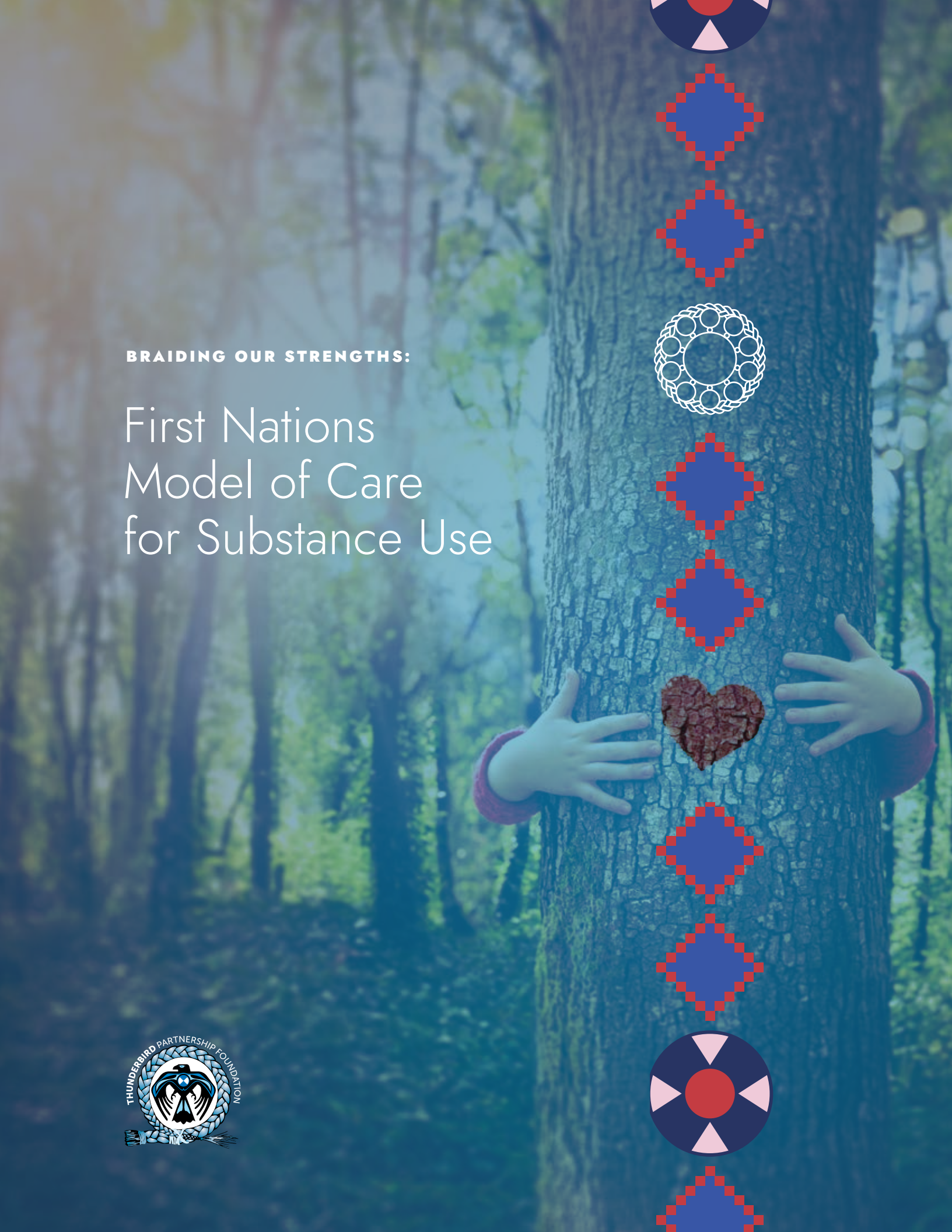

BRAIDING OUR STRENGTHS:

First Nations Model of Care for Substance Use

THUNDERBIRD PARTNERSHIP FOUNDATION

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The Thunderbird Partnership Foundation is a leading culturally centred voice across Canada on First Nations mental wellness, substance use and addictions. The organization supports an integrated and wholistic approach to healing and wellness serving First Nations and various levels of government, through research, training and education, policy and partnerships, and communications. Thunderbird strives to support culture-based outcomes of Hope, Belonging, Meaning and Purpose for First Nations individuals, families and communities. Thunderbird's mandate is to implement the *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada (HOS)* and the First Nations Mental Wellness Continuum (FNMWC) framework.

The Thunderbird Partnership Foundation is a division of the National Native Addictions Partnership Foundation Inc.

Executive Summary

Healing for First Nations people begins and grows within First Nations communities. A First Nations model of care for substance use supports the creation of community-led, culturally grounded responses that reflect the strengths, values, and priorities of each Nation. While First Nations are funded for prevention services within their communities, treatment often remains limited to facilities outside the community.

This guide supports the shift toward an active, in-community model of care that brings services and providers onto the land and into the community through strong and trusting partnerships. Central to this approach is a strengths-based understanding that First Nations communities hold the knowledge, capacity, and leadership required to support healing and wellness through hope, belonging, meaning and purpose. The *Braiding Our Strengths: First Nations Model of Care for Substance Use* weaves together community strengths and cultural knowledge with accessible services, programs, and resources, bringing them into a cohesive framework that is stronger than any individual component alone.

Braiding Our Strengths is a companion document to the second edition of the *Honouring Our Strengths* framework (2026) and is intended to support implementation. Sitting at the centre of the *Honouring Our Strengths* framework, *Braiding Our Strengths* moves the framework's principles, supporting components, elements of care, and foundation of culture into action to support individuals, families, and community. It translates collective wisdom into a practical, community-driven circle of care and care pathways that guide decision-making, service design, and day-to-day program delivery. It is a tool for doing the work, providing practical support for collaboration of care, community case management, and partnerships while supporting communities to put services in place, strengthen relationships across systems, and respond to substance use in ways that are grounded, coordinated, and led by First Nations principles and priorities.

Figure 1: Honouring Our Strengths framework, 2nd edition (2026)

First released in 2011, the Honouring Our Strengths framework was renewed in 2026 to reflect the current realities, needs, and contexts of First Nations in addressing substance use.

Braiding Our Strengths is informed by important work that emerged following the development of *Honouring Our Strengths*, including culture-as-intervention research (Rowan et al., 2014), the *Indigenous Wellness Framework* (Thunderbird Partnership Foundation, 2020), the *Native Wellness Assessment* (Thunderbird, 2015a), and the *First Nations Mental Wellness Continuum Framework* (Thunderbird, 2018a). Together, this collective wisdom contributes to a shared foundation for First Nations to develop and implement their own model of care for substance use. Rather than offering a one-size-fits-all approach, *Braiding Our Strengths* recognizes community-led processes that build upon community resiliency through relationships and connections inviting local knowledge, language, stories, land, spirit, and culture to guide meaningful and transformative responses to substance use.

First Nations are diverse in their history, languages, cultures, and connections to land and environment, which all influence the design of their model of care. Because of the devastating impact of colonization, communities are reclaiming their understanding of the role that language, culture, and connection to land play in wellness service delivery. Some hold a strong sense of identity but are not yet sure how to integrate their language, culture, and connection to land into program policy, design, and delivery. Meaningful implementation requires First Nations–led, community-specific engagement that reflects the lived experiences, strengths, and priorities of First Nations within their current social, culture, and systemic contexts.

Braiding Our Strengths includes an intentionally broad template to support community-specific development through engagement and to recognize the diversity of First Nations Peoples and organizations. This resource, and the tools found within, can be used independently or with support to develop a model of care for substance use that reflects each community's priorities, strengths, and available resources.

Strengths-based approaches in First Nations communities honour self-determination, inherent and treaty rights, and governance, while emphasizing each community's unique capacity, resilience, and culture-based strengths to support solutions that foster community, family, and individual wellbeing. This is an intentional move away from "deficit-based" models that focus on problems. Identifying what is working well and exploring opportunities to utilize community resources, relationships, capacity, and knowledge to strengthen and build upon community foundations are central to *Braiding Our Strengths.* These connections are then utilized to support healing, health, and wellness within the community and through multi-sectoral collaborations. Ojibway Elder Art Solomon identified how to support First Nations during a Native Studies lecture at University of Sudbury in the mid-1980s, saying "the people have the answer." A community-led process focuses on First Nations' inherent strengths, knowledge, values, priorities, expertise, and capacity, and recognizes the unique communities and diverse cultures across Canada, to create a community-centred approach and support First Nations through partnership, policy, service agreements, and sustainable funding.

Sustainable, equitable, and flexible funding is critical to developing an effective and responsive model of care. First Nations have extensive experience in community and culture-based interventions but often are not provided with the adequate resources to fully deliver these services. Often the support services and programs that First Nations communities need are funded through grants or short-term funding. This is problematic as the onus is on the community to try to financially sustain essential funding, which tends to become a barrier for both the community and the delivery of much needed services. However, Communities should not be discouraged if they do not have every service in place. Each First Nations community already possesses strengths and resources that can be used to develop and begin implementing their model of care immediately.

The Indigenous values that form the foundation for living in harmony with all of Creation are ever-present and accessible today (Health Canada et al., 2015). First Nations have developed specific ways of understanding wellness and providing care that are rooted in relationship to the land and culture-based values. Wellness is understood as a dynamic balance among the spiritual, emotional, mental, and physical aspects of life. This balance is sustained and renewed through relationship to land, language, Creation, and ancestry, as well as through family and caring environments. By relying on these foundations and working collaboratively across departments, guided by the culture-based knowledge of care nurtured within their communities for generations, communities can start shaping their own model of care today. *Braiding Our Strengths* is scalable, with components that can be developed and adapted over time through community engagement, careful planning, and program measurement and evaluation.

Braiding Our Strengths supports a spirit-centred model of care that brings together community strengths, services, and relationships to foster wholistic healing for First Nations people. Affirming culture as the foundation, the model supports the whole person—spiritually, mentally, emotionally, and physically—and is inclusive of individuals, families, and communities. It helps identify priority areas for action while promoting trauma-informed and culturally safe approaches that establish a circle of care and clear care pathways. *Braiding Our Strengths* strengthens community case management, service coordination, community capacity, and governance while fostering collaborative partnerships. Altogether, this document provides a shared foundation for First Nations–led, integrated substance use care that responds to community-identified priorities, addresses the social determinants of health, reduces stigma, implements harm reduction, and supports healing across the lifespan through a continuum of care.

Current Context

A strengths-based approach is rooted in First Nations languages, beliefs, and values. Indigenous Peoples' distinct status, roles, and inherent rights are affirmed through national and international human rights frameworks.

First Nations have long maintained that self-determination is essential to protecting and realizing their human rights and that it is an inherent, pre-existing right rather than a privilege granted by external authorities (Indigenous Primary Health Care Council, 2022). In Canada, these rights are recognized in section 35 of the *Constitution Act* and are further supported by instruments such as the *United Nations Declaration on the Rights of Indigenous Peoples* (2007), adopted in British Columbia in 2019 and federally in 2021. Together, these frameworks affirm Indigenous Peoples' right to self-determination.

Many mainstream approaches to substance use care fail to adequately serve First Nations people, as they often do not reflect First Nations histories, cultures, languages, or social realities, nor do they account for the enduring impacts of colonization, intergenerational trauma, and systemic inequities. While addiction affects Indigenous and non-Indigenous people in similar ways biologically, the effects of Western dominance have created unique challenges for Indigenous Peoples that must be addressed in the healing process (LaVallie & Sasakamoose, 2023). The shortcomings of Western mental wellness services exist within a broader colonial health care context in Canada, where First Nations, Inuit, and Métis Peoples continue to encounter barriers when accessing support services. Experiences of anti-Indigenous racism, along with care models that lack trauma-informed and culturally safe practices, continue to shape access to health care and result in significant health related disparities (Thunderbird & First Peoples Wellness Circle, 2024). Many mental health services are experienced as culturally unsafe, which restricts access to sustained care (Allen et al., 2020).

In addition to the long-standing challenges in many social determinants of health, including water, land, food security, housing, poverty, education, employment, First Nation communities are also facing new and growing challenges that affect health and wellbeing. These challenges are intensified by climate change, which threatens food systems, displaces communities through wildfires and flooding, disrupts culture-based continuity, and affects mental health and wellness (Reed et al., 2024). Climate-related events can also compromise health and wellness services, including community programs, mobile clinics, and land-based healing. This is particularly true for rural and remote communities, which face higher risks to health, safety, and wellbeing due to declining or failing critical infrastructure. These risks are compounded by geographic isolation, dependence on limited access routes, and restricted access to services (Lulham et al., 2023, p. 18). To address climate-related barriers, First Nations can develop emergency preparedness plans, while advocating for infrastructure that enables responsive and consistent care, such as mobile units. Partnerships with governments, funders, and Indigenous-led organizations are also key to addressing climate concerns and supporting climate resilience in service delivery.

First Nations possess extensive experience of essential service delivery within their communities, and providing the necessary resources is essential to effectively sustain and expand these services. The development of a First Nations model of care for substance use responds to Canada's commitments under the Truth and Reconciliation Commission of Canada's *Calls to Action* (2015) and the *United Nations Declaration on the Rights of Indigenous Peoples* (2007). Together, these frameworks affirm the right of Indigenous Peoples "to culturally appropriate, safe, and equitable health services and emphasize the importance of Indigenous self-determination in health care design and delivery" (Truth and Reconciliation Commission of Canada, 2015; United Nations, 2007). Indigenous Peoples continue to call for self-determination and culture-based approaches to wellness, reinforcing the need for work that weaves together developmental, social, and culture-based ways of understanding (Burack et.al, 2024). *What Justice Looks Like* (Thunderbird & First Peoples Wellness Circle, 2024) emphasizes that real solutions must honour Indigenous voices, culture, and self-determination. By drawing on strengths and holding systems accountable, First Nations are reclaiming pathways of care that restore wellness for individuals, families, and future generations.

A First Nations model of care is specifically needed because Indigenous Peoples continue to face systemic anti-Indigenous racism that harms health, limits access to culture-based care, and undermines wellbeing. *Braiding Our Strengths* affirms First Nations' inherent and legal rights to care and support close to home that is grounded in culture, self-determination, and relationships. A First Nations model restores balance and strengthens community-led systems of care that are meaningful, respectful, and equitable. It also responds to contemporary realities, such as climate change and inequitable access to services, while centering justice for First Nations people and communities.

Guiding Principles

The systems approach described in the *Honouring Our Strengths* framework depends not only on ensuring the system contains all the right parts, it also must be guided by a set of overall principles informed by First Nations people.

Principles are embedded as a foundational approach within the *Honouring Our Strengths* framework and *Braiding Our Strengths*. The following principles were established based on the guidance of Cultural Practitioners and Elders at the National Native Alcohol and Drug Abuse Program (NNADAP) Renewal Indigenous Knowledge Forum and on a series of regional confirmation workshops for the framework:

Spirit-centred: Culture is understood as the outward expression of spirit, and the revitalization of spirit is central to promoting health and wellbeing among First Nations people. Culture includes system-wide recognition that ceremony, language, and traditions are important in helping to focus on strengths and reconnecting people with themselves, the past, family, community, and land.

Connected: Strong connections are the basis for wholistic and integrated services and supports. Healthy families, communities, and systems are built on strong and lasting relationships. These connections exist between Indigenous people, the land, and their culture, as well as in the relationships between various sectors and jurisdictions responsible for care delivery.

Resiliency focused: While trauma contributes substantially to both addictions and mental health, there is a need to recognize, support, and foster the natural strength and resilience of individuals, families, and communities. These strengths provide the foundation upon which healthy services, supports, and policies are built.

Wholistic supports: Services and supports that are wholistic consider all potential factors contributing to wellbeing (e.g., physical, spiritual, mental, culture-based, emotional, and social) over the lifespan and seek to achieve balance within and across these areas. This involves recognition that individual wellbeing is strongly connected to family and community wellness and that a comprehensive, integrated continuum of care is necessary to meet the needs of First Nations people.

Community focused: Community is viewed as its own best resource with respect to the direction, design, and delivery of services. Adopting a community-focused lens will help to ensure that diversity within and across communities is respected and to enhance overall system responsiveness to factors that make each community unique.

Respectful: Respect for clients, family, and community should be demonstrated through consistent engagement at all levels, in the planning and delivery of services. This engagement must also uphold an individual's freedom of choice to access care when they are ready to do so, as well as seek to balance their needs and strengths with the needs of their families and communities.

Balanced: Inclusion of both Indigenous and Western forms of evidence and approaches to all aspects of care (e.g., service delivery, administration, planning, and evaluation) demonstrates respect and balance. It is also important to maintain awareness that each is informed by unique assumptions about health and wellbeing and by unique worldviews.

Shared responsibility: The responsibility to promote health and wellbeing among First Nations people is recognized as individual, shared, and collective. This begins with individuals managing their own health and extends to families, communities, service providers, and governments who all have a shared responsibility to ensure that services, supports, and systems are effective and accessible, both now and for future generations.

Culturally competent: Culture-based competence requires that service providers, both on- and off-reserve, are aware of their own worldviews and attitudes towards culture-based differences and include both knowledge of and openness to the culture-based realities and environments of the people they serve. To achieve this, it is also necessary for Indigenous Knowledge to be translated into current realities to meaningfully inform and guide the direction and delivery of health services and supports on an ongoing basis.

Culturally safe: Cultural safety extends beyond culture-based awareness and sensitivity within services and includes reflecting upon culture, historical, and structural differences and power relationships within the care that is provided. It involves a process of ongoing self-reflection and organizational growth for service providers and the system as a whole to respond effectively to First Nations people.

Building a Spirit-Centred Model of Care

While the *Model of Care for Substance Use* shares the above guiding principles of the *Honouring Our Strengths* framework, it especially emphasizes the significance of spirit-centred care. At the heart of the spirit-centred care principle is a recognition that wellness for First Nations individuals, families, and communities begins with a connection to spirit.

Culture is understood as the outward expression of spirit, and First Nations' health and wellbeing is supported through culture-based practices that honour Indigenous Knowledge, language, relational life ways with the land, community, family, and ceremony. The *Model of Care for Substance Use* acknowledges these culture-based foundations as vital to all levels of service. In responding to substance use, approaches rooted in spirit-centred care provide meaningful and effective pathways for both prevention and healing. Figure 2 uses a teaching of the medicine wheel to depict the spirit-centred principle.

Stigma is the expression of negative beliefs or attitudes about a person or group that leads to unfair treatment or harmful actions. First Nations individuals and families coping with the harms of substance use routinely face stigma and exclusion. These dignity harms can cause negative consequences at the cellular, individual, interpersonal, community, and policy levels (Kar & Bhugra, 2025). Standing up to stigma means choosing to care, rather than to judge. When we meet others with dignity and respect, we return to what the Creator intended: balance and wellness for First Nations individuals, families, and communities. Spirit-led approaches, guided by origin stories and gifts of the Great Spirit, ensure dignity is present at each step of service delivery. In this way, centering dignity is essential for restoring balance, strengthening identity, and supporting wholistic healing.

Culture encompasses a system-wide recognition that ceremony, language, and traditions play a vital role in focusing on strengths and reconnecting individuals with themselves, their families, communities, the past, and the land (Thunderbird, 2025a). Consistent with this, a recent environmental scan in British Columbia, along with studies in Manitoba, Ontario, and on the East Coast, highlighted that Indigenous Peoples are seeking greater access to traditional healing and Indigenous-led health services (Allen et al., 2020). When culture serves as the foundation, First Nations health services can be delivered in ways that are both culture-based and safe.

Figure 2: Four directions teaching, shared by Elder Peter O'Chiese of the O'Chiese First Nation in Alberta.
This teaching illustrates the Honouring Our Strengths framework spirit-centred principle.

Stand Up to Stigma – Stand Up for Peace (Thunderbird, 2025c) provides practical tools and strategies to address stigma, through acts of peace-making. Peace is a gift from the Creator that is brought into action through honesty, caring/sharing, strength, and kindness.

Peace-making is about restoring balance, healing relationships, and nurturing harmony between people and the land. These acts of kindness and care validate a person using substances as a relative of Creation.

