

Indigenous Mental Health and Wellness Supports

Application Form

July 2017

**The Journey Together: Ontario's Commitment to Reconciliation with
Indigenous Peoples**

Ministry of Health and Long-Term Care

This Application is for Eligible Applicants to apply for funding to support Mental Health and Wellness Programs and Services to help stop the cycle of intergenerational trauma.

- Eligible programs and services will provide Indigenous communities with mental health and wellness care using a broad range of treatment models, which can include mobile and/or community-based models.
- Programs and services should include treatment for mental health and/or addictions issues, using a combination of traditional healing and clinical care.
- This application form can be used to apply for new programs and services, or to expand existing programs and services, given that the expansion will allow care to be provided to an increased number of patients.
- Capital investments are not eligible for this funding.
- Proposed programs that will be eligible for funding must demonstrate that they adhere to the Vision, Principles, Priority Areas, and Criteria set out in this application form.

Context for Investments in Mental Health and Addictions Programs

Launched in 2011, *Open Minds, Healthy Minds* is Ontario's comprehensive Mental Health and Addictions Strategy. Phase 1 of *Open Minds, Healthy Minds* was led by the Ministry of Children and Youth Services.

Phase 2 of *Open Minds, Healthy Minds* was announced in 2014, and is led by the Ministry of Health and Long-Term Care (MOHLTC). As part of Phase 2, MOHLTC committed to a parallel Indigenous Engagement Process with partners from its three existing Indigenous Health Relationship Tables in order to identify mental health and addictions priorities for Indigenous people, both on- and off-reserve.

On May 30th, 2016, the province released *The Journey Together. Ontario's Commitment to Reconciliation with Indigenous Peoples*, which included a commitment for new funding into mental health and wellness programs and services.

The Application Form was designed to respond to the priorities identified by Indigenous communities in Ontario, using information from a variety of sources, including:

- Findings from the dedicated Indigenous engagement process as part of Phase 2 of Ontario's Mental Health and Addictions Strategy;
- A multi-disciplinary Roundtable of technical experts in Indigenous mental health and addictions;
- the First Nations Mental Wellness Continuum Framework;
- Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations in Canada; and
- Other sources of feedback.

Overview of Eligibility

Eligible Applicants:

- First Nations, Inuit, and Métis Communities
- Regional Organizations
- Indigenous Organizations
- Indigenous Health Service Providers

NOTE: Non-Indigenous organizations are not considered eligible for this funding. However, an eligible applicant may choose to partner with a non-Indigenous organization to deliver services.

Funding:

Funding can be for one-time or multi-year projects.

MOHLTC does not anticipate another call for proposals in future years, so please be aware that one-time funding requests can only be made for the 2017/18 or 2018/19 year and cannot be resubmitted for future years.

Multi-year funding can be requested for up to three years, at which point a review of the program will take place to determine future funding.

The total funding envelope available for New Mental Health and Addictions Programs is:

- \$8.0 million in 2017/18
- \$10.0 million in 2018/19 and ongoing years

Applicants can apply for a maximum of \$500,000 per project. Please note that the size of the population served will be a consideration for funding requests, so exceptions can be made for larger projects serving regional or provincial populations.

Please note: The Ontario government is launching two Indigenous mental health and addictions initiatives in the summer of 2017. The first is for new/expanded Indigenous Mental Health and Addictions Treatment and Healing Centres. The second is for Indigenous Mental Health and Wellness Programs. **This application can ONLY be used to apply for funding for Indigenous Mental Health and Wellness Programs.**

Introduction to the Application

The deadline for submission is 5:00 p.m. on August 18, 2017.

Completed applications received after this time will not be considered

Applications can be submitted by e-mail to **mentalwellnessprograms@ontario.ca** and/or through Canada Post/courier to:

Indigenous Health Policy Unit
Strategic Policy and Planning Division
Ministry of Health and Long-Term Care
80 Grosvenor Street, 8th Floor
Toronto ON M7A 1E9

If you are submitting a hard copy of your application, you must include an electronic version of your application on a memory stick in PDF or Microsoft Word format. These electronic formats also apply if you are submitting your application by e-mail.

The application must be typed and can be in point or paragraph form. If you experience a technical difficulty with the form, please contact the Ministry of Health and Long-Term Care (ministry) using the e-mail listed above for assistance.

Applicants must:

- Ensure that the application is complete prior to submitting it to the Indigenous Health Policy Unit;
- Affix any supporting or additional documentation in clearly defined appendices at the end of the application. If possible, please scan all originally signed supporting documents to create electronic copies. If not possible, please submit the supporting documentation via Canada Post or by courier; and
- Ensure all supporting material is submitted by the closing date. Supporting material received after the closing date will not be considered.

