in reducing harms and exposure to unsafe circumstances for both drug users and the public at large. A feasibility study would be needed to further explore the viability of these sites and the model of delivery.

“Changes in our city have indicated that there may be a need for a supervised consumption site. We need to conduct a feasibility assessment in order to better understand the needs and most effective interventions” - (Frontline Care Providers)

TREATMENT

Kenora’s health care system has been working to provide primary care services, psychosocial support, and other forms of treatment for people with mental health and addictions support needs. However, care providers and clients identified a number of gaps and needs in the services and programs that could be addressed to improve care.

Some of the basic challenges identified include shortages of family doctors and care providers, and long wait times for treatment. We also heard that clients have experienced notable barriers to accessing services if they have lost or have not obtained required identification (health card numbers, IDs, etc.).

*"[The current] response capacity in the system related to addictions is not acceptable."
(Mental Health and Addictions Service Provider)*

Rapid Access Addiction Medicine (RAAM) Clinic

There is a growing demand for addiction services, coupled with a lack of available resources. While the current system is trying to provide the best care it can, the intensity of the demand and complexities of needs of people who are using and/or injecting illicit substances requires an increase in resources so that holistic care and Harm Reduction strategies can be used to help clients access health care services before they end up in crisis.

A Rapid Access Addiction Medicine (RAAM) Clinic would reduce the ER admissions, increase the number of clients being referred to treatment, increase services for clients with complex needs, decrease wait times for services, decrease deaths and reduce harm options for clients.

"RAAM - I see this in two forms - a) one initiated in the ER when patients are acutely struggling - treatment could initiate there and have rapid referral to outpatient follow-up - this would depend on the skills and comfort level of the ER staff; and b) one for patients that could call or check in without first being seen in ER and get an appointment within a few days" (Healthcare Administrator)

Safe Space for Drug Detox

There is a need for a medically-supervised safe detox space for individuals who are intoxicated on crystal meth or experiencing meth psychosis. In some cases, these individuals may also require immediate medical and mental health attention. The Lake of the Woods District Hospital could repurpose existing space and be an excellent option for this safe detox site.

Recovery Programming

Some people recovering from addictions in Kenora currently seek support from Alcoholics Anonymous and Narcotics Anonymous meetings offered at various places in the area. However, the 12-Step model has a strong religious focus that would not be appropriate for everyone. Service providers and clients recognize the need for additional recovery programming in Kenora to meet the full range of needs, including culturally safe models and inclusive, secular recovery programming:

"[We need] recovery programming including non-12 step programs" (Healthcare Provider)

"[We need] street level programming aimed at supporting drug users who are ready to talk about recovery, and make steps in that direction. For example, Narcotics Anonymous, Meth users support groups – co-facilitated by folks in recovery, and clinicians. Individuals needs to see tangible alternatives that map a way out of that lifestyle."

- (Indigenous Community Service Provider)

Cultural Programming and Community-Level Care

One of the key gaps identified is a lack of culturally safe and culturally specific programming. This is particularly important given Kenora's significant Indigenous community. Cultural programming provides a connection to clients and supports healing. It may include land/water based programming, healing lodges, etc.

"Users of methamphetamine are currently without sufficient access to culturally-based crisis, short and long-term mental health and addictions services."

- (Indigenous Community Service Provider)

Transportation is one of the key challenges with supporting Indigenous clients that are looking to access cultural programming; many of the events take place in communities outside of Kenora on evenings and weekends.

Service providers also identified the desire to build culturally competent and culturally safe care into the fabric of service delivery (for example, the Northwest FASD Diagnostic Clinic has a full-time bicultural counsellor from KCA which has made a large impact). Currently, organizations have been trying to bring in cultural teaching and programming, but have challenges with limited capacity or funding.

Additional supports are needed to overcome the deep divisions related to race and poverty in Kenora:

"One of the things to look at is working with Reconciliation Kenora to be doing community work to talk about how we perceive these issues in Kenora, as it is about race and poverty. The same elements impact people's ability to secure housing and employment. Housing plays a role but belonging also does. What gets in the way of hiring indigenous people where there are vacancies?" - (Indigenous Community Service Provider)

The need extends beyond the Kenora boundaries into the surrounding communities:

"[We need to improve] Community level care for communities that are farther from town - both First Nation communities such as Grassy Narrows, WFB , Shoal Lake as well as Minaki and Sioux Narrows" - (Indigenous Healthcare Provider)

"[We need] on site services within Treaty Three Communities. [There is also a] capacity gap with services that are in the communities. There is an absence of local long term support; [for example, people] have to leave small communities for urban centres for treatment." - (Indigenous Healthcare Provider)

Access to Primary Care

Kenora is facing a stark shortage of primary care providers, particularly family physicians. Because there is not currently a walk-in clinic to fill the gap left by the shortage of access to primary care, there are missed opportunities for early interventions to treat mental health and addictions issues before they become crises. Without access to professional diagnoses and treatment, substance abuse can result as a symptom of untreated issues.