Thunderbird's *Indigenous Wellness Framework* addresses mental wellness through four directions—Hope, Belonging, Meaning, and Purpose—and each has 13 indicators. The indicators are used to measure the four directions using Thunderbird's *Native Wellness Assessment* (NWA)™.

Every culture-based intervention has a story of origin that is the foundation of the First Nations' worldview. Culture-based interventions and supports using out-patient and outreach virtual services by the NNADAP and the National Youth Solvent Abuse Program (NYSAP) treatment centres supported on average 11.75% increase in mental wellness in the areas of Hope, Belonging, Meaning, and Purpose (Thunderbird, 2020a). When culture-based practices are used to facilitate wellness, the result is spiritual wellness as represented by Hope, emotional wellness that promotes Belonging, mental wellness that creates Meaning, and physical wellness that facilitates Purpose.

Colonization, including residential schools, forced relocation, and restrictions on cultural and spiritual practices, disrupted Indigenous ways of knowing, being, and relating. Some suggest that Indigenous Peoples in Canada are "among the most discriminated against groups, with a pervasive history of colonization resulting in historical trauma" (Matheson et al., 2019). This has resulted in disparities in health and social outcomes, such as high rates of suicide and mental health concerns, and reflects the compounded effects of historical and contemporary stressors faced by Indigenous Peoples over generations (McQuaid et al., 2017). These harms were and are imposed by colonial attitudes, approaches, and structures and continue to have a direct impact on the wellbeing of First Nations. Even in the face of enduring challenges, First Nations communities are leading the way in healing, revitalization, and the restoration of wellness.

Culture-based interventions support healing by restoring what was interrupted and renewing connections to language, ceremony, land, and community. Many Indigenous communities are actively revitalizing cultural healing practices that were damaged by colonization and oppressive government policies (Allen et al., 2020). First Nations communities continue to reclaim, sustain, and strengthen their cultural practices, languages, and ways of knowing, recognizing the essential role these play in health and wellbeing.

Culture provides a strong foundation for implementing a model of care for substance use that is community-led, culture-based, and responsive to local needs. By drawing on Indigenous Knowledge, healing practices, and intergenerational wisdom, communities can create approaches that build on the foundation of culture-based strengths and that integrate evidence-informed interventions and practices to create wellness strategies. *"It is said, the Great Spirit worked to ensure what we would need to live life, forever and all time, no matter the circumstances, was thought of and put into Creation"* (Elder Jim Dumont as quoted in Thunderbird, 2018b). These words remind us that we as Indigenous people and communities have answers within our knowledge and ways of being to address challenges related to substance use. Continuing to strengthen culture-based programs, support language revitalization, involve Elders and Knowledge Keepers, and foster interdepartmental collaboration can further empower communities to design and deliver care models that reflect their values, identities, and aspirations for wellness.

Although there are many ways First Nations express their various cultures, there are commonly held principal, foundational beliefs and concepts that support a unified definition of "Indigenous culture." These culture-based practices are important "spirit-centred" practices for all substance use recovery, including in addressing the drug crisis. These common cultural interventions have been proven to have a positive impact on the wellbeing of First Nations people during their healing journey (Thunderbird, 2020b, p. 10).

The *Connecting with Culture Activity Guide & Connecting with Culture Facilitator's Handbook* (Thunderbird, 2014) provides simple step-by-step exercises that help individuals experience greater wellness by thinking about and participating in Indigenous culture.

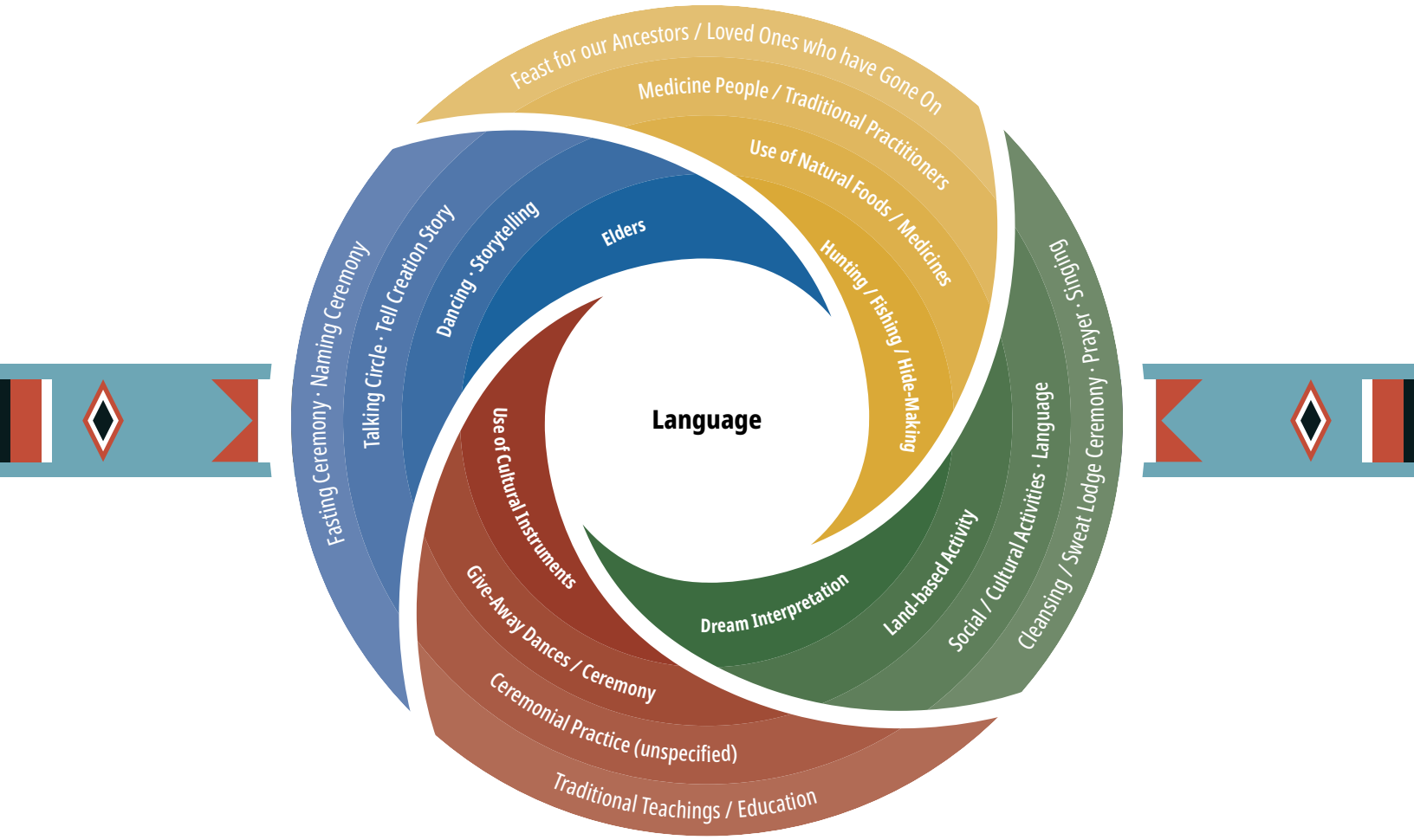


Figure 3: Common culture-based interventions

Culture-based interventions nurture **Hope** by strengthening identity and supporting belief in spirit, offering a foundation for a future grounded in culture-based strength. They provide **Belonging** by connecting individuals to family, community, and culture. They foster **Meaning** by affirming that communities are part of Creation, grounded in history, story, and connection to the land. They create **Purpose** through opportunities for education, employment, and culture-based grounded ways of being and doing.

When people remain connected to community through gatherings, feasts, ceremonies, family, and the land, they may be less likely to engage in risky substance use and may face fewer related harms. The benefits of culture-based interventions may be experienced differently for each person—some may feel the impact most strongly in their spirit, while others may notice it in their physical wellbeing. Yet culture-based interventions are wholistic: they support the whole person, not just one aspect of a person's being.

Culture-Based and Clinical Collaboration Across the Continuum of Essential Services

Culture should be the foundation of service delivery for First Nations, but both culture-based and clinical supports are needed to guide individuals through their healing journey (Health Canada et al., 2015). Feedback from the CRISM environmental scan (Thunderbird, 2025c) and the Opioid and Methamphetamine Speaker Series highlighted a strong and consistent call for this dual approach. A model of care that integrates both perspectives can support all aspects of Indigenous wellness: mental, physical, spiritual, and emotional. Several communities and treatment centres emphasize the value of defining shared roles and responsibilities to support collaboration. Participation and collaboration among service sectors is recommended to provide the highest quality of care and support equitable service delivery (Bergeron et al., 2019). Growing evidence shows that Indigenous-led health service partnerships support wholistic wellbeing for Indigenous Peoples, strengthening outcomes across mind, body, emotion, and spirit, and improving access to care, prevention efforts, and continuity of care (Allen et al., 2020).

Braiding Our Strengths

At the heart of *Braiding Our Strengths* is the community. Community is comprised of leadership, Elders, Cultural Practitioners and workforce, land and infrastructure, and training and funding to provide prevention and harm reduction in a trauma-informed approach.

Figure 4: Braiding Our Strengths: First Nations Model of Care for Substance Use

Braiding Our Strengths is a First Nations–led model of care for substance use that integrates cultural strengths, community-led services, and collaborative partnerships to foster an in-community service model.

A community-based model of care for substance use requires sustainable, equitable, and flexible funding to include the provision of intervention programs, case management, and service coordination to facilitate a circle of care and care pathways through community-led partnerships. The *Model of Care for Substance Use* recognizes the distinctiveness and uniqueness of communities that are shaped by culture, language, land, history, location, population, resources, and capacity. It accounts for the challenges experienced by communities and builds on the relational strengths, culture-based knowledge and practices, capacity, and resources within community. It acknowledges that not all essential services exist within each community but outlines the scalability of the model to focus on priorities, strengths, capacity, and opportunities to design, develop, and deliver a community-based model of care for substance use by identifying wise and innovative practices implemented by other communities.

Braiding Our Strengths is intended to support First Nations individuals, families, communities, and culture, thus strengthening Indigenous ways of life and contributing to collective wellbeing. The next layer highlights the systems and structures that support care: case management, service coordination, and partnerships. These components ensure that services are connected, accessible, and guided by collaboration, creating a framework for effective, safe, and culture-based support.

From this foundation, stepping stones that represent pathways connect to a range of services that meet diverse needs, including (but not limited to):

- land-based programming and resources
- withdrawal management
- managed alcohol programs
- harm reduction
- social programming
- family-based supports
- primary health care
- counselling and mental health supports
- culture-based counselling and practices
- referrals to other resources
- crisis response and 24-hour crisis lines or chat services

These services are designed to be flexible, responsive, and integrated within the community context. A community-centred model of care means that services for substance use health and wellness must be available *in the community and/or facilitate a continuum of care in partnership between community and service providers* to truly support community members.

Surrounding the entire model are the principles that guide its implementation: community-led, wholistic, culturally grounded, and trauma-informed. These values ensure that the model is rooted in the strengths, knowledge, and priorities of each community and can be adapted to local needs while maintaining its wholistic approach. The sweetgrass braid circle reflects the medicine of our Mother Earth, life path, gifts of kindness, honesty, sharing, and strength and the woven support of the circle of life from past, present to future of individuals, families, communities.

Braiding Our Strengths is a living, scalable model that allows communities to begin with the resources they have, expand over time, and create a system of care that is meaningful, respectful, and self-determined. The model is adapted from a Rapid Access Addictions Medicine (RAAM) hub and spoke model for remote and isolated Indigenous communities (Task Group on Mental Wellness, 2021, p. 29), expanding on recommendations for partnership and collaboration across the continuum of care. The model depicted above outlines examples of services that can be included in a model to respond to the needs of individuals, families, and the community. Remember, the model is meant to be community-specific, adaptable, and customizable. A community may wish to include services that are different and distinct from those described in this model. Alternatively, there may be services that are listed here that are not available within a community. Every model of care will be as unique as the Nation it serves.

This Model of Care is offered as a guide and, while it may not be possible to implement every component at the outset, by building on early successes, it is possible to develop other components over time. Building trusting partnerships with service providers and decision-makers is key to making this model work.

The model fosters a collaborative, community-wide strategy that includes:

- community leadership and government partners
- the health and wellness workforce
- Elders and Cultural Practitioners
- community members, families, and individuals
- community-based services (health and social services, housing, child welfare, education, training and employment, probations, community policing and justice, community emergency response and safety, etc.)
- land-based healing, emergency shelters, training, and harm reduction

This approach is grounded in trauma-informed care. The model strengthens coordination, communication, and collaboration, ensuring services are connected and responsive at the local level.

Planning and Development

The following considerations for designing a model of care for substance use were developed using several sources of information including a review of the literature, Thunderbird's frameworks, community voices gathered through the environmental scan for the Canadian Research Initiative in Substance Misuse (CRISM) (Thunderbird, 2025b) project and the Opioid and Methamphetamine Speaker Series.

Guidelines from earlier work undertaken by Thunderbird Partnership Foundation explains that an in-community model of care for the prevention, treatment, and reduction of harms associated with opioid and methamphetamine addiction ensures that services and supports are:

- premised on culture as foundation
- spirit-centred and attend to the whole person
- wholistic, trauma-informed, and culturally safe
- available in the community, either in person or virtually
- inclusive of families and communities
- designed with and by the community
- outreach focused
- actively working to reduce stigma
- integrated to address the determinants of health
- adequately and equitably funded with sustainable and ongoing funding

The sections that follow are here to support you as you begin the planning and development phase of your work. They offer ideas and guidance to spark reflection, conversation, and adaptation based on your community's unique context and priorities. Exploring this information can help you uncover strengths, spot opportunities, and feel confident in taking the first steps toward meaningful, community-driven action.

PHASE 1

Gathering Knowledge

At the outset of model-of-care planning and development, it is essential to gather community-wide data to inform decision-making and identify priorities. This phase is about creating a case for change.

Collecting data early helps communities understand current strengths, service gaps, and emerging needs, ensuring that planning is grounded in local realities rather than assumptions. Community-wide data also supports equity by identifying who is and is not being reached by existing services, which helps prioritize areas for action and strengthens the case for resources and funding. When gathered and interpreted through First Nations–led, culturally grounded processes, this information supports the development of a model of care that is responsive, relevant, and aligned with community priorities.

This section includes recommendations and considerations for conducting community-wide data collection. At the end of this section, you will find a template that can be completed through collaborative conversations and strategic engagement to inform your model of care.

Understanding Governance Structure

Engaging First Nations governance within the community is a critical first step in developing a model of care for substance use. Leadership supports the guidance of development, is mindful of history, and has knowledge of how to respond to the wellness needs of community members. Engaging leadership early and consistently in the planning process supports the development of wellness champions across the community (First Nations Health Managers Association, 2018).

In the environmental scan completed for the CRISM project (Thunderbird, 2025c), community health services and treatment centres with robust partnerships and strong continuums of care attributed their success to leadership that facilitated, maintained, and drove service integration through a First Nations perspective.

Leadership group: First Nations leaders can look different in each partnership or network, and may include the chief and council, health committees, and health boards.

Management team: Management teams could include community directors, such as health directors, executive directors, and senior program managers.

Committees and councils: Committees and councils may have formed within the community as a collective voice for specific groups or to address key issues. Examples include youth councils, Elders councils, and committees developed around priority areas. Sometimes these committees and councils are formally recognized within community governance structures.

Establishing a Community Wellness Committee

At the start of model-of-care planning and development, it is recommended that a community wellness committee be identified or established to represent the community's interests, perspectives, and concerns. This ensures that the model of care reflects local needs, values, and priorities. A community wellness committee brings together diverse voices to guide a process rooted in lived experience, drawing upon all the community's collective knowledge, experience, and strengths. The committee helps mobilize programs and services across sectors (health, education, social services, justice, and housing) while creating space to explore how these areas intersect and to integrate the community's culture-based knowledge in service delivery and wellness programs. Another key function of the community wellness committee is to identify key populations to engage during the engagement phase while also proposing strategies for data collection. The community wellness committee may go by other names, such as task force or steering committee, but the function overall remains the same: to move the work forward, guide the process, and provide knowledge and experience that will inform the model.

Invite representatives from key sectors, such as:

- Elders
- youth
- members of the community with commitment to addressing issues related to substance use
- First Nations leadership, managers, and committee or council representatives
- health department
- community programs such as education, training and employment, child and family services, emergency services (i.e., police, fire, crisis response), housing, and income support
- treatment centres
- mental wellness teams

This input supports a wholistic, community-led approach. Involving regional or provincial partners can support planning, coordination, and access to information about funding opportunities. Rather than a large committee, include more people through engagement activities, such as focus groups and surveys, to ensure many perspectives are included (First Nations Health Managers Association, 2018).

Things to consider when coming together:

- **Terms of reference:** The terms of reference are documents that outline a group's purpose and set expectations for engagement, including whether the group will guide planning, support development processes, engage the community, make recommendations, or hold decision-making authority. This mandate is established by leadership and forms the foundation of the terms of reference. Strong terms of reference clearly define roles and responsibilities, helping to build strong relationships and a shared vision. They also identify expected outputs, committee structure, and timelines, and provide guidance on how issues such as conflict of interest, confidentiality, and disagreement will be addressed. Overall, the terms of reference support accountability and transparent processes, ensuring that leadership and the community share a clear understanding of how work will be carried out and decisions will be made.
- **Reporting processes:** Identify to whom this group reports. Decide how members will share updates within their sectors to strengthen collaboration, commitment, and accountability.
- **Alignment with other plans:** Link efforts with existing community plans (e.g., emergency or pandemic plans, comprehensive community plans) to align priorities and maximize the use of existing resources.
- **Shared understanding:** Invite guest speakers or arrange training to build knowledge around substance use and wellness. This promotes a unified, informed approach.
  Explore Thunderbird Partnership Foundation's website for training in substance use and trauma-informed care.
- **Culture as foundation:** Culture-based knowledge and practices can support the group moving forward. Some examples include:
  - offering tobacco or Indigenous medicines to help guide the work
  - approaching language speakers to ask for help with naming the model
  - sharing traditional foods together during meetings to nurture body and spirit
  - drawing from Indigenous Knowledge to inform discussions

Literature Review

Conducting a literature review is an important way for First Nations communities to gather information while honouring community knowledge. This process of honouring community knowledge can similar to a literature review in which the following are identified to support the search for relevant literature:

1. **Key question:** Ask about what you want to know. For example: To what extent have culture-based practices been used in Indigenous populations to treat complex trauma?
2. **Populations:** E.g., First Nations, Native Americans, Indigenous Peoples and Women, Men, Youth
3. **Interventions:** E.g., culture-based early intervention, culture-based intervention, culture-informed harm reduction, culture-informed addictions medicine for complex trauma, harm reduction, wellness, mental wellness, and mental health
4. **Sources of knowledge:**
   a. Oral Knowledge from fluent First Nations language speakers, ceremonialists, knowledge passed on within the community, sacred societies
   b. written knowledge from all study designs, grey literature such as reports, strategic plans, statistics, program records, community archives, and historical documents that reflect the community's experiences and history; includes examining newspaper articles, government reports, and other grey literature that provides context for local realities
   c. When combined with community conversations about the information, this helps build a fuller understanding of current needs and priorities, while also supporting community-led responses to substance use. For example, historical documents may highlight culture-based initiatives that were successful in the past and could be revived to promote wellness for individuals and families. Statistics and newspaper articles can reveal trends that require attention within the model of care. Strategic plans offer insight into community priorities and illuminate opportunities to collaborate across sectors. These details can be shared during community engagement to invite reflection, insight, and additional context from community members who hold knowledge about these topics.
   d. Data sources:
      i. Contact Thunderbird Partnership Foundation for support to implement the *First Nations Opioid and Methamphetamine Survey* to produce a community report that provides insight on the impact of these drugs on the community, family, and individual using drugs.
      ii. Contact public health and provincial health bodies for access to First Nations–specific data on: admissions to hospital emergency rooms, blood-borne infections, sexually transmitted infections; the coroner for First Nations drug-related deaths; the police for accidents, mental health calls, violence, and arrest involving drugs and alcohol for the community; justice bodies for the number of First Nations community members incarcerated for drug related charges.