Disclaimer

It is the applicant's responsibility to ensure that all information provided by the applicant is up-to-date and correct to the best knowledge of the applicant, and that the application reaches the ministry on, or prior to, the application closing deadline. The ministry is not responsible for applications that are lost, delayed, misplaced or misdirected.

It is also the applicant's responsibility to ensure that the applicant has sought all necessary legal and financial advice that may be required to complete this application.

By submitting an application, applicants acknowledge that this is not a competitive procurement/tender and that determination of the successful candidates for further funding shall be made at the ministry's sole and absolute discretion. In reviewing applications, the ministry reserves the right to discuss and disclose the contents of such applications within the broader public sector (e.g. Local Health Integration Networks) and the applicants, by submitting applications, expressly consent to such disclosure in addition to the following consent.

Consent

The ministry frequently receives requests for the release of contact information. The requestors for this information can include individuals or organizations and media enquiries.

Consistent with the ministry's desire to protect the privacy rights of Indigenous mental health and wellness programs applicants, contact information will not be released to the public during the application stage. Once successful applicants are announced, the ministry will only release the contact information of the successful Indigenous mental health and wellness programs applicants. The information will only be provided to individuals and organizations who have requested the same.

By submitting this application form, applicants consent to the release of the information contained in Question 1 to requesting individuals or organizations – in the event the group's application is successful. This consent includes permission to post such information on a ministry website.

Application Vision

Indigenous knowledge and practices are the foundations for mental wellness supports and services.

Application Principles

The Principles are values in action. Applicants will need to demonstrate how their programming aligns with the guiding Principles listed here. The information below is for reference only. Applicants will be asked to address the Principles in Section 5 of the Application.

1. Family and Community Focused

❖ *How will your proposed program support family and community healing? How will you involve family and community to ensure clients are able to return to a positive family and community environment and sustain the gains made through treatment?*

2. Community Development - Contributes to Long Term Wellness

❖ *How will your proposed program support community development – for example, by empowering communities to define and manage their own services, utilize their cultural knowledge, and sustain positive changes over time? How will your programs develop capacity within communities and contribute to long term wellness?*

3. Culture is the Foundation

❖ *How will your proposed program use Indigenous knowledge and practices as a foundation in the development of programming and in the delivery of care?*

4. Trauma Engaged

❖ *How will your proposed program support clients to heal from historical, current, and intergenerational trauma they have experienced?*

5. Land Based

❖ *How will your proposed program use land-based healing methods to deliver care and address client needs?*

6. Strengths Based

❖ *How will your proposed program utilize and build on the strengths of Indigenous individuals, families and communities to deliver care and address client needs?*

7. Continuity of Relationships

- ❖ *Positive relationships with others are integral to the healing process. How will your proposed program support the continuity of relationships over time and across boundaries (e.g. service sectors, geography, jurisdiction)? How will you ensure an active support structure is in place within communities and across services to facilitate the longer term healing journey once the need for intensive treatment has passed?*

Indigenous Health and Wellness Programs and Services Application Form

The following sections are to be completed by the Applicant.

SECTION 1: ABOUT YOU

This section provides the ministry with your business contact information. The ministry may release this information about successful applicants to requesting individuals or organizations (as outlined in the “Consent” section of page 5).

1. Applicant Contact

Name of Primary Contact (individual)	
Mailing Address of Primary Contact	
City/Town	
Postal Code	
Phone	
E-Mail Address	

2. Sponsoring Agency/Organization/Band Council Contact Information

Name of Sponsoring Agency/Organization/Band Council	
Location of Sponsor	
Name of Primary Contact (leave blank if same as above)	
Mailing Address of Primary Contact	
City/Town	
Postal Code	
Phone	
E-Mail Address	

SECTION 2: ABOUT YOUR PROGRAM

This section provides the ministry with information about your proposed program.

Please provide a brief description of your organization, including: its mandate, any programs or services already provided by the organization, skills and experience in delivering mental health and addictions services, and experience managing contracts and transfer payment funding from the Government of Ontario.

RESPONSE:

Please provide a summary of your proposal. This description should clearly articulate the goals of your program. This description should provide the ministry with a high level overview of your program that will be described in more detail throughout the Application.

RESPONSE:

Please identify existing/new members of staff who will be involved in delivering your proposed program. This includes professionals, paraprofessionals and cultural practitioners. Please indicate their current/expected qualifications, certifications, and registration with a professional college where applicable. Please also indicate the full-time equivalency (FTE) of each staff's time in the program based on one FTE = 40 hours per week (7.25 hours + 0.75 hour break per day)

Proposed Staff	Registration with a Professional College	FTE	Qualifications
E.g. Nurse Practitioner	Yes: Registered through the RNAO	0.50	

Other staff, including those based outside of your organization:

Other Positions	FTE	Qualifications
E.g. Administrator	0.25	

Licenses Required to Deliver the Proposed Programs

Please indicate whether you require any licenses to deliver your proposed programs. If yes, please indicate when the licence was obtained or share your proposed timelines for obtaining the requisite licence(s).