“Access is the first principle. We need a downtown access location and a crisis unit that functions beyond 9-5.” (Primary Care Physician)

“Chronic shortages of access to primary care providers certainly magnified our social problems.” (Primary Care Physician)

Psychosocial Supports & Treatment for People With Multiple Diagnoses

Local psychiatric and counselling services are a major need for the Kenora area, including adolescent services. Without established services in Kenora, the work often falls to the police or other organizations going beyond their mandate.

Service providers identified a number of gaps related to psychosocial supports and counselling:

“[We need improved] Mid-range supports – psychosocial supports / counselling.” (Indigenous Healthcare Service Provider)

“There is a gap that exists in mobilizing the right supports for users of meth. The problem of meth use needs more understanding at the clinician level, about how staff can be effectively supportive. I think investment in training across agencies, and doing some service planning with client input would be helpful.” - (Indigenous Community Service Provider)

Treatment becomes additionally challenging for people with multiple diagnoses, including addiction, mental health challenges, FASD, etc.

Service providers identified a number of needs related to treatment for people with multiple diagnoses:

“[We need] access to Dual Diagnosis inpatient psychiatry beds.” (Social Service Provider)

“[We need improved] access to psych to obtain diagnosis to access programs with dual diagnosis prerequisite.” (Healthcare Administrator)

Physician Funding Models

There is a need to look at new funding models for physicians who work in one of these harm reduction capacities (hourly rate, etc.). The fee-for-service model may not be effective for compensating physicians adequately under these circumstances.

Currently, the mobile outreach physician position is being funded by the Lake of the Woods District Hospital. LWDH has also been providing supplies, but this is not a long-term solution.

There has been interest expressed by physicians in the community who work in mental health and addictions; however, there is a need to first find a compensation model that will support this work.

ENFORCEMENT

Drug Treatment Court

Kenora's drug treatment court plays a very important role in diverting people who are charged with possession of illicit substances away from the criminal justice system. Most of the clients in court have highly acute needs. However, the court is currently not funded; the Crown's office and LWDH provide services on an in-kind basis. This severely limits the capacity of the docket and the ability to effectively work with individuals in the court.

There are also a number of additional financial needs in the drug treatment court, such as the cost associated with drug testing. A fully-funded drug treatment court could function like the funded drug treatment court in Winnipeg, which has proven to be very effective.

Policy and Legislation Change

Service providers highlighted that there are fundamental gaps in the Province of Ontario's enforcement legislation.

Ontario Provincial Police officers currently don't have the authority to arrest someone unless they are publicly intoxicated with alcohol. When they have to deal with individuals under the influence of methamphetamines or experiencing psychosis, they cannot hold them.

Instead, the police must take them to the hospital. It becomes the responsibility of the LWDH to treat these individuals with meth psychosis in the ER, who are often waiting side-by-side with patients (including children and other vulnerable people) seeking urgent care.

An Act that gives police officers holding powers is already in place in Manitoba. They also have paramedics in their lodging areas taking vital signs, which provides additional support.

"[We need a] new act or holding powers for individuals withdrawing - give the right to hold someone until they're sober (i.e. a medical act for detoxing people)." (Police Officer)

HOUSING

"Housing is a majority gap across the continuum. Supportive, transitional, halfway housing, low income, family dwellings, sober living... We require many different options to house our clientele that ranges from 16 and up. Some need more support than others and some need a secure place to go to once they have been stabilized - all of which is not available currently." - (Frontline Addictions Care Provider)

Transitional Housing

There is an immediate need for transitional housing in Kenora. Service providers have noted that there are particular gaps for people who are coming out of foster care, jail or the court system:

"There is no step-down after somebody is done with the court or while they're in court. Sometimes they are in drug court for up to 16 months. [There is] no stabilized housing in Kenora. Primarily, methamphetamine is the addiction we see most often and it provides unique challenges. [We need] longer periods of treatment – 28 days will not cut it for meth." - (Police Officer)

"[We need] A transitional housing place for women for after the beginning of our recovery, from 6 months until up to two years." (Service Recipient at Changes Recovery Home)

"Youth are transitioning from CAS with nowhere to go but the streets, they are left to survive and it's a very sad situation" - (Indigenous Community Organization)

Changes Recovery Homes does provide safe and supportive stabilization with 18 beds for males and 10 beds for females, but there are often wait times for beds. Changes Recovery Homes also currently does not have the resources to have an employee on their sites 24/7. This leads to an increase in risk for people in the homes.

There is also a need for transitional housing services for youth and for non-sober adults:

"[We need more] harm reduction in-house supportive services. Many of our programs require you to be sober (ours included) to be within the program or are much too short for any real stabilization." (Frontline Addictions Care Provider)

"[We need] local stabilization beds for youth." (Frontline Addictions Care Provider)

Supportive Housing

There is a significant need for long-term supportive housing in Kenora. Supportive housing is where case management is built into the housing model, helping to provide someone residents can talk to on a daily basis and help with activities of daily living.