Community Engagement

Community engagement recognizes the value of local knowledge and experience. Elders, Knowledge Keepers, youth, and other community members offer insights that will guide the development of meaningful, culturally grounded models of care to address substance use. Community engagement recognizes that collaboration is "more than a seat at the table; it is about meaningful engagement and ensuring our voice counts" (Indigenous Primary Health Care Council, 2022, p. 27). Furthermore, First Nations people are experts in their own health care needs and solutions, based on lived experience and a strong understanding of the historical and ongoing factors that continue to create health inequities.

According to *Honouring Our Strengths,* services and supports must adapt or be targeted toward people's unique needs to maximize their relevance and effectiveness (Thunderbird, 2026). This means that it is important to include diverse groups of people with unique service needs during the engagement phase, so that the model adequately considers and addresses their lived experience.

Examples of groups within the community to engage include but are not limited to:

- Elders and Knowledge Keepers
- leadership
- youth and adolescents
- adults
- older adults / seniors
- families, including parents with infants and young children
- individuals across the gender and sexuality spectrum
- people with mental health conditions and challenges.
- people with disabilities including cognitive impairments or acquired brain injuries, neurodiversity, and chronic illnesses.
- marginalized people, such as those who are unhoused
- families with involvement in child and family services
- people with criminal justice system involvement

First Peoples Wellness Circle has developed a **Community Event Planning Guide** (2025) for the Indigenous Mental Wellness Workforce. Inside are practical, step-by-step tips for planning a community engagement event, including:

- planning tips and timelines
- reflections rooted in Indigenous values and community care
- tools to support budgeting, logistics, and inclusive engagement

Visit *fpwc.ca* to learn more.

Inviting people to gather and discuss plans to develop a model of care can help generate community interest and momentum. Community-informed approaches for engagement such as gatherings, town halls, round tables, or workshops are a common way communities stay informed, share knowledge, and support one another (Assembly of First Nations, 2019). These events often include ceremonies, storytelling, and celebrations that strengthen relationships and culture-based continuity. They also create space for open dialogue about mental wellness, helping to set priorities, build partnerships, map current services, and gather feedback on how the community wishes to stay engaged and informed.

Good facilitation starts with clear goals: ensure participants understand the why of the event and what you hope to achieve. Provide agendas and expectations ahead of time so everyone arrives prepared and engaged. Facilitators should integrate a mix of ways for people to participate (e.g., talking circles, small groups, storytelling, reflection questions) so that a range of voices can be included, especially quieter participants or those who prefer non-verbal sharing.

Engagement continues beyond the event. Strong facilitators build in time for reflection, summarize key outcomes, and outline next steps so participants can see how their input will shape action. This helps build trust, maintain connection, and sustain momentum in the community. Ongoing communication, such as mailed newsletters or a community Facebook page, keeps participants informed about how their feedback is being incorporated into the model of care.

In addition to in-person gatherings, consider tools like community surveys, interviews with specific populations, and focus groups with service providers. Service providers may include:

- treatment centre staff
- mental wellness teams
- medical staff, such as community nurses or physicians
- child and family services department
- justice staff
- education department
- other social services departments, such as income support and housing
- Elders' programs
- youth programs
- community advisory councils and committees
- program coordinators
- case managers

These approaches provide valuable input on community needs and help ensure all voices are included in planning and decision-making.

Account for Diverse Populations

Inclusive planning for culture-based and clinical collaboration must also account for diverse needs and experiences. Rather than offering the same supports to everyone, equitable services adjust approaches, resources, and delivery so that people who face greater challenges can access care that is safe, relevant, and effective. *Honouring Our Strengths* outlines key considerations for various groups of people to ensure services are responsive to the needs of diverse populations within community, including:

- infants and children
- youth and adolescents
- adults
- older adults / seniors
- families
- people of varied gender and sexuality
- people/populations with unique needs
- people with mental health conditions

Questions to consider:

Why these populations?

What are the approaches to support these populations?

How are these populations currently being served?

Where in your community are services most difficult to access?
(i.e., physical accessibility, cultural safety)

Addressing First Nations Social Determinants of Health

The determinants of health are the conditions and influences that shape health and wellbeing, many of which exist outside of the healthcare system. They are often described as the root causes of health outcomes and include social and economic factors such as income, education, employment, housing, social support, and access to services. Understanding how these factors interact helps create a more wholistic view of health.

For First Nations, health is also deeply affected by historical and ongoing impacts of colonialism that have caused widespread and complex trauma. These influences, often referred to as Indigenous determinants of health, include the loss of language and connection to land, the harms of residential schools, systemic anti-Indigenous racism, environmental damage, and disruptions to culture-based, spiritual, emotional, and mental wellbeing. Addressing these disparities requires a focus on structural change and a strengths-based approach that values culture-based connections, relationships, and community resilience.

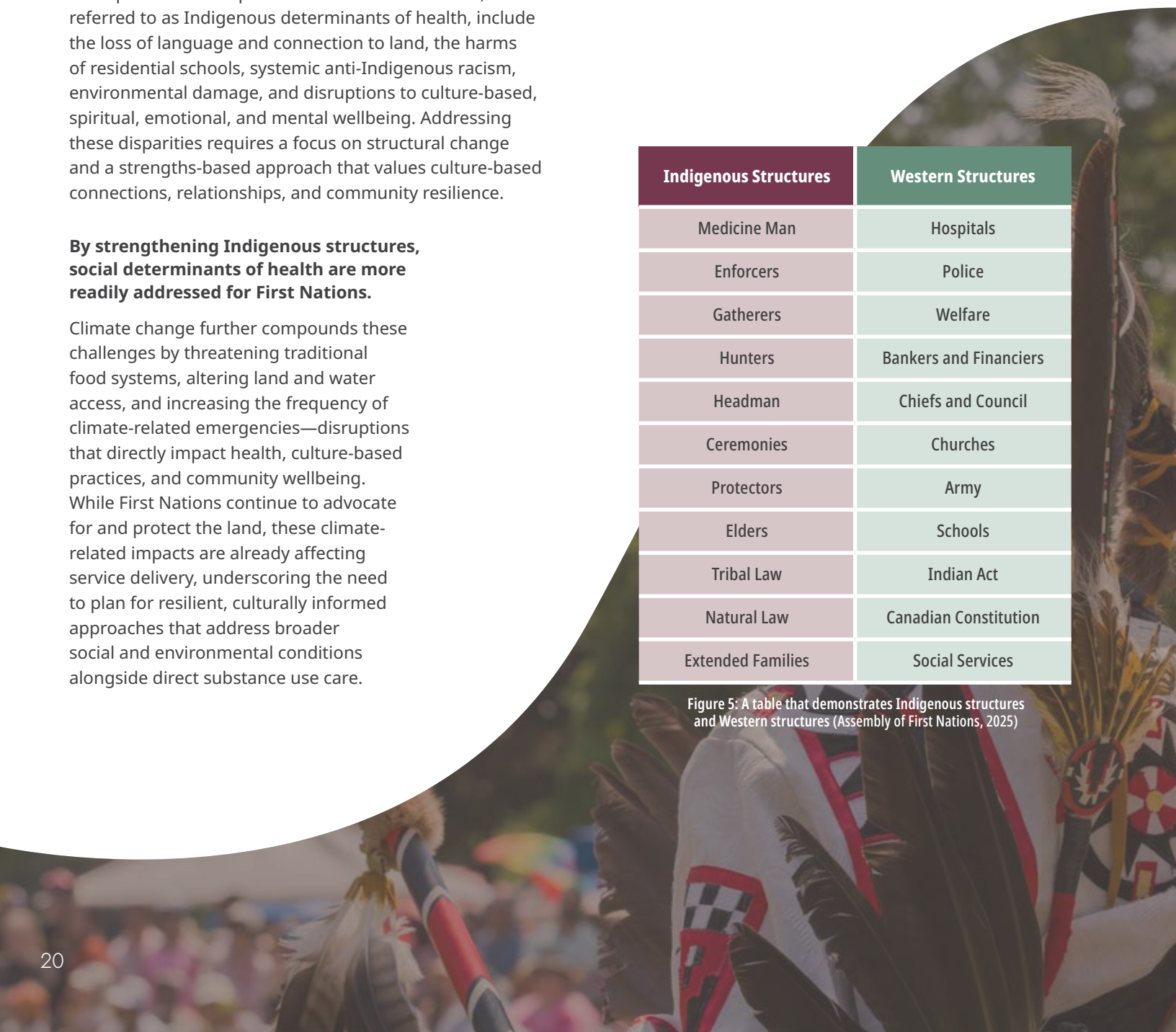
By strengthening Indigenous structures, social determinants of health are more readily addressed for First Nations.

Climate change further compounds these challenges by threatening traditional food systems, altering land and water access, and increasing the frequency of climate-related emergencies—disruptions that directly impact health, culture-based practices, and community wellbeing. While First Nations continue to advocate for and protect the land, these climate-related impacts are already affecting service delivery, underscoring the need to plan for resilient, culturally informed approaches that address broader social and environmental conditions alongside direct substance use care.

> *"A core Indigenous value is the belief in strengths over weaknesses and assets over deficits. This comes from Indigenous creation stories that teach about the 'inherent' gifts given to Indigenous peoples by the Creator, commonly known as 'kindness, caring, honesty and strength.' In a practical sense then, a strength-based approach facilitates shared learning and support between community services and across the social determinants of health sectors."*
>
> —First Nations Health Managers Association (2018)

Indigenous Structures	Western Structures
Medicine Man	Hospitals
Enforcers	Police
Gatherers	Welfare
Hunters	Bankers and Financiers
Headman	Chiefs and Council
Ceremonies	Churches
Protectors	Army
Elders	Schools
Tribal Law	Indian Act
Natural Law	Canadian Constitution
Extended Families	Social Services

Figure 5: A table that demonstrates Indigenous structures and Western structures (Assembly of First Nations, 2025)



Environmental Emergencies and Mental Wellness

Recognize normal reactions such as:

- grief and sadness
- uncertainty and helplessness
- excessive anxiety, irritability, and anger
- emotional numbness
- memory problems
- difficulty making decisions
- confusion, disorientation, or lack of focus and concentration
- remember that children react differently than adults

Reach out for help to Elders, or use your natural medicines such as tobacco for prayer, sweetgrass or sage for smudge, cedar and other medicines for tea. In some culture-based practices, preparation of a food offering to Creation that may also be affected, and a tobacco offering of cloth prints were tied to a tree. Always use as much of your original language for prayers as possible.

In environmental emergencies, be prepared and know the following:

- Find out where to access addictions medicine such as buprenorphine-naloxone, buprenorphine, methadone.
- Talk to your doctor about the potential effects to your health.
- Maintain a necessary supply of medications at home during wildfire season and work on a plan to ensure you can access medications to stabilize your health condition.
- Work with the community health centre to have your medication profile readily available.
- Know where to go for cleaner air spaces.
- Ensure you have a supply of KN95 or KN94 masks for any outdoor time.

Prepare your home and vehicle for wildfire smoke:

Seal	Seal windows and doors.
Replace or clean	Replace or clean air filters in your ventilation system.
Clean air filters	Consider purchasing a portable air cleaner (air purifier) that is appropriate for your main living space.
Air purifier	Have a supply of extra filters for your ventilation system and air purifier.
Carbon monoxide	Ensure your carbon monoxide alarms are working.
Car air filter	Change your vehicle's cabin air filter regularly.

Community Profile

The planning and development phase includes completing a community profile. A community profile is a comprehensive snapshot of a community that brings together information about its people, strengths, context, and systems to support planning, decision-making, and service development. Rather than focusing only on challenges, a community profile is strengths-based and community-led, reflecting local knowledge, lived experience, and priorities.

Through commitment and determination, First Nations have demonstrated the ability to continually respond to the impacts of colonization. Documenting unique strengths, challenges, histories, and priorities can help guide the development of the model of care for substance use. Gathering knowledge about community history, characteristics, and current capacity ensures the model of care contributes to the collective vision for community wellbeing.

In addition to providing basic information about the community, such as geographic location and contact information, a community profile supports the model of care in the following ways:

- **Culture-based strengths:** Identifying culture-based strengths, teachings, and healing practices ensures the model of care is rooted in community knowledge, values, and ways of healing. This supports culturally safe, spirit-centred approaches and strengthens identity, belonging, and connection.
- **Current context:** Understanding the community's social, economic, environmental, and systemic context, including impacts of colonization, climate change, and service access challenges, helps shape realistic and responsive care pathways.
- **Priorities:** Clearly articulated community priorities guide where to focus efforts first, ensuring the model of care reflects what matters most to the community rather than externally imposed agendas.
- **Populations:** Identifying who is most affected by substance use and who may face barriers to care helps tailor services for different age groups, families, and populations, promoting equity and inclusive access.
- **Infrastructure:** Assessing existing infrastructure, including facilities, transportation, technology, and workforce capacity, helps determine what services can be delivered locally and where additional supports or adaptations are needed.
- **Partnerships:** Mapping existing and potential partnerships clarifies how services can be coordinated across sectors and jurisdictions, supporting collaborative care, community case management, and smoother care pathways.

Phase 1: Gathering Knowledge - Summary of Recommendations

1. Understand First Nations governance structures	Understanding First Nations governance structures is essential to ensure the model of care is community-led, respects jurisdiction and decision-making authority, and aligns services with local priorities, responsibilities, and cultural protocols.
2. Identify or establish a community wellness committee	A First Nations community wellness committee is essential because it provides a locally governed, culture-based structure for guiding, coordinating, and sustaining substance use supports in a way that reflects community priorities and self-determination.
3. Literature review	A literature review helps First Nations communities gather oral and written knowledge from language speakers, sacred societies, Cultural Practitioners, published literature, local reports, archives, statistics, historical documents, strategic plans, and grey literature while honouring community knowledge. When combined with community engagement, these knowledges can support a deeper understanding of local needs and inform culturally grounded responses within the model of care.
4. Conduct community engagement	Conducting community engagement is important because it ensures the model of care for substance use is built from lived experience, local knowledge, and community priorities rather than assumptions. Using methods such as surveys, focus groups, interviews, and gatherings helps communities identify strengths, needs, barriers, and opportunities, and supports inclusive participation across diverse voices. Engagement also builds trust, strengthens relationships, and creates shared ownership of the model of care, which increases the likelihood that services will be meaningful and sustained.
5. Account for diverse populations	Accounting for diverse populations in a model of care for substance use is essential to ensure services are equitable, culturally safe, and responsive to the unique needs and experiences of different groups. This helps prevent gaps in care and supports stronger engagement, outcomes, and wellbeing across the community.
6. Understand and consider First Nations social determinants of health	Understanding and considering First Nations social determinants of health is essential because they shape the conditions that influence substance use, wellness, and access to care. By grounding the model of care in these determinants, communities can address root causes, promote equity, and design supports that reflect First Nations worldviews, rights, and realities.
7. Complete strengths-based community profile	Completing a strengths-based community profile is important because it ensures the model of care for substance use is grounded in the community's strengths, priorities, and realities rather than outside assumptions. It helps identify cultural assets, service gaps, and local needs, supporting a community-led model that is relevant, equitable, and sustainable. Use the template below to help you complete your community profile.

Community Profile Template

The *Braiding Our Strengths* Community Profile can be completed through engagement, which may include community gatherings, focus groups, surveys, and interviews. The community mental wellness committee can also gather and contribute knowledge to inform the profile.

Guiding Questions to Complete a *Braiding Our Strengths* Community Profile

Community name(s) and general description:

Geographic location: _____

What services are available within the community?
*Write out each of the services and the populations they serve.**

What services are available for specific populations?

** Include accessible virtual support, which may include chat lines and telehealth clinics.*

CULTURE-BASED STRENGTHS

1. ***What are the community's knowledge and teachings about a healthy individual, family, and community?***

2. ***What are the community stories that have been passed on through generations, and how does that knowledge inform how the community moves forward?***

3. ***What community traditions or gatherings help people feel supported, connected, and grounded?***

4. ***How do people in the community support one another through culture-based practices during times of hardship or healing?***

Current Context

1. ***What are the community's approaches to addressing substance use?***

2. ***What other community plans currently exist?*** *(emergency management plans, comprehensive community plan)*

3. ***What are the social determinants of health that affect individuals and families?***

4. ***Are there key issues or situations that have contributed to substance use within the community?***

(i.e., emergency evacuations, accidents, historical events)

Priorities

1. ***What data or evidence, including stories and experiences, do we have that can tell us more about the current issues?***

2. ***What changes would make the biggest difference in supporting wellness and reducing harm?***

3. ***What services should be available in the community that are not currently available?***

Populations

1. ***Who is most affected by substance use within the community and least supported by current services?***
   (e.g., youth, Elders, families, gender-diverse people, unhoused people)

2. ***Who faces barriers to care?***

3. ***Which special populations does the model of care for substance use need to further consider?***

Infrastructure

List existing infrastructure, including the following:

1. ***Facilities***

2. ***Transportation***

3. ***Workforce capacity***

4. ***Community buildings***

5. ***Health emergency / crisis preparedness***

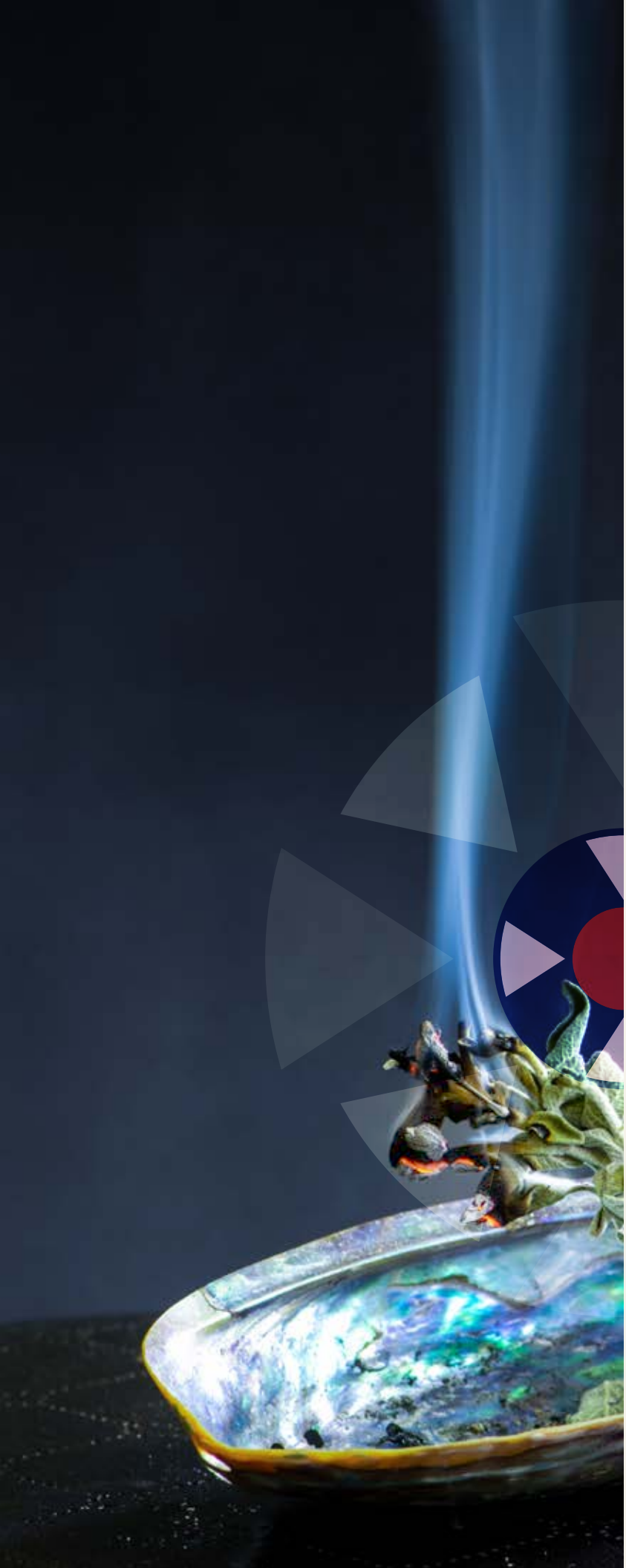
6. ***Digital access*** *(internet, mobility, and radio stations)*

Partnerships

1. ***What are the existing partnerships that support mental wellness and address substance use? What partnerships could be developed?***

2. ***How are services currently coordinated across departments and organizations on- and off-reserve?***

3. ***What are the second-level service providers that can support planning, training, collaboration, and service coordination?***
   (regional organizations, provincial/territorial organizations)



PHASE II

Identify Priorities

This section invites you to think through how to address service area priorities as you implement your model of care. Working through this section with your established wellness committee, First Nations leadership, partners, and through community engagement will bring clarity to the implementation stage.