License Required	Date Obtained / Expected
<i>E.g. The Child and Family Services Act requires organizations to have a license to deliver residential services to children and youth aged 18 years and under</i>	

SECTION 3: PRIORITY AREAS

Priority Areas for funding have been determined in response to the needs identified by Indigenous communities in Ontario. Your proposal must address at least one of the following priority areas, and you may address multiple priority areas if you choose.

NOTE: The number of priority areas you address will not affect the evaluation of your proposal

Check all priority areas that will be addressed by your proposed program. If you check a priority area, describe in the corresponding box how your proposed program aligns with this priority area.

Community Healing Models to Address Sexual Abuse
This priority area can include: programming for individuals, families, communities, and/or perpetrators.

Describe how your proposed program aligns with this priority area, if applicable:

Community Wellness
This priority area can include: programming that addresses or leads to community wellness, prevention and early intervention programming, wellness promotion and education programs, etc.

Describe how your proposed program aligns with this priority area, if applicable:

Addressing Gaps in the Continuum Of Opioid Replacement Therapy
This priority area can include: addressing gaps in the continuum of treatment for individuals withdrawing from the use of opiates, Indigenous approaches to withdrawal management and stabilization, cultural supports for individuals in withdrawal management programs, etc.

Describe how your proposed program aligns with this priority area, if applicable:

System Transformation and Coordination



This priority area can include: programming that addresses the broader social determinants of health, interdisciplinary approaches to healing, programs that support coordinated systems of care built around client needs and strengths, and programs that support partnership and collaboration.

Describe how your proposed program aligns with this priority area, if applicable:

Workforce Development and Continuity



This priority area can include: programs that support workforce continuity, programs that support and promote the wellbeing of front-line workers, staff training opportunities, etc.

Describe how your proposed program aligns with this priority area, if applicable:

Responding to Gaps In Service Across Lifecycle, Geography, and Jurisdiction



This priority area can include: targeted programs to address service gaps that have resulted from a variety of barriers. Programs may be targeted towards a specific age group, population segment, geography, etc.

Describe how your proposed program aligns with this priority area, if applicable:

SECTION 4: CRITERIA

The following Criteria will be used to evaluate the readiness of your proposed program and whether it will address an identified need for the population you are proposing to serve. All Criteria will be weighted equally, unless otherwise noted.

Criteria	
Applications will be evaluated using the following scale, unless otherwise noted:	
1 - Minimal thought or evidence has gone into proposed program design 2 - Adequate thought or evidence has gone into proposed program design 3 - Substantial thought or evidence has gone into proposed program design	
A	Alignment to Relevant Indigenous Mental Wellness Models/Frameworks
B	Demonstrated Community Need <i>This criterion will be given the highest weighting of all the criteria, and will be evaluated by factoring in the following considerations:</i> <ul style="list-style-type: none"> • Whether there are similar and accessible services available in the immediate area • Whether there are similar and accessible services available in surrounding areas/communities • The level of need within the targeted population and how this has been identified
C	Demonstrated Relevant Community Governance (Including Participation and Accountability)
D	Demonstrated Partnership and Collaboration
E	Clear Healing Model
F	Supports Knowledge Sharing
G	Location (residential, land-based, mobile, and/or community based)
H	Evaluation
I	Alignment to Application Principles

SECTION 5: ABOUT YOUR PROPOSAL

This section provides the ministry with detailed information about your proposal and how it aligns to the criteria outlined in Section 4. Please provide as much information as you can in your response to each question.

Please attach a separate document to this application that includes information to answer the following questions, each related to a Criteria area. This section should be no longer than 20 pages. Any additional information not required in the questions below can be appended, if necessary.

A. Alignment to Relevant Indigenous Mental Wellness Models/Frameworks

First Nations, Inuit, Métis, and urban Indigenous Mental Wellness Models and Frameworks can include but are not limited to: The First Nations Mental Wellness Continuum Framework, Honouring our Strengths Framework, and the Alianait Inuit Mental Wellness Action Plan, as well as organization-specific frameworks/models.

1. Describe how your proposed program aligns with your relevant Mental Wellness Model/Framework.
2. How will your proposed project address the unique health care needs of the Indigenous clients you will be serving in a culturally appropriate way?

B. Demonstrated Community Need

Please demonstrate that there is a need for your proposed program, and that it will address the needs of the community you are proposing to serve.