"[We need to support] Housing First Models that support those with addiction issues." (Frontline Mental Health Service Provider)

"Many individuals are without housing or adequate income." (Indigenous Community Organization)

A supportive housing model, like what is done for seniors, is needed. Some [residents] are high functioning, but [we] could see a lot of people with addictions needing supportive housing. Often, they have burnt a lot of bridges and may not be able to find a landlord." (Frontline Addictions Care Provider)

As a response to this need for housing, some organizations in Kenora are going beyond their mandate to provide a safe place to stay for people as long as possible, so that they don't end up on the streets of Kenora.

One of the other challenges is that because of the Kenora District Jail, a lot of people from nearby communities end up on the streets of Kenora. Some are banned from returning to their home community with a Band Council Resolution (BCR) due to historical conduct and the community struggling to deal with them. They are then left homeless on the streets of Kenora. More support is needed to work with communities to help lift BCRs.

Access to Affordable Housing

There is also an immediate need to grow the stock of all housing in Kenora, in particular affordable housing. The current waitlist is not a viable option for most people seeking secure housing, as the wait times are at least over 5 years long.

"I didn't like living alone, but would like to rent." (Service Recipient at Morningstar)

"I've been on the waiting list for low-income housing for three and a half years already." (Service Recipient at Morningstar)

GAPS & NEEDS IDENTIFIED BY CLIENTS & SERVICE RECIPIENTS

32 service recipients at Changes Recovery Home and Morningstar Detox Centre filled out a voluntary survey that enquired about the state of their housing situation, what barriers they face in accessing services, which services they currently use, what services would be helpful to have, and what they want people to know about them.

Service providers at Changes Recovery Home reported that approximately over 80% of clients that access their services use methamphetamines on a consistent basis.

Gaps

Some of the most frequently identified barriers to housing included:

- A very long waitlist to access Housing Services
- Inadequate stock of low income and affordable housing
- Eviction due to drug and alcohol use
- Issues finding safe housing, or leaving housing due to unsafe circumstances
- Lack of funds to cover rent
- Needing identification or a guarantor
- Discrimination by landlords
- Concerns with leaving family and domestic abuse situations
- Not enough space for children

Some of the most frequently identified barriers to accessing services included:

- Concern about how they will be treated, that service providers may discriminate against service seekers (highest frequency of response)
- Lack of or lost identification
- Unaware of what services are available or how to access them
- A few participants also responded that they had had negative experiences

Some of the most frequently accessed services included:

Kenora Sexual Assault Centre, ONWA, NWHU Outreach Van, AA, Lake of the Woods Addictions Services & Counselling, Morningstar Detox, Changes Recovery Home, CMHC.

Needs

Some of the identified needs for services included:

- Second and third stage transitional housing (for 6 months to 2 years after 3-6 months of recovery)
- Ongoing, frequent counselling & therapy services with on-call access
- Supports to help people find pathways into employment
- Learning life skills such as healthy cooking, systems navigation, parenting
- Cultural supports
- Medication being paid for
- AA Meetings earlier in the day
- On-call counselling
- Long term supports after recovery (housing, access to counselling with rides)
- A transitional housing place for women for after the beginning of our recovery for 6 mos, to 1.5 or 2 years

“Addictions and mental health are medical issues not social problems. I hope to see the Federal and Provincial Governments provide funding for treatment, harm reduction, and research.” (Service Recipient at Morningstar)

Service Recipients were asked:

“What do you wish more people knew about you?”

“I’m caring, respectful & kind. I’m a good person and my past does not define my future.”

“I’m more than a druggie. I miss my family. I’m a person.”

“I want to tell my story about abuse and human trafficking and dangers.”

“I want to be helpful to others but I don’t have the resources to help out.”

“I’m easy-going.”

“The goodness of my heart.”

“I’m just not ready to abstain. I feel that I may have chronic depression.”

“I’m healing.”

“My program works.”

“I’m spiritual.”

“That I am a very, very quiet person and I like to be alone a lot.”

“That I’m a really nice and caring person when I’m not drinking or using.”

“That I’m a very caring person and I like to be humorous. And I’m really good at photography.”

“I hurt inside.”

“I’m always trying to turn my life around for my kids & help others.”

OPPORTUNITIES & ACTIONS

This table below presents a list of short and longer term actions and solutions that were proposed during the consultation and engagement portions of the research process.

The short term solutions require immediate attention and involved organizations are prepared to move forward on these in the next six to eight months. Some of the identified short term actions already have available or allotted financial resources and others will require new sources of funding.

A range of some of the identified longer-term actions have been proposed for further review and development through a coordinated planning process. The list of longer-term actions and opportunities listed below were identified through an initial and expedited process and is not comprehensive.