After each definition, there are four questions which, when answered, will guide the creation of your community's specific care pathway(s) and priority plans for substance use.

Land-Based Programming and Resources

What Is Land-based Programming?

Healing is deeply connected to the land. It is where culture lives, where identity is restored, and where spiritual balance can be renewed. The ways of living life in relationship with the land through seasonal, culture-based practices based on generational knowledge, teaching, learning, and caring for one another are the basis of land-based programs. Land-based programming supports recovery by helping people reconnect with who they are and where they come from. It includes time spent on the land with Elders, Knowledge Keepers, and community members. It may involve culture-based teachings, traditional medicine gathering, seasonal ceremonies, food harvesting, crafting, storytelling, and other activities that share Indigenous Knowledge and values.

Being on the land helps individuals feel grounded, supported, and seen. It brings a sense of peace, purpose, and belonging—key elements in healing from substance use and trauma. For youth, land-based programs are often more effective than clinical-only treatment, offering a gentle, culturally safe space to process pain and build resilience.

Elders play a central role, guiding the healing process through teachings that reflect the seasons and community values. Youth can be involved through hands-on learning, ceremony, and land-based mentorship. Medicine walks, food teachings, and culture-based practices like sweat lodge or drumming can be part of regular programming. In urban areas, communities can define meaningful spaces for connection and healing, even outside of traditional territories.

Land-based programs can blend culture-based approaches with clinical support when needed, responding to the needs of individuals, families, and the community. Adequate and flexible funding for Elders, culture-based workers, and supplies is essential for sustainable land-based programming. Land safety knowledge, such as how to prepare for time on the land, should also be passed down as part of the healing journey.

1. ***What land-based programming and resources exist in our community?*** *(e.g., seasonal culture camps, hide-tanning workshops, group berry picking)*
2. ***Are there any gaps?*** *(e.g., need to advertise land-based events, activities not planned to include various age groups, budget restrictions)*
3. ***What is the priority to resolve the gap(s)?*** *(i.e., as a community, which gap do we need/want to address first?)*
4. ***Who can lead to fill the gap(s)?*** *(e.g., Elders or Cultural Practitioners, school staff, youth programs, community NNADAP/NYSAP workers)*

Land for Healing: Developing a First Nations Land-based Service Delivery Model (Thunderbird, 2015b) provides information for First Nations on how to develop land-based programs and services.

The central principle of land-based programs is the recognition that Creation is a healer and a teacher. These programs can be situated anywhere along the continuum of care from prevention to active treatment and rehabilitation.

Withdrawal Management

Withdrawal management includes programs, services, medication, counselling and treatment to support individuals to safely withdraw from substances. Withdrawal management (sometimes called detoxification or "detox") is also known as the process of safely supporting a person through the physical and psychological effects of stopping or reducing substance use. Substances like alcohol, opioids, benzodiazepines, or stimulants can cause uncomfortable and sometimes dangerous withdrawal symptoms, so professional support is often required. The goals of withdrawal management are to:

- ensure safety by monitoring and treating potentially severe symptoms
- reduce discomfort through supportive care, counselling, and, in some cases, medication
- prepare individuals for ongoing treatment or recovery supports after withdrawal

Withdrawal management is not treatment for a substance use disorder on its own; it is typically the first step in a continuum of care, helping people stabilize so they can engage in longer-term healing and recovery programs.

Withdrawal management should be rooted in compassion, respect, and relational connection, aligned with First Nations values and healing practices.

What Is RAAM?

Rapid Access to Addiction Medicine (RAAM) is a model that connects individuals to addiction services and treatment without excessive barriers. RAAM approaches provide individuals with a confidential, safe and non-judgmental space where people receive immediate and rapid access to specialized addiction services in a healing environment. RAAM provides quick access to assessments, counselling, and prescriptions.

In many First Nations communities, RAAM services are offered through virtual care, telemedicine, or visiting health providers. Some communities have local hubs, so people can access support without leaving their community. The goal of this model of care is for each community to have its own local hub that can offer these kinds of services as needed. These services can be an important first step toward safety and wellness and are part of a broader care path that works around common barriers.

RAAM can help with:

- shortening wait times
- overcoming transportation barriers
- offering extended hours of operation
- addressing staff shortages
- providing culturally relevant access to addiction medicine

Virtual RAAM

Virtual RAAM connects people to addiction care without unnecessary barriers. These services are available in many provinces across Canada. In B.C., for example, the First Nations Health Authority offers virtual access through the *Doctor of the Day*, which also supports people using methamphetamine. In Alberta, the Alberta Indigenous Virtual Care Clinic (AIVCC) collaborates closely with other care providers to ensure Indigenous patients in Alberta are receiving care in a timely, culturally sensitive, medically appropriate manner. AIVCC may prescribe Suboxone, Kadian, and methadone to treat opiate addiction (Alberta Indigenous Virtual Care Clinic, 2026).

Withdrawal Symptoms

Withdrawal symptoms can begin within 24 hours and often peak within the first 7 to 14 days, but some individuals experience lingering effects including depression, fatigue, and anxiety for months or even over a year. Long-term support is critical.

1. ***What withdrawal management service(s) exist in our community or region?*** *(e.g., detox services, existing RAAM centre, virtual or mobile RAAM)*
2. ***Are there any gaps?*** *(e.g., medications not available in community, barriers to access such as frequency of medication prescriber visits to community, RAAM services not available in our community, no/limited service hours, transportation barriers during times of states of emergency or community crisis and evacuations)*
3. ***What is the priority to resolve the gap(s)?*** *(e.g., more withdrawal management services in community: look into setting up virtual RAAM)*
4. ***Who can lead to fill the gap(s)?*** *(e.g., community health nurse, counselling services, community mental wellness teams, NNADAP/NYSAP workers)*

Which Medicines Will Support My Recovery from Opioid Addiction? Thunderbird Partnership Foundation (2025) offers information about cultural practices and pharmaceutical medications that can support transition from opioid dependency.

Visit the Thunderbird Library page at *thunderbirdpf.org* to download the resource or request mailed print copies.

Managed Alcohol Programs (MAPS)

Home/Mobile withdrawal management services involve voluntary withdrawal management with support provided in an individual's home or other safe accommodation via on-site visits or web-based support. It may also include visits to a central location (e.g., community addictions program, or a "safe home" in the community) during the day and then returning home at night. This service may involve a medical assessment by a physician or nurse practitioner, and regular monitoring by a physician, nursing, and/or other healthcare worker during the withdrawal process to provide medical management and support. Before an individual is "discharged," case workers collaboratively provide support to the individual and/or those assisting the individual, to connect to post-withdrawal management services (e.g., treatment, housing, and other supports).

Managed alcohol programs (MAPs) involve trauma-informed, evidence-based harm reduction intervention that incorporates managed provision of alcohol as a key component. This integrated program includes a range of vital healthcare and psychosocial services—such as housing, nutritional and financial support, access to medical care, and counselling—in order to ensure that safe and regulated access to alcohol does not preclude access to basic resources.

Managed alcohol programs are intervention within the continuum of care for individuals with severe alcohol use disorder (AUD) for whom other treatments are not an effective option, particularly those who face additional barriers to basic care and psychosocial supports due to poverty and homelessness.

MAPs provide alcohol and support for those with severe AUD to reduce their consumption, prevent deadly symptoms of withdrawal, and provide an alternative to non-beverage alcohol consumption. They are designed to support participants as they stabilize, helping them feel safe without judgement. This is a strengths-based approach designed to provide opportunities for choice and collaboration.

Settings:

- Permanent and transitional supportive housing facilities
- Other community-based settings include shelters, drop-in centres, and community outreach programs (outreach programs offer alcohol delivery as well as drop-in alcohol dispensation)

Mobile Overdose Prevention Programs

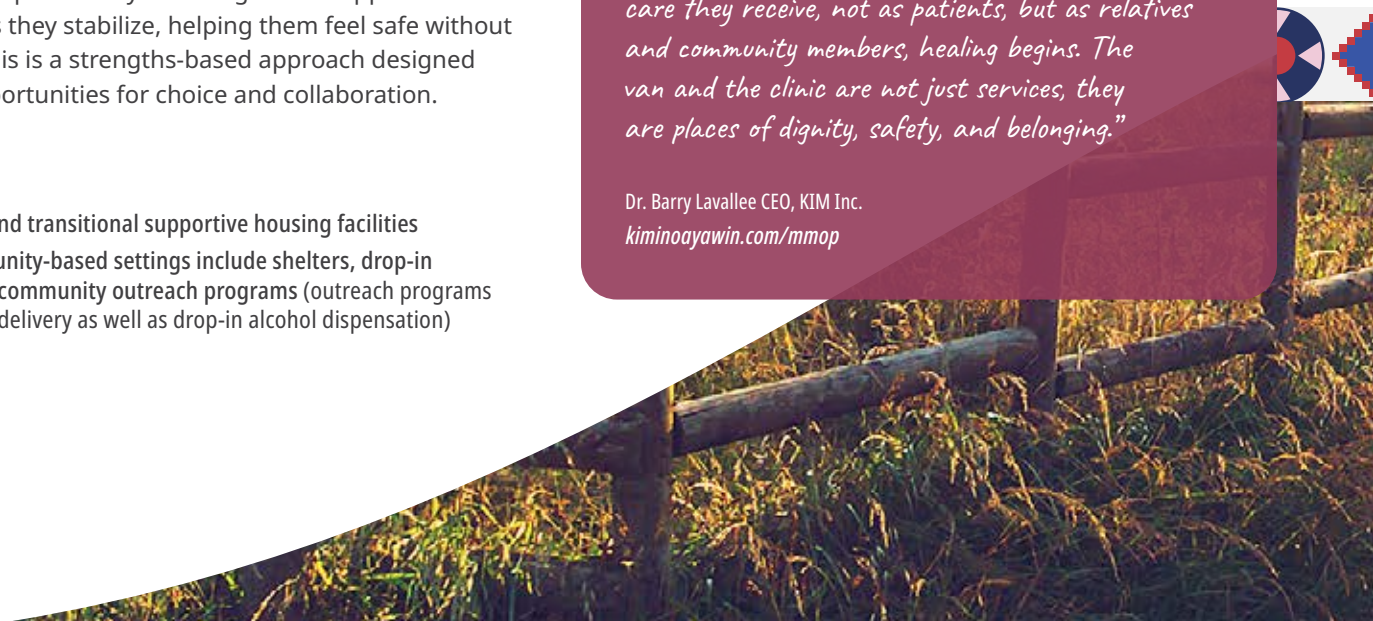
Mobile harm reduction outreach can provide culturally appropriate, compassionate support directly to those most affected, particularly people living in homeless encampments and others facing barriers to accessing services. Services provided can vary among the following:

- **Harm reduction materials:** providing essentials like water, toiletries, other everyday basics, and other harm reduction initiatives
- **Naloxone distribution:** offering lifesaving naloxone kits to reverse opioid overdose
- **Referral services:** connecting individuals with the necessary resources, specialists, and additional support services to ensure comprehensive care
- **Everyday health support:** delivering basic health assessments, treatments, and referrals
- **Social work and support:** connecting individuals to additional social and health services
- A cup of coffee or water or snack

On April 28, 2025, Nisgaa Valley Health Centre in Northern British Columbia received funding from Health Canada to begin the Nisga'a Mobile Outreach Van. This program is a "low-barrier outreach program to provide urgent health supports to vulnerable Indigenous populations." The goal is to "reduce toxic drug poisoning deaths and improve health by offering safe and accessible care where people are." The van tours to local Indigenous communities in Northern B.C. *https://nisgaahealth.bc.ca/outreach-mobile-van-blessing-notice-for-may-1st-2025*

"MMOP represents health care as it should be: accessible, respectful, and rooted in relationships. When our people see themselves reflected in the care they receive, not as patients, but as relatives and community members, healing begins. The van and the clinic are not just services, they are places of dignity, safety, and belonging."

Dr. Barry Lavallee CEO, KIM Inc.
kiminoayawin.com/mmop



Minoayawin Mobile Outreach Program: meeting people where they're at

The Minoayawin Mobile Outreach Program (MMOP) is a result of a partnership between the Indigenous health organization Keewatinohk Inniniw Minoayawin Inc. (KIM) and the province of Manitoba, and began delivering harm reduction and medical services to the unhoused community in Thompson (CBC, 2024).

The MMOP brings care directly to the relatives in Thompson, removing barriers, building trust, and offering what the team calls "a simple but powerful service: a listening ear."

Three times a week, a team also provides some clinical services at the Wellbriety Centre, located at 504 Princeton Drive in Thompson. There are plans to expand clinical services with one additional evening clinic.

Services:

- Relationship-based care
- Opioid agonist therapy (OAT)
- One-on-one counselling rooms and group space
- Hygiene supplies and everyday essentials
- Focused health days (such as STBBI testing or Women's Health Days, launching soon)
- Collaborates with Sakihiwewin client advocate program

Treatment

Treatment for alcohol use is facilitated in a continuum at community level through NNADAP and primary care referrals. There are a variety of First Nation treatment programs for adults and youth that offer various elements, programs, residential or virtual services. First Nation treatment programs incorporate culture-based, trauma informed, wholistic approaches to support healing, recovery and wellness.

"Harm reduction recognizes the sacredness of life and focuses on building relationships grounded in compassion and respect... It ensures that people who use substances are treated with dignity and have access to culturally relevant, life-saving care."

Thunderbird Partnership Foundation, Culture as Foundation for First Nations Mental Wellness (2021)

Harm Reduction

What Is Harm Reduction?

Harm reduction focuses on preventing the harms associated with substance use. It is a non-judgmental approach that builds trust and relationships to support individuals in meeting their goals, which may include abstinence.

Indigenous values and ways of knowing and doing guide us to care for each other with kindness, compassion, and acceptance, ensuring protection of the sacred breath of life and that people who use substances, and their loved ones, can continue to live.

Many First Nations people find resiliency for their wellness grounded in culture, language, ceremony, and Indigenous Knowledge, supported by nurturing relationships with land, family, Elders, Knowledge Keepers, and community.

Harm Reduction Strategies

Harm reduction is a wholistic approach that extends beyond pharmaceutical and clinical interventions to include culture-based, relational, and basic-need supports that reduce harm and promote safety and wellbeing.

Culture-based and land-based practices, Elders' support, peer and family involvement, and opportunities for ceremony, food sharing, and culture-based gathering all function as harm reduction by reducing isolation, strengthening identity, and supporting balance. Access to essential resources, such as shelter, food, clothing, transportation, and income supports, are also core harm reduction strategies, as they address immediate survival needs that can increase risk. Education on overdose prevention, recognition, and response further supports safety and informed decision-making. The rising presence of meth-opioid combinations means naloxone and overdose education remain essential harm reduction tools. Along with strategies such as naloxone distribution, clean-use supplies, safer supply, and drug checking, harm reduction includes creating culturally safe spaces, strengthening social connection, and supporting dignity and belonging.

The emergence of an increasingly toxic and unregulated drug supply has created serious challenges for community wellbeing and safety, including heightened risk of overdose, fatal outcomes, and behaviours that can be alarming and difficult to manage. To address these concerns, a model of care for substance use must mitigate safety matters through coordinated efforts across sectors. Community harm reduction plans should have input and support from primary care, police (where appropriate and trauma-informed), child and family services, schools, income supports, justice, people who are impacted by and healing from the harms of substance use, Elders, and Knowledge Keepers.

Food security and food sovereignty are particularly important harm reduction measures. Initiatives such as food drives, community gardens, and hamper distribution support regular access to nutritious food for individuals and families experiencing food insecurity, helping to reduce risky substance use driven by hunger, stress, or survival needs. When health and wellness spaces are safe and welcoming, food can serve as an entry point to care and strengthen engagement with services. In Indigenous contexts, food also facilitates powerful culture-based connection, as it is not only nourishment but a way of relating to land, family, community, and culture.

Community harm reduction strategies should include practical approaches that address immediate concerns related to violence and public safety and health risks. Examples:

- Hosting gatherings to reduce isolation and build community connection
- Food security and food sovereignty initiatives
- Access to life-preserving medication
- Trauma-informed training for the workforce, including de-escalation and mental health first aid
- Enhanced service agreements with emergency services
- Access to ceremony and culture

An overall principle for harm reduction is to meet people where they are and approach participants in ways that are non-stigmatizing, non-judgmental, trauma-informed, and rooted in community strengths.

1. ***What harm reduction services and supports exist in our community?***
   (e.g., naloxone kits and education, connection to culture, seasonal culture-based events, food security initiatives)
2. ***Are there any gaps?***
   (e.g., naloxone supply, overdose education, training needs)
3. ***What is the priority to resolve the gap(s)?***
   (i.e., as a community, which gap do we need/want to address first?)
4. ***Who can lead to fill the gap(s)?***
   (e.g., outreach staff, community health nurse, NNADAP/NYSAP workers)

The Sacred Breath of Life campaign was developed by Thunderbird Partnership Foundation to create awareness, understanding, and engagement among First Nations leaders and community members (including affected individuals and families), of the positive outcomes of harm reduction.

Together we can work to protect the sacred breath of life and create safer communities, for all.

Visit thunderbirdpf.org/harm-reduction-resources for more harm reduction resources including posters, videos, and tools that can assist you in protecting the sacred breath of life.

Social Programming

What Is Social Programming?

Social programming aims to enhance the wellbeing of individuals, families, and communities by offering a broad range of services and supports related to the social determinants. These include universal programs, such as prevention and health promotion, as well as targeted interventions for those needing additional support in specific areas like justice, child welfare, housing, food security, education, employment, and social assistance. These programs provide essential resources and services that play a vital role in supporting people along their healing journeys.

Examples of social programming in First Nations communities can include:

- assisted living, supporting housing with wraparound services and/or housing assistance
- First Nations child and family services
- Jordan's Principle
- Safe Communities Initiatives
- Family violence prevention
- Income support
- Skills and employment training

Continuing care is part of an overall continuum of services and is intended to help people and their families at each stage along their healing journeys (Thunderbird, 2026). Partnerships among communities, treatment centres, and a wide range of health, justice, and social service workers are required to collaborate on the development of a strategy to support a continuing care model at the community level. Social programming, including continuing care supports, helps people maintain a positive connected community life.

1. ***What social programming and resources exist in our community?***
   (e.g., social assistance, food security, youth groups)
2. ***Are there any gaps?***
   (e.g., workforce fatigue, coordination with training and education programs, transportation barriers, cultural competency, a need to coordinate services across multiple departments and jurisdictions, aftercare supports)
3. ***What is the priority to resolve the gap(s)?***
   (i.e., as a community, which gap do we need/want to address first?)
4. ***Who can lead to fill the gap(s)?***
   (e.g., family services, justice-related services, wellness staff)

Family-based Supports

What Are Family-based Supports?

Families and communities are powerful sources of strength and resilience in an individual's or family's healing journey. The support of family, friends, peers, community members, and Elders enhances wellness and is most effective when recognized and integrated into formal treatment and care planning (Thunderbird, 2025). Providing supports and programs for families is essential, as it strengthens their capacity to care for one another, reduces isolation, and ensures that the healing process is supported at every level. Supported families are better equipped to foster long-term recovery, stability, and connection.

Colonization disrupted First Nations' family structures, but reconnecting with family and community can play a powerful role in long-term healing (Thunderbird, 2025). Parenting programs and other supports for families could help to address the need for wholistic healing that would include child and parent wellbeing through the provision of family healing programs and culture-based parenting programs for families and extended family members. Involving loved ones reflects Indigenous Knowledge that values safety, stability, and extended kinship as part of the healing process.