In addition to these actions, a need has been identified for a position to coordinate programming between services. This role might be called something like a Community Mental Health and Addictions Services Coordinator. This role would serve to communicate both between organizations and also between coordinated efforts and the public. There is a need to keep the community well-informed about services and actions that are being taken to address mental health and addictions, particularly addictions related to meth use. This involves more public education and advocacy to reduce stigma and humanize people who struggle with addictions and mental health.

"[We need better] education on the impact of drug related stigma" (Healthcare Service Provider)

Community Mental Health and Addictions Services Coordinator Position

Some of the responsibilities associated with a Community Mental Health and Addiction Services Coordinator role would include:

- Data Collection, Monitoring and Evaluation of coordinated efforts and services
- Coordination between organizations and oversight of collaborative programs
- Working with the Situation Table to communicate and integrate feedback to service delivery providers
- Support public education and engagement initiatives
- Communication with the public about various initiatives and programs

Proposed Actions

PREVENTION	
<p><u>Short Term:</u></p> <ul style="list-style-type: none"> o Reinstate funding for Four Directions Community Pathways Partnership o Collaboration with Ne-Chee on providing wraparound services & co-locating services o Develop volunteer community foot patrol (like Bear Clan) 	<p><u>Longer Term:</u></p> <ul style="list-style-type: none"> o Early Interventions & Crisis Prevention o Work with Child Welfare Agencies to support youth as they age out of care o Funding support for advocacy o Provide employment readiness supports in shelters and develop pathways to employment o Look into developing the Icelandic Model in Kenora
HARM REDUCTION	
<p><u>Short Term:</u></p> <ul style="list-style-type: none"> o NWHU Outreach Services – scale up to 5 days a week and add a new vehicle equipped for outreach; increase Clinicians (create appropriate compensation model), case workers 	<p><u>Longer Term:</u></p> <ul style="list-style-type: none"> o Establish trauma case management services o Increase funding for needle exchange program o Conduct feasibility study for a supervised consumption site o Capital funding for Health Unit enhanced harm reduction services including clinical services and referrals into treatment
TREATMENT	
<p><u>Short Term:</u></p> <ul style="list-style-type: none"> o Establish a Rapid Access Addictions Medicine (RAAM) Clinic o Build safe space for substance-related triage adjacent to ER at LWDH o Integrate case management with services o Create a medically supervised drug detox area in LWDH o Work on creating wrap around supports and co-locating services at the Kenora Service Hub 	<p><u>Longer Term:</u></p> <ul style="list-style-type: none"> o Establish access to dual diagnoses psychiatric inpatient beds o Increase treatment options for people with multiple diagnoses (ie. FASD, intellectual and developmental disabilities, and/or enhance supports for existing treatment facilities) o Continue to grow cultural programming and supports o Provide detox and recovery support for people who are incarcerated

ENFORCEMENT

Short Term:

- o Establish funding for Drug Treatment Court and increase workers to two people
- o Increase funding for a mental health worker to work with an officer on helping adults in mental health crisis.

Longer Term:

- o Examine the need to create legislation such as an "Intoxicated Persons Detention Act" to address some of the unique challenges related to detention of an individual intoxicated on drugs other than alcohol.

HOUSING

Short Term:

- o Develop transitional housing and shelter space (including step-down support after detox, outpatient clinic, or recovery program, and sober spaces)

Longer Term:

- o Develop supportive housing (for youth aging out of foster care; for adults with mental health struggles, developmental disabilities, FASD, and/or addictions; and families with children).
- o Grow affordable housing stock

Appendix i.

Inventory of Services

Alcoholics Anonymous	807-468-6079	http://aa-nwo-area85.org/	101 Norman Dr. Kenora, ON P9N 3T6	Alcoholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions.	Offers a 12-step recovery program for people who are addicted to alcohol Maintains sobriety through sharing experiences and strength and through the suggested 12-step program Provides community education Liaises with doctors and other professional organizations	Most meetings at 8:00pm. Various locations around Kenora		
Anishinaabe Abinoojii Family Services (AAFS)	807-468-6224	http://www.aafs.ca/	20 Main St S. Kenora, ON P9N 1S7	Provides services, support and education to heal and strengthen First Nations children and youth on/off-reserve and their families struggling with issues that threaten family unity Provides holistic, bicultural services with a focus on Anishinaabe values, customs and traditions Provides referrals to other service providers	Prevention services and activities include: * Addiction counselling and support (alcohol, substance abuse and gambling) * Advocacy * Cultural activities (includes teaching cultural values) * Family planning * Life skills training * Networking with other First Nation family support programs * Parenting groups for youth, men and women * Recreational events * Repatriation support * Social events * Traditional circles and support groups * Workshops on healthy living and related family topics	Mon-Fri 8:30 am-4:30 pm		
Canadian Mental Health Association - Kenora Branch	(807) 468-1838	www.cmha.ca	227 Second Street South, 2nd Floor Kenora, ON P9N 1G1	As the nationwide leader and champion for mental health, CMHA facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery from mental illness. CMHA branches across Canada provide a wide range of innovative services and supports to people who are experiencing mental illness and their families. These services are tailored to the needs and resources of the communities where they are based. One of the core goals of these services is to help people with mental illness develop the personal tools to lead meaningful and productive lives.	* Counselling & Treatment * Assertive Community Treatment * Kenora Supportive Housing * Mental Health Diversion/Court Support Program * Dual Diagnosis Diversion/Court Support Program * Forensic Case Management * Forensic Psychiatry Assessment Services * Ontario Telemedicine Network (OTN) * Safe Bed Program	* Counselling & Treatment (Mon to Fri 8:30 a.m.-4:30 p.m.) * Assertive Community Treatment (7 days a week, Mon to Fri from 8:00 a.m.-8:00 p.m.; Sat and Sun from 10:00 a.m.-6:00 p.m.) * Kenora Supportive Housing (24 hours 7 days a week) * Mental Health Diversion/Court Support Program (Mon to Fri 8:30 a.m.-4:30 p.m.) * Dual Diagnosis Diversion/Court Support Program (Mon to Fri 8:30 a.m.-4:30 p.m.) * Forensic Case Management (Mon to Fri 8:30 a.m.-4:30 p.m.) * Forensic Psychiatry Assessment Services (once month for 2 clinic days) * Ontario Telemedicine Network (OTN) (7 days a week, Mon to Fri 8:00 a.m.-8:00 p.m. and Saturday & Sunday 10:00 a.m.-6:00 p.m.) * Safe Bed Program (24 hours a day 7 days a week)	36	331
Changes Recovery Homes	(807) 547-2125	http://www.changesrecovery.ca/	102 Government Road Keewatin, ON P0X 1C0	Changes Recovery Homes is dedicated to providing alcohol and drug dependent adult men and women in Northwestern Ontario a program of counselling and support in a safe environment in order to assist them to achieve a healthy lifestyle.	Currently we have two facilities, 28 beds in total Del-Art Manor has 18 male beds, Clarrisa Manor has 10 female beds) that provide safe and supportive (sober) stabilization housing/ both pre and post treatment. (which was once know as level 1 in-house treatment) to men and woman 18-and up; who struggle/live with addiction. Through this stabilization period we provide for all their social needs; we offer one to one case management; with daily group programming; and an array of life skills to help reintegrate our clients into community. We are an integral component of the circle of care to the safety and recovery of those we serve who otherwise would have no place to actively be sober. We also support clients through their transitions when working with our judicial partners; from mainstream, mental health court, and drug court; being again an integral role in stabilization and housing of our clients throughout their circle of care.	Technically 24 hours a day with 18-20 hours being supervised by a physical employee and the other hours through an on-call emergency mobile contact that rotates between our core case managers. We are currently looking for means to support at full 24-hours cycle capacity, with staff present at all times with emergency support for those who are on.	13	28+ Also see alumni through our day program when needed
Firefly Physical, Emotional, Developmental and Community Services	(807) 467-5437	www.fireflynw.ca	820 Lakeview Dr. Kenora, ON P9N 3P7	The Centre provides child care services, children's mental health services and developmental services such as speech/language pathology, occupational therapy and physiotherapy. The Centre operates two family resource programs. The Centre sponsors two local community programs that provides recreational opportunities.	Child and Youth Mental Health Services Youth Justice Counselling Services	Monday 8:30am-7:00pm Tuesday - Friday 8:30am-4:30pm	11.2 FTE	140