The Shibogama Traditional Land-Based Family Healing Program is an example of a family-based support program that delivers content and activities by experienced Elders to build life skills and strengthen intergenerational connection (Thunderbird, 2018a).

1. ***What family-based supports exist in our community?***
   (e.g., service navigators for families, family culture camps, traditional parenting classes)
2. ***Are there any gaps?***
   (e.g., workforce training needed to support intergenerational healing, services inaccessible to families with young children)
3. ***What is the priority to resolve the gap(s)?***
   (i.e., as a community, which gap do we need/want to address first?)
4. ***Who can lead to fill the gap(s)?***
   (e.g., family services, maternal health staff)

Primary Health Care (Western-based)

What Is Primary Health Care?

Primary health care is a comprehensive approach to health that enables health systems to support a person's health needs, encompassing health promotion, disease prevention, treatment, rehabilitation, palliative care, and more (World Health Organization, 2026). This is especially important for individuals who use substances to receive treatment and care for the effects on health. According to *Honouring Our Strengths* (2026), developing models of care that integrate primary health services with specialized supports within communities may improve access to assessment, referral, and ongoing care, in the community. Primary care staff can include but is not limited to doctors, nurses, nutritionists, health centre staff, Community Health Representatives, and maternal health workers.

Primary health care supports many other service areas, including harm reduction, case management, assessment, outreach, and withdrawal management. It may be linked to virtual care to facilitate medication-based treatment alongside culture-based healing and supports. Screening is a function of primary health care, which is the process for determining:

- the possible presence of a substance use challenge
- the level of risk to an individual, family, or community
- whether or not a more comprehensive assessment is required

Primary health care may include medically supervised withdrawal management and stabilization. It can also include medical treatment plans that incorporate opioid agonist therapy (OAT) with prescribed medications such as Suboxone, Sublocade, methadone, or slow-release morphine.

While there is no approved medication specifically for methamphetamine use, some treatments can help manage withdrawal and support recovery. As a result, the only proven approach during methamphetamine withdrawal is supportive care, particularly pain and symptom management. This includes monitoring for emotional distress, physical discomfort, and sleep disruption, and responding with calm, non-judgmental, trauma-informed care.

Primary health care can facilitate access to medical cannabis or care for opioid use and for people using more than one substance. This can help to reduce pain, ease withdrawal symptoms, and lower the chance of relapse. Cannabis might also be helpful during opioid detox before starting standard treatments.

1. ***What primary health care / Western medicine supports and resources exist in our community?***
   (e.g., visiting physicians, mental wellness teams, nurses, crisis support, telehealth services)
2. ***Are there any gaps?***
   (e.g., wait times to access prescription medications, staff shortages, cultural safety concerns, missing medical services)
3. ***What is the priority to resolve the gap(s)?***
   (i.e., as a community, which gap do we need/want to address first?)
4. ***Who can lead to fill the gap(s)?***
   (e.g., local leadership, program managers, regional partners, or trusted organizations)

Counselling and Mental Health Supports

Substance use is often a way of coping with trauma and stress, therefore accessible and culturally relevant counselling and mental health supports are integral to the model of care for substance use. Individuals on their recovery journey benefit from a variety of counselling and mental health supports that can be tailored to fit community needs and culture-based approaches. Often, combining different therapies creates the most effective path forward. Below are some key approaches:

- **Peer support and counselling:** Connecting with someone who has lived experience fosters trust, reduces stigma, and strengthens recovery. Peer-led programs delivered through support groups and/or circles often complement other therapies.
- **Contingency management:** This method uses rewards or incentives to encourage positive behaviours, such as staying substance-free or attending appointments.
- **Cognitive behavioural therapy (CBT):** CBT helps people understand the links between thoughts, feelings, and actions, providing practical tools to build coping skills and reduce cravings. Cognitive behavioural therapy through an Indigenous lens and offered by an Indigenous therapist and/or with trauma-informed, culturally safe practitioners promotes integration with other culture-based practices and/or other practices, to support positive outcomes for individuals.
- **Motivational interviewing:** A supportive, non-judgmental talk therapy that helps individuals explore their own reasons for change and boosts motivation.

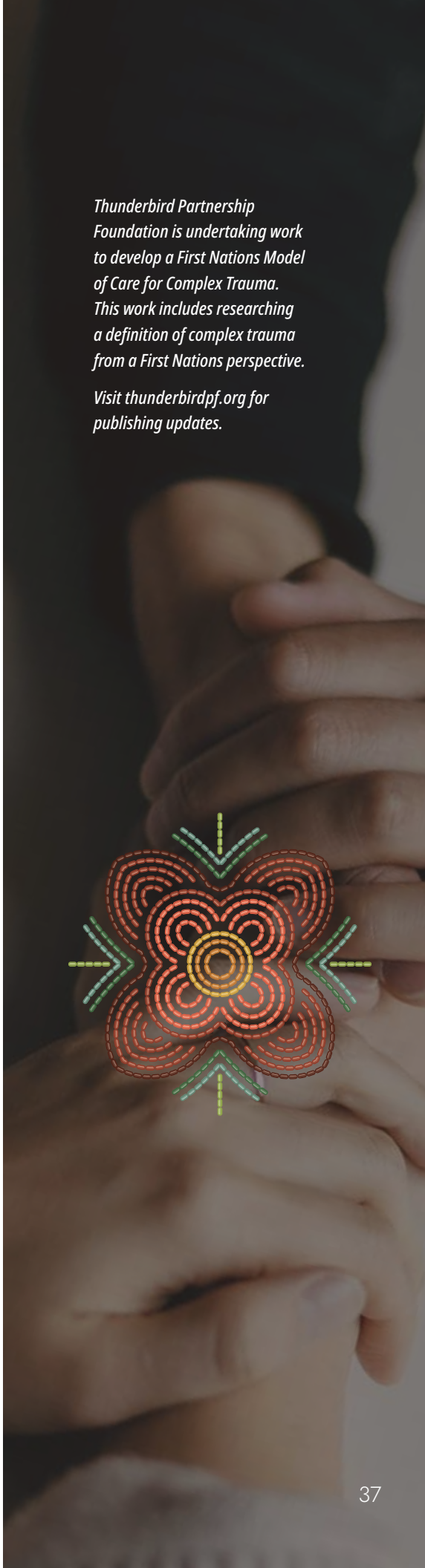
Beyond these, other therapies, such as drug counselling and education, mindfulness, acceptance and commitment therapy, neurofeedback, and structured programs like the Matrix Model, can also support recovery. When delivered in culturally safe, strengths-based settings, these approaches are most effective and adaptable to individual and community needs.

Effective responses to trauma for First Nations require services that are grounded in culture, community strengths, and self-determination. Mental health and wellness services must be safe, accessible, and flexible, recognizing the impacts of historical, intergenerational, and ongoing trauma while supporting healing across emotional, mental, physical, and spiritual dimensions.

1. ***What counselling and mental health supports exist in our community?***
   (e.g., psychologist, social worker, mental health counsellor, addictions worker)
2. ***Are there any gaps?***
   (e.g., cultural competency training for service providers, high levels of stigma about accessing mental health support, lack of services available in our community's language)
3. ***What is the priority to resolve the gap(s)?***
   (i.e., as a community, which gap do we need/want to address first?)
4. ***Who can lead to fill the gap(s)?***
   (e.g., mental wellness team, health director)

Thunderbird Partnership Foundation is undertaking work to develop a First Nations Model of Care for Complex Trauma. This work includes researching a definition of complex trauma from a First Nations perspective.

Visit thunderbirdpf.org for publishing updates.



Culture-based Counselling and Practices

What Is Culture-based Counselling? What Are Culture-based Practices?

Culture-based counselling is a spirit-centred approach that is rooted in Indigenous values, worldviews, practices, and perspectives. Culture-based practices promote wholistic wellness, attending to all aspects of a person's being: mental, physical, emotional, and spiritual.

While First Nations communities have diverse culture-based and healing traditions, Indigenous practices and protocols share the importance of preserving culture-based integrity and supporting individual identity and meaning. To understand their role in healing from addiction, it is essential to recognize how these practices were systematically repressed through colonization. This repression disrupted culture-based meaning and connection for many First Nations people, contributing to intergenerational pain. In response to this unresolved trauma, some individuals have turned to alcohol and substance use as a form of survival.

These practices are grounded in place-based cultures shaped by specific languages, tribes, clans, spiritual beliefs, and geographic locations and are uniquely integrated into broader healing strategies that reflect the distinct identity of each community.

The community-based substance use and wellness workforce plays an essential role in utilizing culture-based practices with a wholistic approach in supporting First Nations communities. First Nations mental wellness core competencies that support the community wellness workforce are beyond the service delivery scope of present funding models. For the wellness workforce to adequately respond to the toxic drug crisis, a broader level of competencies is required to ensure that community members are protected and supported.

This would include supporting and building capacity through equitable funding and wages to retain a highly skilled and qualified workforce for the implementation of the model of care. There are five critical areas of proposed competencies to build the capacity of the Indigenous Mental Wellness Workforce in the following areas: culture, trauma, harm reduction, substance use and mental health, service components and populations.

What Are Common Culture-based Interventions?

Culture-based interventions are facilitated by individuals, such as Elders and Knowledge Keepers, who have sanctioning of their skills and knowledge in culture and for specific practices. (Thunderbird, 2020b). It is important to know that there is not *one* First Nations culture because culture is defined by the land, language, and Nation of a people. There are, however, commonalities shared by many First Nations, including use of language, storytelling, use of natural foods and medicines, and land-based activities. Common culture-based interventions include:

- cleansing / sweat lodge ceremony, prayer, singing
- traditional teachings/education
- fasting ceremony, naming ceremony
- feast for our ancestors / loved ones who have gone on
- medicine people / traditional practitioners
- social and culture-based activities, language
- ceremonial practice (unspecified)
- Creation story, talking circle
- dancing, storytelling, use of natural foods/medicines
- land-based activity
- give-away dances/ceremony
- hunting/fishing/hide-making
- dream interpretation
- use of culture-based instruments
- Elders

Consider these common culture-based interventions as you answer the following questions:

1. ***What culture-based counselling and supports exist in our community?***
   (i.e., Who in our community is recognized to share culture-based teachings, Indigenous Knowledge?)
2. ***Are there any gaps?***
   (e.g., lack of honorarium policies, need to strengthen mentorship systems for culture-based helpers, lack of funding to sustainably support culture-based activities)
3. ***What is the priority to resolve the gap(s)?***
   (i.e., as a community, which gap do we need/want to address first?)
4. ***Who can lead to fill the gap(s)?***
   (e.g., local or visiting Elders, Knowledge Keepers)

Referral to Other Resources

(e.g., Training, Mentorship)

What Training Opportunities Are Available? What Is the System for Mentorship?

Lifelong wellness and healing from the harms of colonization expressed through substance use requires ongoing access to opportunities that build confidence and strengthen connections to community. Participation in ceremonies, powwows, round dances, drum groups, and other culture-based practices offer mentorship and guidance that reinforce culture-based identity and personal resilience. These activities also help individuals and families reclaim pride in First Nations identity and lived experiences. Employment and skills training provide pathways to meaningful work and financial stability, which can help to build a strong vision for the future. Such resources form a foundation for sustained wellness, encouraging individuals to continue on their path while contributing to the health and strength of their families and communities. Generating referrals to skill development resources, such as culture-based mentors and training programs, ensures individuals and families can access the opportunities they need for achieving self-determined goals.

Examples of resources to support long-term wellness:

- Peer support
- Aunty network
- Language classes
- Oskapew (Elder apprentice) training
- Employment readiness training
- Life skills workshops
- Work placements
- Indigenous crafting circles, such as weekly bead groups

1. ***What training and mentorship opportunities exist in our community?***
   (e.g., crafting circles, resumé writing workshops, work placements, Elders willing to teach and share)
2. ***Are there any gaps?***
   (e.g., need to create community list of culture-based mentors, training opportunities not offered in the community)
3. ***What is the priority to resolve the gap(s)?***
   (i.e., as a community, which gap do we need/want to address first?)
4. ***Who can lead to fill the gap(s)?***
   (e.g., treatment centre staff, wellness teams, culture-based practitioners, outreach staff, aunty networks)

Crisis Response

The substance use landscape has shifted dramatically, the toxic drug crisis, characterized by unregulated fentanyl, fentanyl analogues, benzodiazepines, xylazine, and other contaminants, has resulted in disproportionate overdose and death among First Nations (Thunderbird, 2022).

Polysubstance use, particularly the combination of methamphetamine and opioids, has intensified harms and increased the risk of psychosis, violence, and community safety concerns (Cui et al., 2023).

The severity of the crisis is reflected by numerous communities declaring public health emergencies in response to the number of opioid-related overdoses and deaths among their community members (Assembly of First Nations, 2019; Thunderbird, 2022).

Faced with ongoing crisis response, treatment demands, and other urgent responsibilities, workers are frequently pulled away from these prevention efforts. Without a full continuum of substance use care accessible in the community mental wellness and substance use challenges will continue to plague communities.

The ability to respond effectively to crises is dependent on effective crisis planning and timely access to necessary resources, supports, harm reduction, and services that support stabilization and recovery. At the community level, this may involve access to external supports to help communities respond to the immediate needs of individual clients and families beyond what the existing community workforce can provide.

It may also mean defining a plan to address the underlying causes of the crisis and to facilitate ongoing care and support. At the individual and family levels, crisis response requires access to community-based and external supports to respond to urgent needs, assist with stabilization, recovery, and where needed, transition clients to other services or culture-based continuing aftercare. A crucial component of crisis response is coordinated and timely follow-up and debriefing at both the individual and community levels. Some communities have crisis intervention teams or access to local area crisis response teams and others have first responders or emergency responders with crisis intervention capacity. If your community identifies pathways during crisis that need to be strengthened, consider developing a plan specifically for crisis response following the Community Crisis Planning for Prevention, Response, and Recovery First Nations Service Delivery Model (Thunderbird, 2018b).

This resource is intended to support First Nations communities in their crisis planning, prevention, response, and recovery. Communities can use the service delivery model as a reference document to support their own process of planning and development; it is not intended to be adopted as written. First Nations communities may have their own unique definition of crisis and capacity to plan, prevent, respond to, or recover from incidents or events. The intention reflected in the community crisis planning service delivery model is for the unique characteristics and priorities of each community to be respected.

1. ***Does the community have a community crisis response plan?***
2. ***Are there any gaps?***
   (e.g., response to drug overdose, substance-induced psychosis, death by suicide, service coordination at times of crisis / community evacuations, intimate partner violence, human trafficking)
3. ***What is the priority to resolve the gap(s)?***
   (e.g., land-based healing and wellness activities to support recovery and create connections to strengthen resiliency as an individual, family, and community)
4. ***Who can lead to fill the gap(s)?***
   (e.g., EMS, police, mental wellness teams; and who are the partners you will work with to collectively respond to the gaps?)

24-Hour Crisis Line or Chat

What Is a 24-hour Crisis Line?

Twenty-four-hour crisis lines and chats are mental health and wellness supports that are available 24 hours a day, 7 days a week. People may call or text to talk about a range of issues, including mental health concerns and issues related to substance use. Empathetic listeners trained in crisis intervention answer the calls and respond to concerns with compassion, supportive coping strategies, and knowledge of resources. Some crisis lines, such as the national Hope for Wellness Helpline, offer telephone and online chat counselling services in Indigenous languages (Hope for Wellness Helpline, 2025).

The value of a crisis line or chat line:

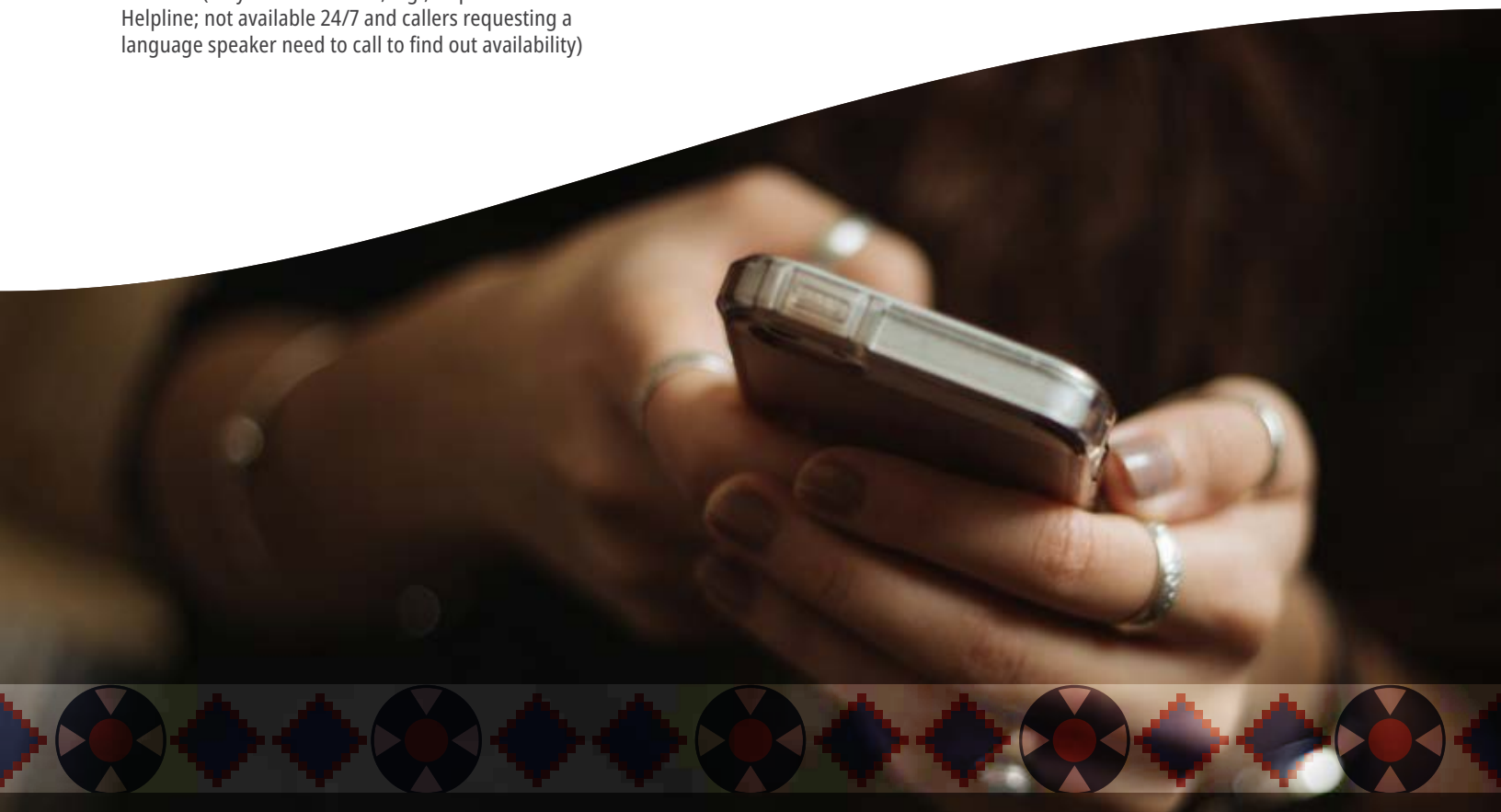
- Instant/immediate help during a crisis
- Trained responders who can help manage a substance use emergency over the phone
- Ability to connect caller to emergency medical response (911)
- Emotional support
- Guidance and referral to other services
- Resource referrals
- Service in Cree, Ojibway (Anishinaabemowin), and Inuktitut (only some locations, e.g., Hope for Wellness Helpline; not available 24/7 and callers requesting a language speaker need to call to find out availability)

Some examples of crisis lines include:

- **Hope for Wellness:** 1-855-242-3310
- The **National Indian Residential Schools Crisis Line** is available to former students of residential schools and their family members 24/7 at 1-866-925-4419
- The **Missing and Murdered Indigenous Women and Girls Crisis Line** is available 24/7 at 1-844-413-6649
- 9-8-8: **Suicide Crisis Helpline**

Crisis lines and chats can be part of a larger community crisis planning model.