Grand Council Treaty #3 Health Council	(807) 464-4018 reception@treaty3.ca	http://gct3.ca/	237 Airport Rd Kenora, ON P9N 0A2	At the direction of the leadership, for the benefit/protection of the Citizens, the administrative office of Grand Council Treaty #3 protects, preserves and enhances Treaty and Aboriginal rights. This is achieved by advancing the exercise of: Inherent jurisdiction, Sovereignty, Nation-building and; Traditional Governance. With the aim to preserve and build the Anishinaabe Nation's goal of self-determination.	The Treaty #3 Health Council will: * Provide a forum in which information, knowledge and technical expertise can be shared; * Support informed planning and decision-making by individual health programs and organizations, as well as local and regional leadership; * Promote a culture of proactive health policy development and program management; * Function within and support the context of government to government relationships; and * Enable leadership and communities to maximize currently available resources. They also provide resource information about Mental Illness			
Kenora Association for Community Living (KACL)	(807) 467-5225	www.kacl.ca	501 8th Ave. S Kenora, ON P9N 3Z9	KACL provides support & assistance to children and adults with developmental disabilities and to adults with mental health needs through programs designed to help these individuals achieve their full potential and enjoy a meaningful and satisfying life.	Programs include: Infant development; Children's behavior intervention, autism and respite supports; Dual Diagnosis, Transitions Program; Adult residential and vocational supports (including housing subsidy programs); Adult mental health supports; Full day and after-school child care services including special needs resourcing.	Dual Diagnosis and Housing - Mon - Fri 8:30 am - 4:30 pm Transitions - 7 days a week 7:00 am - 1:00 am	Mental health and addiction is intertwined with all aspects of our work. For the three programs (Dual diagnosis, Housing, Transitions) we have 20+ FTEs	130 (In the three programs indicated)
Kenora Chiefs Advisory / Ogimaawabiitong	807-467-8144	http://www.kenorachiefs.ca/	240 Veterans Dr. Kenora, ON P9N 2L3	The Kenora Chiefs Advisory's mandate is to provide programs and services to the First Nations in the field of health, education and social services in a holistic, traditional way ensuring the survival of the Anishinabe way in the present and future generations. Chiefs from each of the eight communities constitute a board of directors and govern Kenora Chiefs Advisory (KCA) while the day-to-day operations are managed by the Executive Director.	Adult Mental Health and Addictions program services community members and residents (ages 18+) for 13 First Nations communities in the Treaty 3 area. Using a bicultural Case Management model, we provide counselling, education, advocacy and referrals to individuals and families living with mental health and/or addictions concerns. Child and Youth Services: offers lifespan (children, youth in transition, adult, crisis) programming related to mental health and addictions for 9 to 13 First Nation communities depending on the service. Specifically, case management, emotional support, risk assessment, holistic care planning, family support.	9:00 am – 4:30 pm Monday to Friday; evening supports are available as requested	7	100
Kenora Clinic - Ontario Addiction Treatment Centres (OATC)	807-467-3103	https://www.oatc.ca/clinic-locations/kenora-clinic/	121 Matheson St. S, Suite 17 Kenora, ON P9N 3X7	Offers a methadone maintenance program for opiate addicts based on an intensive outpatient model, over a 12-24 month period	Services include: * Initial intake screening procedure * Signed treatment contract * Focused medical examination * Appropriate lab tests * Initial and ongoing supervised urinalysis * Weekly group and individual therapy * Regular medical follow-up and supervision * Regular daily Methadone dosing * Treatment of addiction related illness and diseases such as Hepatitis C and Human Immunodeficiency * Virus (HIV) infection * After care program Also offers onsite, in partnership with the Northwestern Health Unit: * Needle Exchange Program * Naloxone Overdose Response Program - a lifesaving medication that can quickly restore the breathing of a person who has overdosed on heroin or prescription opioid pain medication	Mon-Tue, Fri 8 am-12 noon, 12:30-2:30 pm, Wed 8 am-1 pm, Thu 8 am-12 noon, 12:30-3:30 pm		
Kenora District Services Board	807-468-5372	http://www.kdsb.on.ca/index.html	120 Matheson St. Kenora, ON P9N 1T8	The Kenora District Services Board (KDSB) delivers needed social services to all citizens in the District of Kenora. The KDSB provides assistance in Ontario Works (OW), Social Housing, Emergency Medical Services (EMS-Land Ambulance) and Early Learning and Child Care services.	Provides emergency medical care to residents and visitors of the community Provides land ambulance services to the community Assists residents and local healthcare organizations with low priority inter-facility patient movement where an ambulance is the most suitable method of transportation	Mon-Sun 24 hours		

Lake of the Woods District Hospital	(807) 468-9861	www.lwdh.on.ca	21 Sylvan St. Kenora, ON P9N 3W7	Our goal is to provide high quality patient care within available resources. Our healthcare team is made up of a wide range of dedicated, expert individuals who work along with your physician to provide you or your loved one with the best possible treatment. We are a fully accredited hospital under the national standards of the Canadian Council on Health Services Accreditation.	<ul style="list-style-type: none"> * Inpatient Psychiatry * Outpatient Psychiatry * Community-based Adult Mental Health & Addictions Services * Community-based Youth Addictions Services * Psychosocial Rehabilitation Services, (Challenge Club), * Residential Withdrawal Management Services, (Morningstar Centre) 	Inpatient Psychiatry Services, the Morningstar Centre, and mental health crisis response services are available 24 hours per day / seven days per week	120	110 - 120
Metis Nation of Ontario	(807) 468-3569	http://www.metisnation.org/	4-621 Lakeview Drive Kenora, ON P9N 3P6	The Metis Nation of Ontario Healing and Wellness Branch facilitates and coordinates activities to address the holistic needs of the Métis Nation in Ontario at the provincial, regional and local levels. Holistic Aboriginal health includes the physical, mental, emotional, spiritual and cultural aspects of life. Through an understanding of self, a vision of wellness balances body, mind and spirit and is promoted through the healing continuum.	<ol style="list-style-type: none"> 1. Youth Mental Health and Addictions - up to 18 in the Kenora office. 2. OTN Services: psychiatric, psychotherapy, through CAST and CAMH services 	Monday to Friday 8:30am - 4:30pm	3	4
Migisi Alcohol and Drug Treatment Centre	807-548-5959		38 Rat Portage Reserve Kenora, ON P9N 3X7	Provides a 14-bed residential facility with services offered to Aboriginal men and women residing in the Treaty #3 area who seek assistance in dealing with their alcohol and/or drug dependence. Average treatment cycle is 28 days.	<ul style="list-style-type: none"> Offers the following services: * Alcohol and drug education * Case management * Crisis intervention * Individual and group counselling * Follow-up and aftercare * Life skills and personal development teachings * Individual treatment planning * Recreation therapy * Traditional spiritual and cultural healing practices 	Mon-Sun 24 hours		14
Morningstar Detox Centre	1-866-888-8988 (Crisis Phone)	http://www.lwdh.on.ca/	6 Matheson St. South Kenora, ON P9N 1T5	Provides addiction detoxification services Mon-Sun 24 hours for clients with addictions and who are in need of support Offers a 5-7 day stabilization/withdrawal program for individuals continuing on to residential treatment; opiate withdrawal program is 7-14 days Provides addiction assessments and referrals Offers detoxification in a safe environment with withdrawal management support Provides effective support and motivational counselling Coordinates individual counselling and group activities through the addiction system Offers a telephone support for crisis and relapse prevention Provides referrals to Treatment Centres	<ul style="list-style-type: none"> Offers the following services: * Withdrawal Management Services * MAP * MECCA (Medically Enhanced Coordinated Care for Addictions) * Needle Exchange Program * Post Custody Enhancement Case Management * Recovery Support Case Management * 5 Day Stabilization Program 	Withdrawal Management Services open 24/7 Needle Exchange Program 24/7 MAP full time staff 7 days a week from 7am-11pm. Then covered by front desk staff if required. MECCA, Post Custody and Recovery Support programs Monday to Friday from 8-4	Monday - Friday there are anywhere from 7-8 staff on in the morning. The evening there could be between 2-3 staff on 7 days of the week.	500-600 clients a week. About 250-300 admitted and 250-300 miscellaneous (needle exchange, asking for supplies, water etc).
Narcotics Anonymous			116 5th Avenue South Kenora, ON P9N 2A2	NA is a nonprofit fellowship or society of men and women for whom drugs had become a major problem. We meet regularly to help each other stay clean. We are not interested in what or how much you used but only in what you want to do about your problem and how we can help.	Members share their successes and challenges in overcoming active addiction and living drug-free, productive lives through the application of the principles contained within the Twelve Steps and Twelve Traditions of NA.	6:30 PM		
Ontario Native Women's Association	1-800-667-0816 onwa@onwa.ca		136 Main Street S Kenora, ON P9N1S9	The Ontario Native Women's Association (ONWA) is a not for profit organization that empowers and supports Aboriginal women and their families in the province of Ontario. ONWA encourages the participation of Aboriginal women in the development of Federal, Provincial, Municipal/Local government policies that impact their lives and ensure issues affecting Aboriginal women and their families are heard at key government tables. ONWA is committed to providing services that strengthen communities and guarantees the preservation of Indigenous culture, identity, art, language and heritage. Ending violence against Aboriginal women and their families and ensuring equal access to justice, education, health, environmental stewardship and economic development, sits at the cornerstone of the organization. ONWA insists on social and cultural well – being for all Indigenous women and their families, so that all women, regardless of tribal heritage may live their best lives.	<ul style="list-style-type: none"> Offer the following services for Indigenous Women: * Mental Health * Community Wellness program * Circles of Care 	Monday - Friday 9am - 5pm		
Ne-Chee Friendship Centre	(807) 468-5440	https://www.nechee.org/	326 2nd St S. Kenora, ON P9N 1V7	Offers support to individuals with addictions issues using traditional healing teaching Provides individual and group counselling sessions for addictions that include (but not limited to) alcohol and substance abuse Offers assistance upon discharge from jail or treatment centres with transition back into the community; provides follow up phone calls and visits Provides referrals to treatment centres and community supports	The Street Patrol Program entails workers patrolling on foot in designated areas in the City of Kenora, to locate and provide assistance to adults, youth and children who are in hazardous or stressful situations because of intoxication, lack of accommodation, transportation, care and other circumstances. Our Emergency Shelter located in the Northwestern Health Unit provides shelter and showers for those looking for temporary accommodations for those in need.	Office Mon-Fri 9 am-4:30 pm Hours are flexible when required		
North West Local Health Integration Network (NWLHIN)	807-467-4757	http://www.northwestlin.on.ca/	3-35 Wolsley Avenue, Suite #3 Kenora, ON P9N 0H8	Does not directly provide health care services, but works with health service providers and community members to set priorities and plan health services in their regions	<ul style="list-style-type: none"> Home and Community Care Program - Access to health care support at home or in the community A community based organization to help you plan and make informed choices about managing your health care needs or those of someone you care for Coordinates information about other services available within the community and link you with these services when appropriate Determines access to health care services provided in the home Determines access to health support services provided in schools for children with special needs 	8:30 am to 4:30 pm Monday to Friday		
Northwestern Health Unit	(807) 468-3147	https://www.nwhu.on.ca/Pages/home.aspx	210 First Street North Kenora, ON P9N 2K4	The mission of the Northwestern Health Unit is to improve the quality and length of life in our communities: healthy lifestyles, longer lives, lived well.	<ul style="list-style-type: none"> FOR CLIENTS: * Needle Exchange Program and Safe Needle Disposal (education, personal sharps containers, safe disposal) * Naloxone Training and Distribution (to people with addictions as well as friends and families) * STI/BBI Education, Testing and Counselling, Case and Contact management * Treatment Referrals * Sexual Health clinical services * Overdose Prevention/Naloxone Kits * STI/BBI Testing and Treatment * Infectious Disease Follow Up * Immunizations * Education, Counselling and Referrals * Mobile Outreach Van (for all services above) FOR PARTNERS: * Health Surveillance * STI/BBI Education * Needle Exchange (supply partner orgs with kits for distribution) * Safe needle disposal (mounted indoor and outdoor sharps containers, collection and disposal, needle pick up) PREVENTION PROGRAMMING * increasing protective factors, decreasing risk factors for mental illness and addictions (policies, partnerships, etc.) * family and child health programming * mental health promotion * chronic disease preventions using health promotion strategies 	NWHU office - 8:30 to 4:30, Monday to Friday	Hard to estimate as it is weaved into various roles	January – July 13th, 2019: Two afternoons/week 56 Outreach Sessions * 426 client encounters * 23 wound care kits given out * 85 encounters for STI/BBI testing, treatment, and follow up * 52 naloxone kits dispensed * 35 encounters for various health/addictions education, counselling and referrals * 27 encounters to assist clients to and with appointments/services (transportation to appointments, making phone calls for clients, advocating for service) * 383 encounters with needle exchange