1. ***What 24-hour crisis lines exist in our community?*** *(i.e., In addition to the national crisis lines, does the community have access to a regional or community-based crisis line such as* ***Circle of Care: KUU-US First Nations and Aboriginal Crisis Line Support*** *available 24 hours (1-800-588-8717), which is supported by First Nations Health Authority in British Columbia?)*
2. ***Are there any gaps?***
   (e.g., child and youth, 2SLGBTQQIA+ or other population-specific crisis line)
3. ***What is the priority to resolve the gap(s)?***
   (i.e., as a community, which gap do we need/want to address first?)
4. ***Who can lead to fill the gap(s)?***
   (e.g., community leadership, mental wellness team, counselling services)



Priority Service Areas Worksheet

Gather learnings from Phase I and II to help you answer the following questions.

Land-based programming and resources

1. *What land-based programming and resources exist in our community?*
2. *Are there any gaps?*
3. *What is the priority to resolve the gap(s)?*
4. *Who can lead to fill the gap(s)?*

Withdrawal management

1. *What withdrawal management service(s) exist in our community or region?*
2. *Are there any gaps?*
3. *What is the priority to resolve the gap(s)?*
4. *Who can lead to fill the gap(s)?*

Harm reduction

1. *What harm reduction services and supports exist in our community?*
2. *Are there any gaps?*
3. *What is the priority to resolve the gap(s)?*
4. *Who can lead to fill the gap(s)?*

Social programming

1. *What social programming and resources exist in our community?*
2. *Are there any gaps?*
3. *What is the priority to resolve the gap(s)?*
4. *Who can lead to fill the gap(s)?*

Family-based supports

1. *What family-based supports exist in our community?*
2. *Are there any gaps?*
3. *What is the priority to resolve the gap(s)?*
4. *Who can lead to fill the gap(s)?*

Primary health care

1. *What primary health care / Western medicine supports and resources exist in our community?*
2. *Are there any gaps?*
3. *What is the priority to resolve the gap(s)?*
4. *Who can lead to fill the gap(s)?*

Counselling and mental health supports

1. *What counselling and mental health supports exist in our community?*
2. *Are there any gaps?*
3. *What is the priority to resolve the gap(s)?*
4. *Who can lead to fill the gap(s)?*

Culture-based counselling and practices

1. *What culture-based counselling and supports exist in our community?*
2. *Are there any gaps?*
3. *What is the priority to resolve the gap(s)?*
4. *Who can lead to fill the gap(s)?*

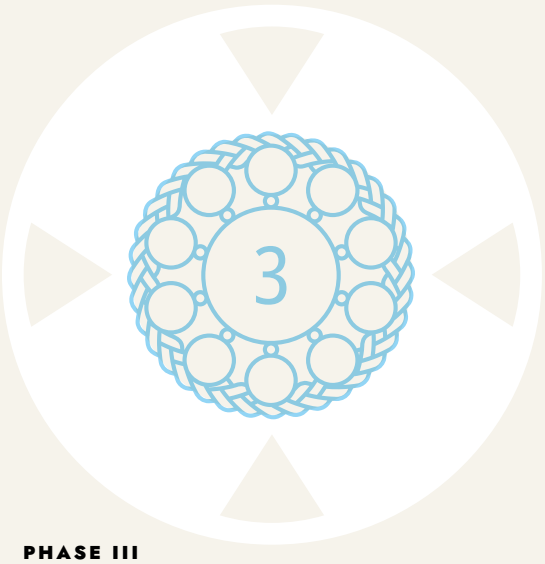
Referrals to other resources

1. *What training, mentorship, and skill development opportunities exist in our community?*
2. *Are there any gaps?*
3. *What is the priority to resolve the gap(s)?*
4. *Who can lead to fill the gap(s)?*

24-hour crisis lines or chat services

1. *What 24-hour crisis lines exist to support our community? Is there a community crisis team? Emergency response with crisis intervention skills?*
2. *Are there any gaps?*
3. *What is the priority to resolve the gap(s)?*
4. *Who can lead to fill the gap(s)?*

Are there other identified services and supports to explore and consider?



PHASE III

Share the Findings

Sharing findings after community engagement is an important part of developing a model of care. Community members give their time, knowledge, and experience, and sharing back what was heard shows respect and accountability. This helps refine the model of care and ensure that community voices are accurately reflected. It also keeps the process transparent and trustworthy.

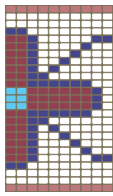
Sharing findings also strengthens relationships and clarifies priorities. It allows communities to confirm, clarify, or add to what was captured, helping to avoid misunderstandings. This shared understanding supports a model of care that is grounded in real community priorities, strengths, and needs.

Finally, sharing findings supports community ownership and readiness for implementation. When people can see how their input shaped the model, they are more likely to feel connected to it and committed to bringing it to life. This reflects the Indigenous value of reciprocity and helps ensure the model of care remains community-led and meaningful.

Sharing findings might also include development of sharable products or resources that provide information through summaries of what was heard throughout the engagement period. Local communication mechanisms, such as community apps, social media pages, newsletters, and community-owned websites, can serve to post, share, and store outputs from the community engagement and data sourcing phases (Morton Ninomiya et al., 2020).

Infrastructure and Implementation

Implementation of the model of care for substance use is where planning becomes action. This phase focuses on putting services in place, coordinating care, and establishing partnerships to meet the needs of individuals, families, and the community, including the workforce.



Evaluation is an integral part of implementation, allowing communities to monitor progress, learn from experience, and adapt programs to ensure they are effective, culturally grounded, and responsive to local needs. Communities begin by integrating available resources and gradually expanding programs to create a coordinated system of support.

Partnerships

Developing the in-community service model for substance use requires an active approach of building partnerships and trusting relationships with service providers and decision-makers. Provincial and territorial governments have frequently claimed jurisdictional confusion when it comes to providing funds or services to First Nations, such as physician and pharmacy services, in order to address the toxic drug crisis in communities. This confusion is unacceptable given that Canada's *Health Act* promotes universal health for all and specifically identifies physician and pharmacy services as a responsibility of provincial and territorial governments. While provinces and territories have worked to create responses to the drug crisis outside First Nations communities, the claim to jurisdictional confusion amounts to acts of racism when provinces and territories do not make the same publicly funded services available to and in First Nations communities. These jurisdictional barriers to services create large gaps in service for First Nations. Lack of services available in the community, whether from jurisdictional confusion or lack of sustainable and equitable funding, can create barriers to implementing the model of care for substance use. These barriers need to be managed through partnerships. Formalizing how service providers work together through written agreements supports strong and accountable partnerships.

Some examples of formal, written agreements include the following:

- **Memorandum of understanding (MOU):** An MOU is a non-binding agreement that outlines how one or more parties will work collaboratively. An MOU is often used early in a collaboration to establish a framework for future collaboration. It identifies the expectations and contributions of various service providers. It can identify shared goals, roles, and responsibilities of various service providers needed to implement the model of care for substance use.
- **Protocol agreements:** Similar to MOUs, these agreements outline the contributions, roles, and responsibilities of various service partners. Protocol agreements typically provide more detail on how the partners work together and have stronger accountability and governance mechanisms than MOUs. Protocols can outline shared service principles and assumptions, and provide guidelines with respect to referral processes and service delivery.
- **Service agreements:** Similar to a contract for a service to be delivered, a service agreement may be used by a community to define the expectations of one particular partner. The agreement can outline the scope and hours of work along with the qualifications of the service providers.
- **Data-sharing agreements:** These identify what type of data will be shared between partners and the terms of data sharing, which includes outlining scope, purpose, data flow, authority to share, duration of agreement, transfer of data, confidentiality and security, limitation on collection, use, disclosure and retention, breach and termination, return or destruction of data, and more. Data-sharing agreements are legally binding documents, not memoranda of understanding; therefore, to uphold and enforce First Nations' rights, these agreements must be entered into by a recognized legal entity and established at the organizational level (Yao, 2024).

Elements to consider when developing formal partnership agreements:

- Ensuring culturally safe services by addressing anti-Indigenous racism and service provider competency in culture-based safety and humility as needed
- Ensuring trauma-informed and spirit-centred approaches to care
- Ensuring services and supports to individuals are inclusive of families and communities
- Holding governments to account for their responsibilities
- Including accountability and conflict resolution mechanisms
- Incorporating mechanisms to promote information sharing that comply with privacy legislation and policies.
- Including mechanisms to ensure awareness of the agreement to support compliance

In addition to closing long-standing gaps in services, these partnerships contribute to better health outcomes by supporting approaches that are more effective, trusted, and responsive to community realities (Allen et al., 2020). As First Nations continue to advance self-determined models of care, these collaborations demonstrate the meaningful change that is possible when federal, provincial, and regional partners work with respect and accountability in collaboration with First Nations leadership.

Since 2021, the Yaqan Nu?kiy community (a community of the Ktunaxa Nation) in British Columbia has been commemorating National Addictions Awareness Week with a Canoe Walk. Every year, they walk to show solidarity with and support for those impacted by the toxic drug crisis.

The annual six-kilometre Canoe Walk, from Creston Valley Hospital to the Lower Kootenay Band site, was established in 2021 in recognition of the sturgeon-nosed canoe gifted from Yaqan Nu?kiy to the Creston Valley Hospital in 2012. This canoe was originally carried by Yaqan Nu?kiy youth from the Lower Kootenay Band site to Creston Valley Hospital. A sturgeon-nosed canoe is "representative of life and is unique to Yaqan Nu?kiy." *https://www.interiorhealth.ca/stories/yaqan-nukiy-and-ih-come-together-fifth-annual-canoe-walk*

Community Case Management and Collaborative Care

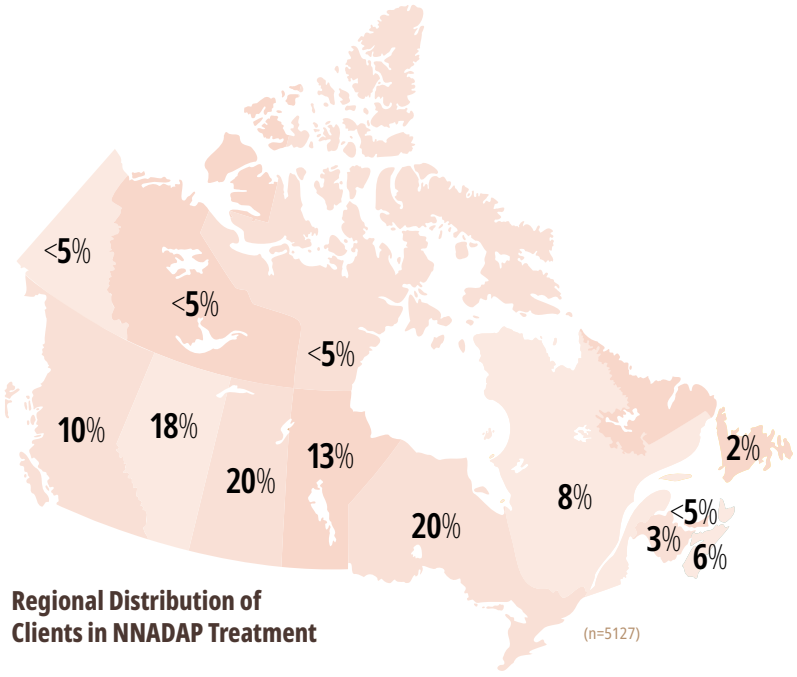
Primary care, mental health, and substance use services are often separate systems and not coordinated to support a wholistic continuum of care. This can make it hard for people and families to find the care they need. Services vary between communities, and many levels of government and service providers are involved. In many First Nations communities, family members and community helpers play an important role in supporting care. While this support is strong, the system itself can be confusing, and people may not know what services are available or how to access them.

Research shows that people have better health outcomes when they receive the right care at the right time, close to home (Gupta et al., 2025). Community-based services, offered in person or through virtual care, are key to providing safe, culturally grounded, and accessible care.

Individuals and families at higher risk of substance use challenges may need different types of support at different times throughout their lives (Thunderbird, 2025). Case management is one way to support this need. It involves one or more care providers helping to coordinate services for individuals and families within the model of care. Strong coordination across health, social, culture-based, and community support is essential throughout the healing journey. Tools such as electronic record systems, including Thunderbird's Addictions Management Information System (AMIS), can help support care planning and information sharing.

National Native Alcohol and Drug Abuse Program

The National Native Alcohol and Drug Abuse Program (NNADAP) supports a national network of treatment centres for First Nation and Inuit clients. This year NNADAP saw an increase of 12% in clients accessing treatment compared to the previous year. Thunderbird noted a sizable 22% increase in clients seeking multiple levels of care and a 15% increase in clients accessing pre-treatment services, compared to the previous year.



Regional Distribution of Clients in NNADAP Treatment

(n=5127)

Females
2525
Average Age: 36

Males
2513
Average Age: 38

Total number of client intake forms completed
3049

Female/Woman	49%
Male/Man	49%
Two-Spirited	<5%
Unknown	<5%

Total number of NNADAP applicants
5127 +12% *from previous year*

Total number of clients accessing treatment
5038 +16% *from previous year*

Number of clients accessing multiple levels of care
830 +22% *from previous year*

Number of clients accessing pre-treatment services
2077 +15% *from previous year*

Post-treatment referral services available to NNADAP clients:

- case management services
- community mental health supports
- community-based peer support programs
- cultural activities and supports
- doctor/ physician
- education and/or job training
- employment supports
- Elders
- family supports and programs *(i.e. AHSOR, FASD, MCH)*
- housing services
- NNADAP community-based workers
- provincial services and programs
- psychiatrist/ psychologist

Client characteristics upon entry to treatment (n=3029)

27% *have adequate childcare while in treatment*

54% *completed high school*

44% *attended previous residential treatment*

31% *have dependent children while in treatment*

28% *history of suicide ideation or attempt*

19% *involved with the legal system*

14% *hospitalized for suicide attempts*

8% *involved in the justice system*

3% *currently suicidal*

Types of substances used (n=1552)

97% Caffeine

88% Tobacco

87% Alcohol

74% Cannabis

78% Stimulants

56% Sedatives

42% Methamphetamines

40% Opioids

30% Hallucinogens

4% Inhalants

12% Other

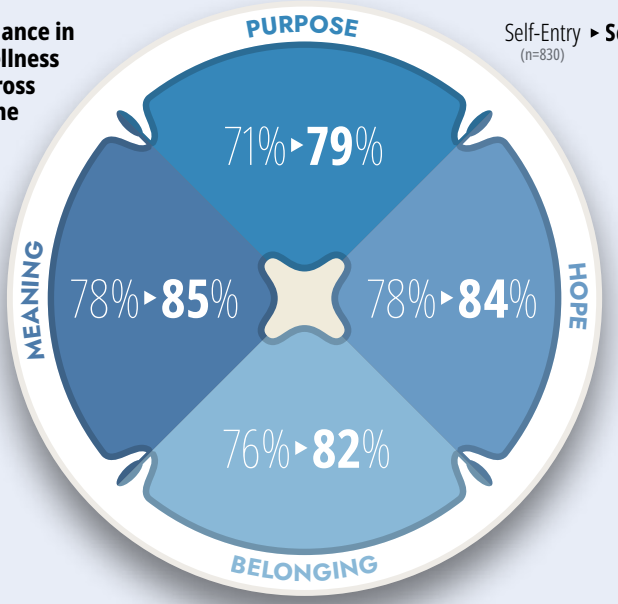
The data on this spread was obtained from the Addictions Management Information System (AMIS), which is a national electronic case management system that captures mental wellness data from individuals who attend First Nation treatment centres and Indigenous-governed community organizations.

NNADAP Native Wellness Outcomes

The Native Wellness Assessment (NWA™) is also available to treatment centre clients and assesses the impact of culture-based interventions over time on the four wellness outcomes of Hope, Belonging, Meaning, and Purpose.

Balance in Wellness Across Time

Self-Entry (n=830) ▸ **Self-Exit** (n=290)



NNADAP Comparative Culture-Based Practices to Promote Wellness

Indigenous culture can be expressed through culture-based practices in a journey toward wellness. Culture-based practices have long been recognized as Indigenous expressions of spirit-heart-mind-body at work.

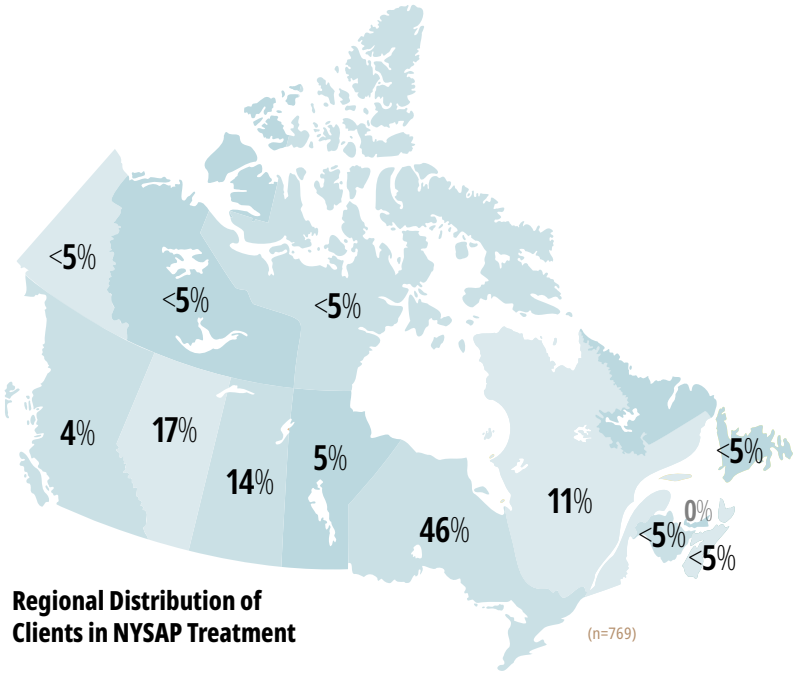
GROUP 1	*Activities more commonly practiced on an everyday basis such as smudging, and using sacred medicines.*	2.32 ▸ **2.57**
GROUP 2	*Seasonal practices such as harvesting, fishing and hunting. Also includes practices that occur often between groups 1 and 3 such as pipe ceremonies or seeking help from a traditional healer.*	2.24 ▸ **2.45**
GROUP 3	*Specialized activities that are less frequent such as memorial feasts and fasting.*	2.13 ▸ **2.25**

A connection to culture-based practices from 1.00 (weak) up to 3.00 (strong).

National Youth Solvent Addiction Program

During the past fiscal year, the NYSAP program saw 212 self-reported *entry* point wellness scores. *Follow-up* observations noted 78 self-reported wellness scores that showed increases in all 4 components - Hope, Belonging, Meaning, and Purpose.

Meanwhile, the connection to culture-based practices scores increased at *follow-up* for all three culture-based interventions groups when compared to their *entry* scores for these groups of clients.