NWHU Outreach Van	807-465-5586	https://www.nwhu.on.ca/courses/Pages/NWHU-Outreach-Van.aspx	24 Mikana Way Kenora, ON P9N 1L9	The NWHU Outreach Van provides services to people in our community who face significant barriers in accessing services. This is an innovative program that brings health promotion and harm reduction together to deliver equitable client centered services to people that need it most.	Services on the van include: * Sexual Health clinical services * Needle Exchange/Sharps pickup * Overdose Prevention/Naloxone Kits * STI/BBV Testing and Treatment * Infectious Disease Follow Up * Immunizations * Education, Counselling and Referrals	Outreach Van - Times can vary but Fridays 12-5pm are standard.		
Sunset Area Victim Crisis Assistance and Referral Service (VCARS)	807-467-2815	victimserviceskenora.ca/	308 Second St, Unit 18 Kenora, ON P9N 1G4	Provides immediate, short term crisis intervention services Mon-Sun 24 hours to individuals affected by crime and tragedy. Offers on-site early intervention and crisis intervention; Provides safety planning and referrals to community services; Offers enhanced support for vulnerable victims; Provides assistance with applications to VQRP	Victim Quick Response Program Provides immediate assistance with emergency expenses related to the incident, including: * emergency home safety * accommodation * meals * transportation * dependent care costs * counselling * cellular phones * vision care * crime scene cleanup * funeral expenses	Office: Mon-Fri 8:30 am-4:30 pm Emergency Services: Mon-Sun 24 hours		
Waasegiizhig Nanaandawe'iyewigamig Health Access Centre (WNHAC)	(807) 467-8770	http://www.wnhac.org/	212 4th Ave. S. Kenora, ON P9N 1Y9	WNHAC's purpose is to foster healthy Anishinaabeg and communities through traditional and contemporary health care encompassing mind, body, heart, and spirit.	1) Healing Lodge - Land-Based Trauma Healing 2) Emotional Wellness Therapists - 2 Social Workers and 1 psychotherapist providing services in community in an urban center	Healing Lodge is a Residential program - 27 days with an intake on a 5 week rotation (Co-ed services) Emotional Wellness Therapist M-F: Monday 9-430 Tuesday 9-8 Wednesday 9-8 Thursday 9-430 Friday 9-430	15	70 (specific to mental health)
Youth Mobile Crisis Team (Mentor and Helping Kids with Adversity Program (MAHKWA))					Youth Mobile Crisis Team (MAHKWA Program) - dedicated police officer works with a Youth Mobile Crisis Worker with partner agency (Kenora Chiefs Advisory)	MAHKWA Program conducts follow up with youth in crisis Mon-Fri 8-4 pm; if contacted after hours referral is made to after hours program at Kenora Chiefs Advisory and team follows up next day	1	5 to 8