Regional Distribution of Clients in NYSAP Treatment

(n=769)

Females
399
Average Age: 17

Males
239
Average Age: 18

Total number of client intake forms completed
464

Female/Woman	56%
Male/Man	38%
Unknown	4%
*Other**	2%

**Other includes: Gender Fluid, Transgender, Two-Spirited, No category describes me*

Total number of NYSAP applicants
769 +17% *from previous year*

Total number of clients accessing treatment
638 +14% *from previous year*

Number of clients accessing multiple levels of care
253 +13% *from previous year*

Number of clients accessing pre-treatment services
289 +26% *from previous year*

Post-treatment referral services available to NYSAP clients:

- case management services
- community mental health supports
- community-based peer support programs
- cultural activities and supports
- doctor/ physician
- education and/or job training
- Elders
- family supports and programs *(i.e. AHSOR, FASD, MCH)*
- housing services
- NNADAP community-based workers
- provincial services and programs
- psychiatrist/ psychologist

Client characteristics upon entry to treatment (n=464)

- **60%** *from a family where violence was present*
- **53%** *history of suicide ideation*
- **45%** *history of self-harming behaviour*
- **41%** *history of suicide attempts*
- **30%** *attended previous treatment*
- **51%** *do not attend school*
- **38%** *history of sexual abuse*
- **37%** *in trouble with the law*
- **34%** *history of child welfare involvement*
- **30%** *involved with the legal system*
- **6%** *history of gang involvement*

Types of substances used (n=209)

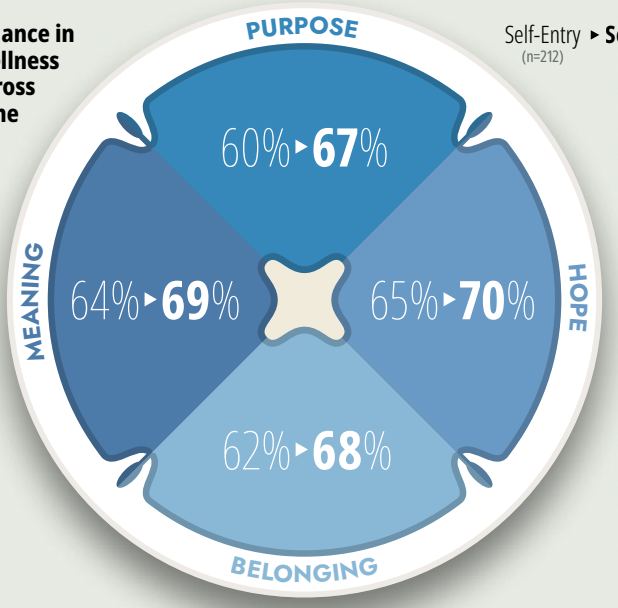
- **93%** Caffeine
- **83%** Tobacco
- **76%** Alcohol
- **78%** Cannabis
- **35%** Stimulants
- **52%** Sedatives
- **40%** Hallucinogens
- **24%** Methamphetamines
- **27%** Opioids
- **10%** Opioids Agonists
- **9%** Fentanyl
- **15%** Inhalants
- **11%** Other

The data on this spread was obtained from the Addictions Management Information System (AMIS), which is a national electronic case management system that captures mental wellness data from individuals who attend First Nation treatment centres and Indigenous-governed community organizations.

NYSAP Native Wellness Outcomes

The Native Wellness Assessment (NWA™) is also available to treatment centre clients and assesses the impact of culture-based interventions over time on the four wellness outcomes of Hope, Belonging, Meaning, and Purpose.

Balance in Wellness Across Time



NYSAP Comparative Culture-Based Practices to Promote Wellness

Indigenous culture can be expressed through culture-based practices in our journey toward wellness. Culture-based practices have long been recognized as Indigenous expressions of spirit-heart-mind-body at work.

GROUP 1	*Activities more commonly practiced on an everyday basis such as smudging, and using sacred medicines.*	2.21 ▸ **2.44**
GROUP 2	*Seasonal practices such as harvesting, fishing and hunting. Also includes practices that occur often between groups 1 and 3 such as pipe ceremonies or seeking help from a traditional healer.*	2.10 ▸ **2.33**
GROUP 3	*Specialized activities that are less frequent such as memorial feasts and fasting.*	2.05 ▸ **2.21**

A connection to culture-based practices from 1.00 (weak) up to 3.00 (strong).

In many communities, formal care coordination such as case management, is limited or not available. Without it, people may miss out on important supports like housing, education, job training, and culturally grounded or community programs. Poor coordination can also disrupt medication-based care, especially when people move between treatment centres, primary care, and community services.

Even where case management exists, services are not always well connected. Limited communication between providers can lead to delays, longer wait times, and gaps in follow-up care. People may lose contact with services after leaving treatment, making it harder to continue their healing journey.

In a strengths-based, culturally grounded system of care, transitions between services are not seen as separate steps but as part of a continuous circle of wellness. A client-centred care plan within a circle of care and/or care pathways could include several services delivered through a multi-disciplinary team approach, with the potential for centralized intake, program assessment, and client consent. In utilizing care pathways and transitions of care, client consent for referral to and information sharing with other programs and services, in respect of privacy and confidentiality, can be facilitated through a practice that supports a warm hand-off approach. A warm hand-off is a respectful, relationship-based transition where individuals are personally introduced to new supports and services. This helps build trust and reduces the risk of people falling through the cracks during times of vulnerability.

For example, when someone is preparing to move from one service to the next stage of their healing, they may set new goals that require different or additional support. Instead of being referred through paperwork alone, they are supported through conversations, shared planning, and personal connections. Warm hand-offs reflect values of respect, trust, and connection.

Sharing information between service providers can be challenging in First Nations communities, especially smaller ones where privacy concerns are greater. It is important to create systems that allow information to be shared safely and respectfully, while protecting confidentiality.

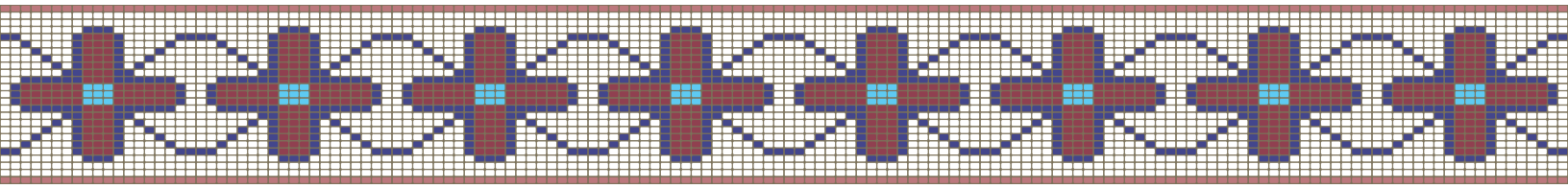
A community-centred approach requires partnerships that address the broader determinants of health, including housing, income, education, and employment. This model challenges the current system that often requires First Nations people to leave their communities to access services, frequently without help navigating systems that may not be culturally safe or trauma informed.

Community-based workers, including Elders, Cultural Practitioners, outreach workers, and people with lived and living experience, play a vital role alongside regulated professionals. However, this workforce is often underfunded, despite its importance in responding to the harm caused by the drug crisis.

When First Nations people must leave their communities to seek care in urban settings without proper supports, such as safe housing, transportation, income assistance, and service navigation, they face increased risks. These include exposure to toxic drugs, violence, gang involvement, and human trafficking. In many cases, people connect more easily to these harms than to the health services they need to survive and heal.

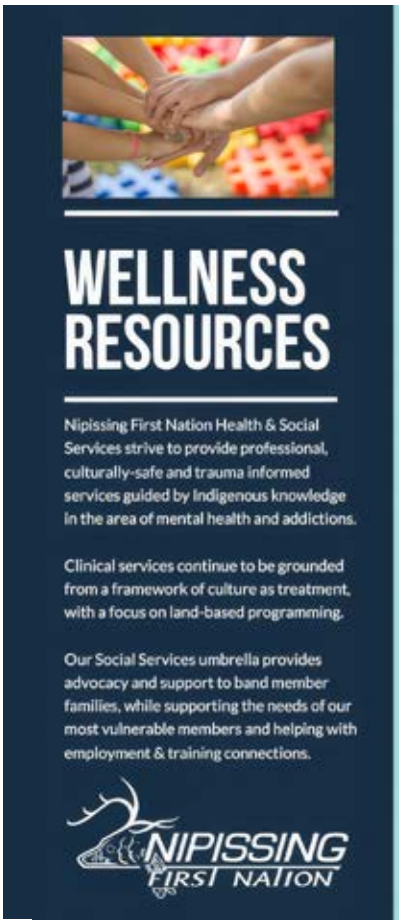
Strong coordination of care allows communities to move from responding to crisis toward supporting long-term wellness. To do this, communities need infrastructure and resources to fully participate in saving lives. This shift also supports moving away from criminalizing substance use and toward recognizing it as a chronic health condition that requires compassionate, coordinated care.

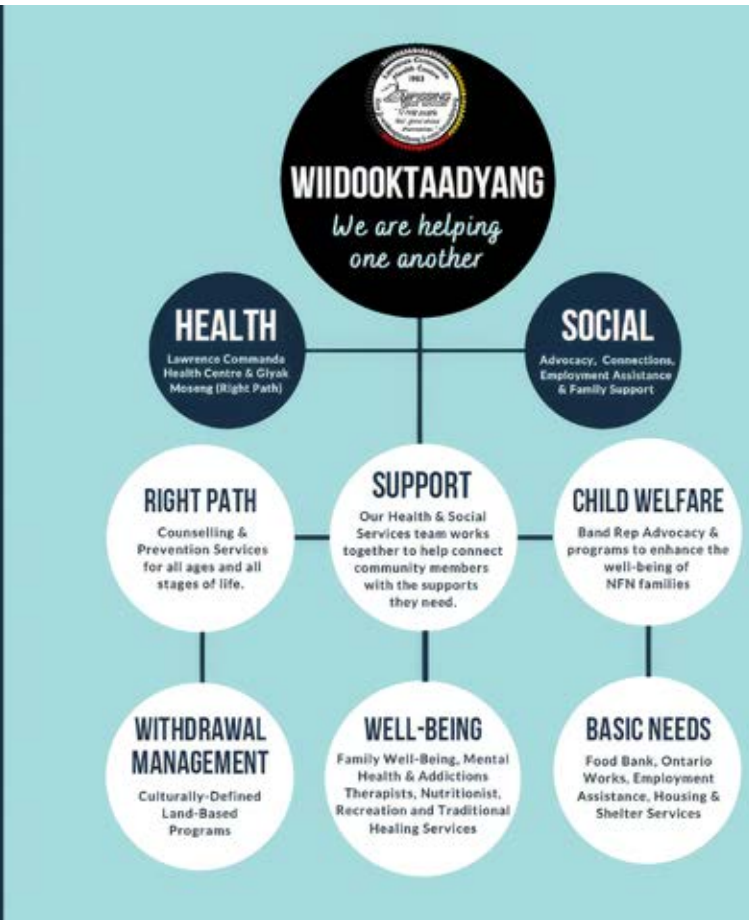
Inter-agency information and resource sharing are important for closing gaps in care for people who use substances (Thunderbird, 2025a). Communities and treatment centres, regardless of the strength of their existing partnerships, consistently identify information and resource sharing as essential to effective collaboration.



A Wise Practice Site Demonstrating a Scalable Model of Care for Substance Use in Nipissing First Nation, Ontario, Canada

In 2020, building on the findings of a research report "on understanding wellness and the kinds of help necessary to achieve wellness for Nipissing Nation" in partnership with Nipissing University, other research partners, and community advisors, a community-based model was developed. *Wiidooktaadyang* in Anishinawbe language translates to "we are helping one another." Wiidooktaadyang is a community-based model that emphasizes a relational approach to wellness. This is illustrated in the following graphic.





Wiidooktaadyang is a service integration model that the Nipissing First Nation developed to support members who have complex needs and/or requiring the services of multiple departments. The Nipissing First Nation strives to offer professional, culturally safe, trauma-informed services guided by Indigenous knowledge in mental health and addictions. The acknowledgement of culture as treatment remains at the core of the program, and the community continues to see opportunities for growth and expansion within their program. Retrieved with permission *https://nfn.ca/health-services/wiidooktaadyang/*

Outreach in Practice

Outreach is a key component of effective harm reduction and can be applied across different services along the continuum of care, including community-based supports, risk assessment and management, screening, assessment, referral, and case management (Thunderbird, 2025a).

Effective outreach supports meet people who use substances where they are at and provides referrals without conditions. Rather than requiring individuals to seek out services, effective outreach builds bridges. It supports individuals in identifying their own goals, whether that's accessing housing, reducing use, participating in ceremony, or simply staying alive, and helps connect them with relevant supports (Thunderbird, 2025a). Outreach helps to raise awareness about available support, such as medications for managing withdrawal, access to healthcare services, food and shelter, and resources that help reduce stigma.

Outreach workers can include culture-based helpers, peers with lived experience, Elders, and harm reduction staff. These helpers are especially effective because they establish relationships and trust, allowing them to connect with people who might not otherwise seek support. By bringing services directly to the community, outreach programs actively identify and engage underserved populations, making support not only available but also genuinely accessible and meaningful.

Virtual Services

Outreach in First Nations communities also includes facilitating access to virtual supports. Virtual services offer flexible, culturally safe support that can be accessed from home or on the land, helping individuals stay connected to care while maintaining their connection to community and culture. They also support continuity of care, provide options for privacy, and allow for regular engagement with counselors, peer support, and Knowledge Keepers.

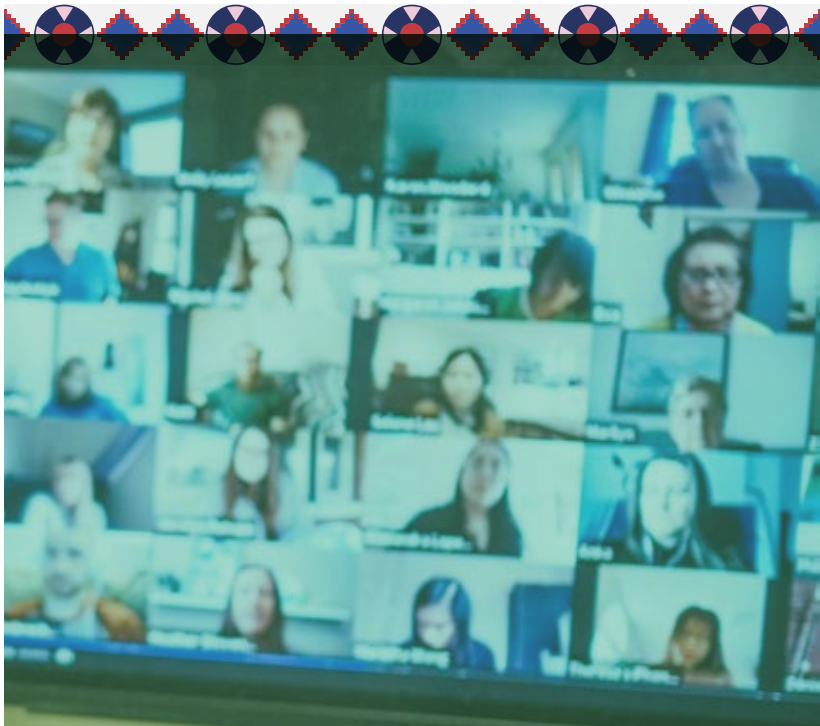
When including virtual services in model design, it is important to consider barriers to internet and mobility access. While advocating for systems change and digital equity, First Nations continue to demonstrate innovative approaches that help community members connect with necessary services, such as facilitating virtual appointments at local health centres.

Workforce Capacity and Development

As the model of care is implemented, service areas related to workforce capacity and development will become more apparent. Supporting staff in their knowledge of key topic areas—including trauma-informed care, the effects of substance use and overdose response, ethical and culture-based considerations for supporting youth and families, and Indigenous harm reduction principles—is essential to quality care. The ability to understand and advocate against stigma, discrimination, and systemic racism in care is also an important skill for the workforce. Providing training opportunities for the workforce requires community- and practice-level implementation, but it also requires investments from governments and funders. For a First Nations model of care for substance use, the workforce can include:

- NNADAP staff
- culture-based workers
- peers
- Elders
- youth leaders
- nurses
- outreach teams
- others as identified by the community

Ensuring that the workforce is supported by collaborating with regional and national organizations, as well as with government and funders, will strengthen the model of care and create an informed system that is equipped to respond to the needs of individuals, families, and the community.



Care Pathway Worksheet

Review your collective answers to the engagement questions throughout the planning and development phase.
For each of these priorities, answer these questions to highlight your community's care pathways for substance use:

1. ***What is our community already doing?*** *(i.e., our strengths)*
   Highlight current programs, people, partners, and supports. Include a community profile and information from knowledge gathering.

2. ***When someone reaches out for help, how will we respond? What happens first?***
   Describe the first point of contact and the initial supports offered.

3. ***What will our community do next?*** *List immediate next steps and follow-up actions.*

4. ***Where are the warm hand-offs, or who takes over the next step?***
   Identify roles and services responsible for transition/referral to additional service(s). Having warm hand-off processes ensures continuity of the care circle, prevents duplication, service gaps and delays, and helps people feel supported in their wellness journey.

5. ***Are there any gaps?*** *(What we need) List services, resources or capacities that are missing.*

6. ***Who can fill the gap(s)?*** *(Leader/Partner names) Name individuals, agencies, groups or organizations who can lead or support.*

7. ***What is our priority to resolve the gap(s)?*** *Rank or describe what's most important to our community to address.*

Measurement and Evaluation

Evaluation and monitoring are essential when implementing a new First Nations model of care for substance use because they ensure the model is effective, culturally safe, and aligned with community priorities. By tracking outcomes and gathering feedback, communities can see what is working, identify barriers, and make adjustments as needed.

This process also supports accountability and trust by demonstrating a commitment to transparent, respectful, and community-led decision-making. Evaluation helps highlight strengths, such as culture-based practices and family supports, while identifying gaps that need attention. Ongoing monitoring also supports reporting, which can streamline funding reports and demonstrate progress over time. Over the years, this continuous learning supports sustainability and self-determination by ensuring the model remains responsive to changing needs and community goals.

Community Wellness Programs: Monitoring, Measuring, and Evaluating Progress and Outcomes through Indicators to Support Planning and Reporting

The First Nations Health Managers Association has developed several resource tools to help communities incorporate these aspects in the development and implementation of community programs. These resources have been developed through literature references, feedback, and recommendations based on the expertise and wise practice of community health programs and the work of other organizations including the Thunderbird Partnership Foundation.

Introduction to Health Indicators

The First Nations Health Managers Association (FNHMA) has developed a resource tool on health indicators entitled ***Focus on Wellness***. The introduction of this resource presents a context for utilizing indicators in community health programs through several questions.

The following questions, taken directly from this resource, guide knowledge, understanding, and development of indicators to support monitoring, measuring, and evaluating progress and outcomes through indicators. These are: *"How would you explain 'wellness' in your community? What represents 'culture'? What is changing people's lives?"*

These indicators are explored to provide insight into specific aspects of a community that we want to learn about. Indicators demonstrate how a community is becoming healthier, how culture is honoured, and what is making a difference.

Indicators can provide information to help create an understanding of community and identify how programs are contributing to community wellness. Communities that are already using indicators know the benefits, which have been described as:

- supporting the ability to link current results to activities
- understanding where programs are achieving goals
- identifying areas of priority
- helping health planning and decision-making be more evidence-based and less political
- providing opportunities to think of new ways to address current challenges
- bringing the community together for common goals
- reporting back to the community

Indicators can inform planning and delivery and support continuous quality improvement. The FNHMA resource document *Developing Health and Wellness Plans: A Guide for First Nations* (2023) provides an easy-to-follow approach to planning, based on choosing goals that respond to your community priorities.

Identifying indicators that demonstrate whether you are achieving your goals makes the planning process much more effective. It has been said that planning shares what we are going to do; reporting declares what we have done; and indicators help provide the evidence and assist in setting future goals. As a community envisions what "healthy" looks like, they can determine what they want to change as they support health and wellness. Each community can identify meaningful and measurable indicators for "wellness" that describe a "well" person, a "well" family, and a "well" community. Collectively, the community's indicators will provide a complete picture of its health and wellness.

Figure 6: Focus on Wellness: Strength-based Indicator Tool for First Nations Health – Evaluation Model (First Nations Health Managers Association, 2023)

> *"Developing indicators allows you to see if the programs and services in your community are making a difference. Ask yourself what information would help you move forward in your community? The diagram links the role of indicators to the overall planning process. What do we want to change? Where are we now? How will we enable the change? How will we measure the changes?"*
>
> First Nations Health Managers Association (p. 8–9, 2023)

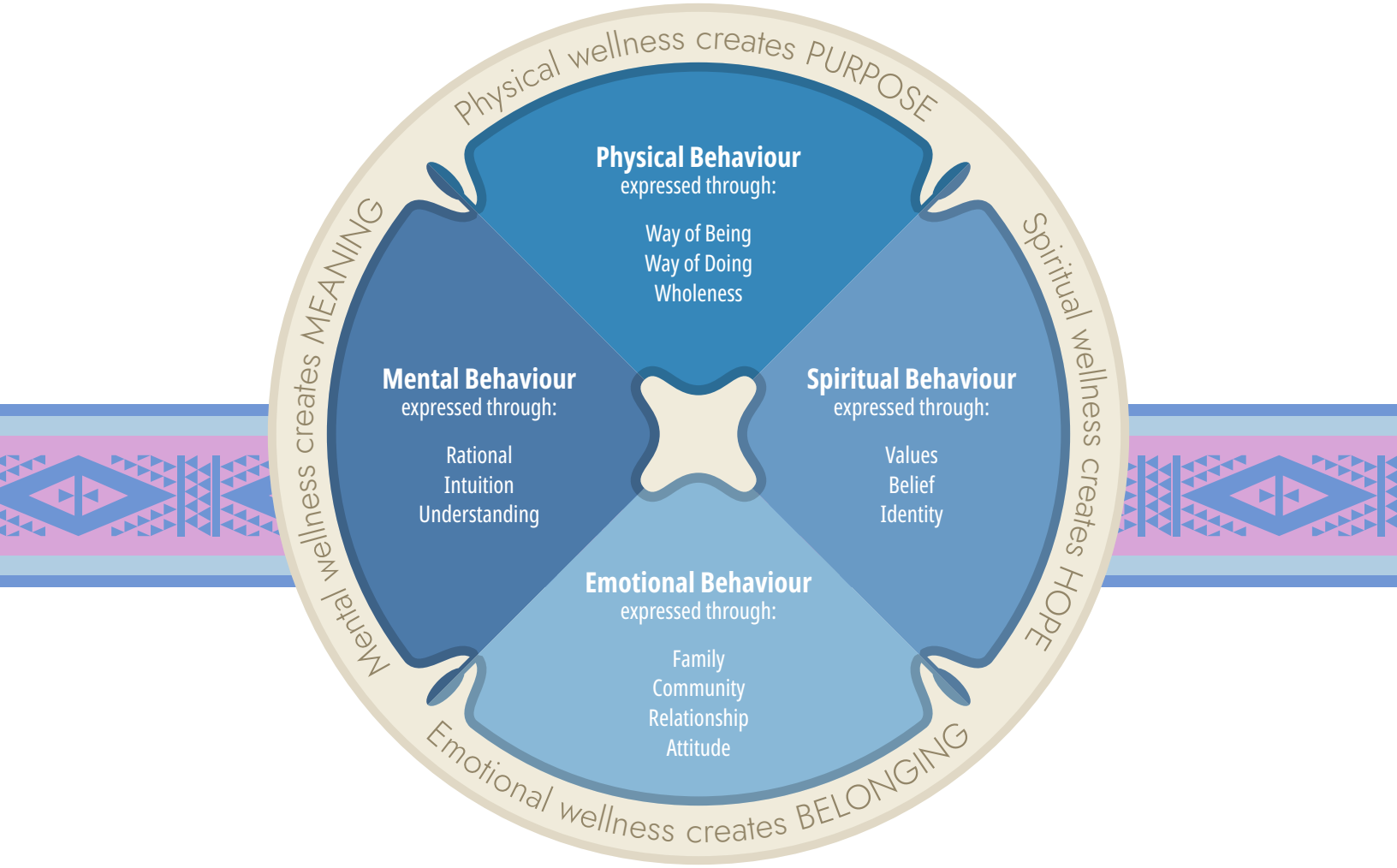


Figure 7: Indigenous Wellness Framework (2015)

Indigenous Wellness Framework

The *Indigenous Wellness Framework Reference Guide* shares key concepts gathered from the study, including a definition of culture, a definition of wellness, the Indigenous Wellness Framework, and common culture-based interventions.

"The Indigenous Wellness Framework Reference Guide stems from Honouring Our Strengths: Culture as Intervention in Addictions Treatment, a three-year study funded by the Canadian Institutes of Health Research. Led by a partnership between the Assembly of First Nations, [the] Centre for Addiction and Mental Health, [the] National Native Addictions Partnership Foundation, and the University of Saskatchewan, the study examined the strengths of First Nations culture in drug and alcohol treatment."

This work was guided by Elder Jim Dumont, with project partners and First Nations people connected to NNADAP and NYSAP treatment centres utilizing culture-based interventions in their work toward wellness. It is important to note that there is not one culture among First Nations. Culture is defined by the land, language, and Nation of the people. Through the project, a definition of culture, a definition of wellness, the Indigenous Wellness Framework, and common culture interventions were identified, respecting the diversity of cultures and recognizing language as central to knowledge, sanctioning, and practice.

Definition of Culture

The Indigenous Worldview expressed through culture amongst the various First Nations is unique and distinct to the peoples and the land on which they live. However, there are commonly held principle foundational beliefs and concepts that support a shared perception of what can be defined as "Indigenous culture."

The shared aspects of Indigenous Worldview based on Indigenous Knowledge and the foundation of culture:

1. Spirit is within all life
2. The circle of life
3. Harmony and balance
4. All my relations
5. Kindness/Caring/Respect
6. Earth connection
7. Path of life continuum
8. Language as "voice of the culture"

The Indigenous Wellness Framework indicators help to answer important questions related to evaluating the impact of community health and wellness planning and can include:

1. *How does our community define health for the community? How are we measuring health?*
2. *Is our community in balance?*
3. *What things affect health in our community?*
4. *Are our programs, services, or policies working?*
5. *Are we moving towards or away from our vision of health?*
6. *How are we measuring health?*

Definition of Wellness

"Wellness from an Indigenous perspective represents a whole and healthy person expressed through a sense of balance of spirit, heart, mind, and body. Central to wellness is the belief in our connection to language, land, beings of creation, and ancestry, supported by a caring family and environment."

(Thunderbird, 2020b)

Wellness of a whole and healthy person is described as follows:

- **Spiritual wellness:** The spirit causes us to live, gives us vitality, mobility, purpose, and the desire to achieve the highest quality of living in the world. Spirit is central to the primary vision of life and worldview and thereby facilitates **Hope**.
- **Emotional wellness:** Within an Indigenous Worldview, being rooted in family, community and within Creation as extended family is the foundation of **Belonging** and relationships. At the heart level of one's being, emotional and relational wellbeing is nurtured by one's belonging within interdependent relationships with others and living in relation to Creation, including beings in Creation.
- **Mental wellness:** The mind operates in both a rational and intuitive capacity. Mental wellbeing is the conscious and intelligent drive to know and activate one's being and becoming. Having a reason for being gives **Meaning** to life.
- **Physical wellness:** This is the way of behaving and doing that actualizes the intention and desire of the spirit in the world. This, and the knowledge that the spirit has something to do in the world, generates a sense of **Purpose**, conscious of being part of something that is much greater than the individual. The body is the most outer part of our being and is comprised of the most immediate behavioural aspects of our being.

Indigenous Wellness Framework: 13 Indicators and 4 Outcomes (Thunderbird, 2020b)**:**

Spiritual behaviour is expressed through: ***Values, Belief, Identity***.

Spiritual Wellness creates **Hope**.

Emotional behaviour is expressed through: ***Family, Community, Relationship, Attitude***. Emotional Wellness creates **Belonging**.

Mental behaviour is expressed through: ***Rational, Intuition, Understanding***.

Mental Wellness creates **Meaning**.

Physical behaviour is expressed through: ***Way of Being, Way of Doing, Wholeness***.

Physical Wellness creates **Purpose**.

Native Wellness Assessment™

The *Native Wellness Assessment*™ (NWA) is a strengths-based, Indigenous-designed tool used to assess the impact of culture-based interventions on an individual's wellness.

The NWA tool was developed as a product of the first edition of the *Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment* (CasI) research project, which was created by an interdisciplinary team across Canada, including Elders, Indigenous Knowledge Keepers, Cultural Practitioners, service providers, and decision-makers. The tool measures how culture-based interventions affect a person's wellness from a whole person and strength-based view. Thunderbird Partnership Foundation's research has shown the NWA to be a reliable way to measure changes in wellness over time across all genders, age groups, and cultures.

The NWA is a comparative assessment that is administered at the start, midway through, and at the endpoints of an individual's wellness journey to track changes in wellness over time. The NWA includes a Self-Report Form (completed by the individual accessing services) and Observer-Rating Form (completed by the substance use or mental health service provider) which include 66 independent statements and 39 culture-based intervention practices.

When the NWA is administered for an individual, the self-report and observer report can be analyzed using the Addictions Management Information System (AMIS) to generate an individual report. Through the outcome indicators of Hope, Belonging, Meaning, and Purpose, an individual report can support the collaborative development and evaluation of goals for treatment or plans of care throughout the wellness journey of an individual. Once assessments are administered and gathered across multiple clients within a program or service, aggregate results and reports can be generated to evaluate and monitor overall client outcomes and program-level needs. These outcomes serve as the foundational data for driving service provider–level development. By tracking wellness indicators over time, providers can tailor their services, improve staff training, and enhance the quality of care.

Full use of the NWA can be made available to any organization that provides Indigenous culture-based programs and services.

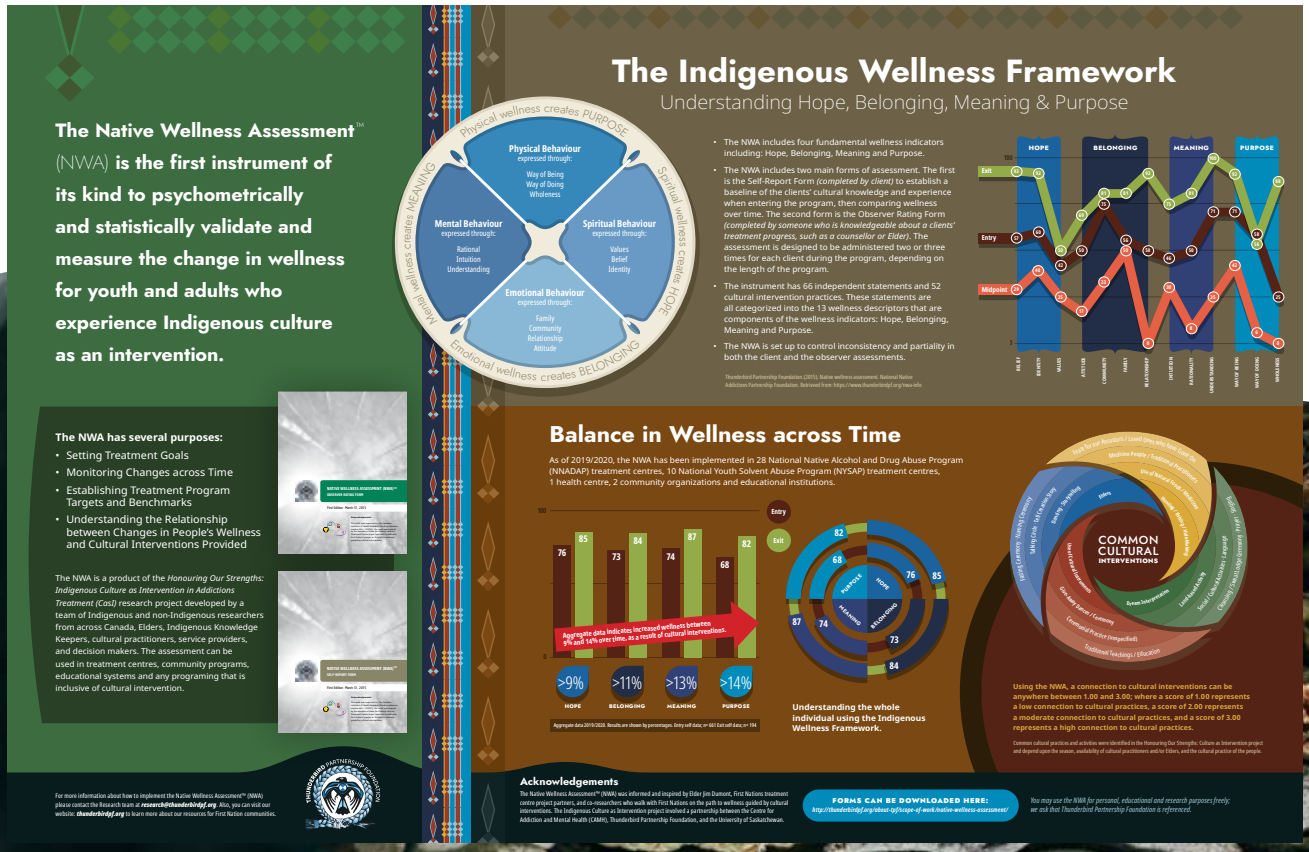


Figure 8 - Native Wellness Assessment™ and the Indigenous Wellness Framework

Addictions Management Information System

The Addictions Management Information System (AMIS) is a national database implemented by Thunderbird Partnership Foundation to collect reliable evidence of stories, experiences, and strengths of the National Native Alcohol and Drug Abuse Program (NNADAP) and the National Youth Substance Abuse Program (NYSAP) treatment centres, and First Nations community-based programs across Canada.

AMIS is a case management tool used to aid service providers in collecting culturally based evidence and supporting data tracking to inform client care and highlight Indigenous needs. AMIS is available to First Nations–governed treatment centres and organizations that provide community-based services such as a day program, outpatient program, residential program, or land-based program, with or without a community-based clinical program.

Key features of AMIS assist centres in meeting several accreditation standards related to quality, outcome collection, and client case management. Through its ability to generate instant reports, AMIS aggregates the centres' data to support key contribution agreement requirements and funding. AMIS further informs research and proposal-driven initiatives over time and continues to provide evidence to validate the indicators and outcomes promoting community wellness. AMIS serves as an essential infrastructure for both immediate client care and long-term strategic improvements in Indigenous wellness. By providing a secure database, these systems generate reliable, longitudinal data that enables evidence-based decision-making, enhances research, and supports funding proposals.

For each priority area, the community can outline what needs to be done, and who will do it. In addition, funding and support that is needed for implementation will have to be outlined. And, lastly, the community will want to know if the plan is working.

A suggested way to answer these questions and monitor the community's plan for these priorities is to create a chart or template that includes the community's reflections on the following questions:

- *Where are we now?*
- *What's missing?*
- *What is needed?*
- *What knowledge is required?*
- *What is most crucial?*
- *What attitudes facilitate change?*

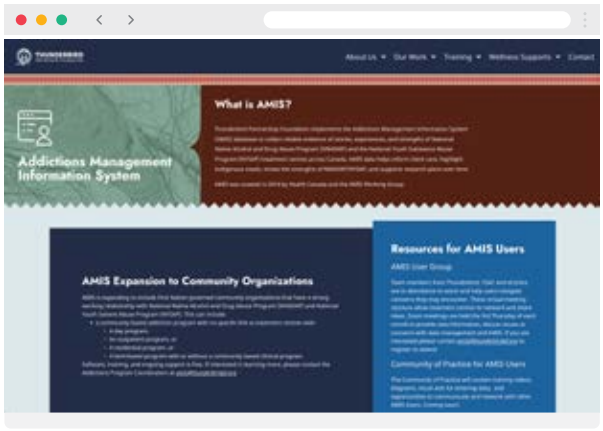
Priority Area	Goal	Action(s)	Timeline	Who's involved	Outcome evaluation
Example: Harm Reduction	Have naloxone on hand, understand how to use it	Request naloxone supplies, research funding for naloxone, provide training	3 months	Mental Wellness Workers, Elder, community member	Naloxone distributed, positive feedback

Additional Resources

The following Thunderbird resources are available to support communities, organizations, and youth in their healing journeys and to implement this model.

Addictions Management Information System (AMIS)

Thunderbird Partnership Foundation implements the AMIS database to collect reliable evidence of stories, experiences, and strengths of National Native Alcohol and Drug Abuse Program (NNADAP) and the National Youth Substance Abuse Program (NYSAP) treatment centres across Canada. AMIS data helps inform client care, highlights Indigenous needs, shows the strengths of NNADAP/NYSAP, and supports research plans over time. Please contact the Addictions Program Coordinators at *amis@thunderbirdpf.org*.



Life Promotion Toolkit

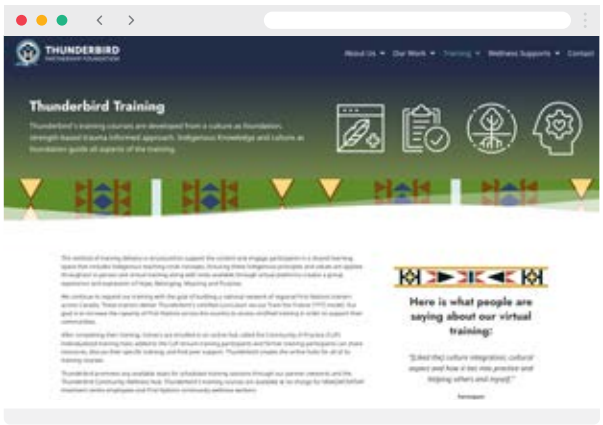
Thunderbird's *Life Promotion Toolkit* was released at the World Indigenous Suicide Prevention Conference in August 2021. The Toolkit delivers what youth have long called for—information aimed at promoting life rather than focusing on preventing death. To arrange a youth presentation of the *Life Promotion Toolkit*, contact us at *info@thunderbirdpf.org*.

Which Medicines Will Support My Recovery from Opioid Addiction?

The purpose of this tool is to share knowledge about culture-based activities and medication to support First Nations to recover from opioid addiction. You can use this tool with your healthcare provider to help decide what medicine might be right for you.

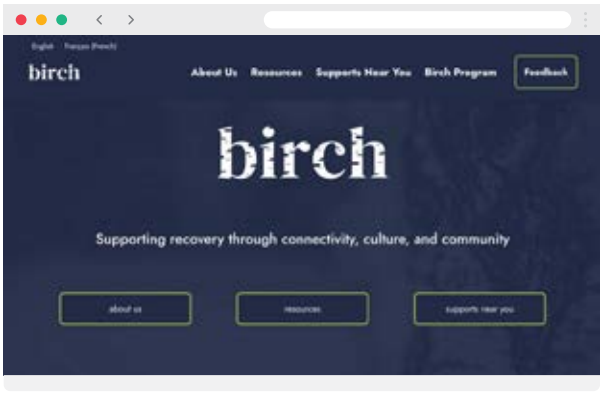
Training and Education

Training and educational resources are available for many of the topics addressed in this model of care. To learn more, please visit *thunderbirdpf.org/training* or email *training@thunderbirdpf.org*.



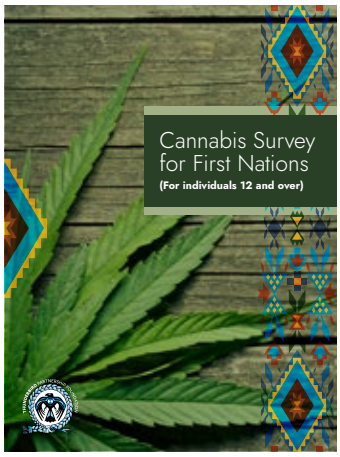
Bundle of Interventions, Resources, and Cultural Hub (BIRCH)

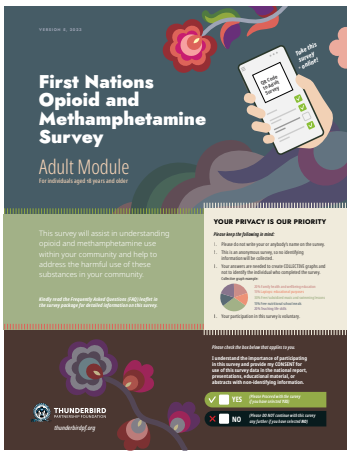
BIRCH is a national virtual treatment sharing hub for supports related to mental wellness and substance use. Learn more at *birchbundle.ca* or email *birch@thunderbirdpf.org*.



Community Surveys on Cannabis, Opioids, and Methamphetamine

Thunderbird has developed community-based data collection and analytical tools that can be applied by Indigenous communities. Thunderbird adheres to the ownership, control, access, and possession (OCAP®) principles of data collection. The OCAP principles are a set of standards that establish how First Nations data should be collected, protected, used, or shared, and are now the Canadian standard for how to conduct research with First Nations. All your community's data will be returned to you. For more information, please contact *research@thunderbirdpf.org*.





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