1. What geographic catchment area will your Indigenous mental health and wellness program serve?
 - a. Please list the communities (including urban and on-reserve communities) that will be served by your program.
2. Describe the clients that your project will serve. Please include:
 - a. The age range and gender of the clients targeted by your proposed program.
 - b. The projected number of clients your proposed program is planning to serve annually.
3. How will your proposed program address the needs of the population that your program will serve annually?
4. What is the health status of the population your proposed Indigenous mental health and wellness program will serve? Please include information about the specific needs of the population (i.e. prevalence of mental health and/or addictions issues, any population needs assessment that you have access to).

5. How do you know there is a need for the programming you are proposing to provide? Please include a summary of any research you have conducted or external research you have access to (e.g. statistical data, environmental scans, etc.).
6. What Indigenous mental health and wellness services already exist in your community or catchment area? What other community-based health care services are available in your catchment area (e.g. Nursing Stations, Health Centres, Aboriginal Health Access Centres (AHACs), hospitals, mental health and addictions services, community support services, etc.).
7. If there are existing mental health and addictions programs in your community or catchment area, how are these programs not addressing the needs of your target population?

C. Demonstrated Relevant Community Governance (Including Participation and Accountability)

Please demonstrate that you have the support and authority to submit this proposal on behalf of the population you are aiming to serve, and that appropriate governance and accountability mechanisms are in place.

1. Is there a governance structure already in place for your proposed project? If yes, please describe it. If no, please describe your proposed governance structure. Please include the following details:
 - a. Reporting structure, such as an overseeing Board or Chief and Council;
 - b. Accountability processes to administer, manage and oversee funding received from MCSS and MOHTLC;
 - c. Relationship with existing health care agencies (e.g. reporting requirements, representation on decision-making bodies, etc.); and
 - d. Role of Elders, Traditional Healers, cultural practitioners, clinicians and/or youth in the proposed governance structure.
2. Describe the role of community members (local community and/or the community you are proposing to serve) in the governance of your organization and proposed programming. How will you report back and be accountable to the community that you are proposing to serve?
3. How have communities and relevant community governance structures/bodies been engaged in the development of your proposal and your proposed treatment model?

D. Demonstrated Partnership and Collaboration

Please demonstrate how you will work in partnership with other organizations to ensure a coordinated response to client needs and mental wellness issues among Indigenous communities.

1. How will you partner with other organizations and jurisdictions (e.g. other Indigenous groups, educational institutions or health service agencies) to ensure clients have access to a continuum of culturally appropriate services to support their treatment and healing needs?
 - a. Please list the organizations that you propose to partner with, and describe their role in the proposed program as well as the reporting structures in place.
 - b. How will you facilitate access to strong aftercare supports?
 - c. Please include Letters of Commitment for any partners identified. Each letter should be signed by the proposed partner, and should describe the roles that each partner will play and any shared funding arrangements.
2. Please describe how your proposed program will align and integrate with other organizations, including provincial and federal programs, regional organizations, and community-based organizations.
 - i. Provincial initiatives could include: trauma response teams, suicide prevention training, youth recreation/cultural programs and mental health workers in schools, telemedicine, etc.
 - ii. Federal initiatives could include: community-based programming, First Nations and Inuit Health Facilities and Capital Program, etc.
 - d. How will you facilitate access to strong aftercare supports?
3. Please describe how your proposed program will work in partnership with other agencies and organizations to address the social determinants of health experienced by your proposed clients.
4. Please identify any funding partners (e.g. federal government, municipality, community agency, private organization, etc.), including “in-kind” donations, who will contribute towards:
 - e. One-time or on-going infrastructure and capital for your Indigenous mental health and wellness program; and/or
 - f. On-going operating costs (including Human Resources and other in-kind support) for your Indigenous mental health and wellness program.

E. Healing Model

Clearly articulate your proposed healing model and describe the supporting evidence for its effectiveness in improving outcomes for Indigenous clients and communities.

1. Describe the proposed services your Indigenous mental health and wellness project will provide. Please include the following information, as applicable:
 - a. Types of programming offered (e.g. treatment, detox, counselling services, etc.)
 - b. Whether these programs are residential/non-residential, land-based, mobile, community based, and/or a combination of programs.
 - c. Describe the traditional and/or clinical services you will provide.
 - d. Service schedule – how often will your services be available?
 - e. How services will be delivered to high risk and/or fragile clients (on site or through referral processes)
2. If your proposed program is not offering clinical services, how will you address a situation where clinical care is needed for a client (e.g. if urgent clinical care is required for a client who is experiencing withdrawal symptoms)?
3. Please describe an example of a care pathway that a client might follow through your program? Include the following detail:
 - a. Referral and intake processes
 - b. Client assessment and screening processes
 - c. How clients will receive services from your proposed program
 - d. Aftercare supports and staged processes for integration back into positive community life, including processes to re-engage higher levels of aftercare if needed
4. What will be the outcomes of your healing model for clients, their families, and the broader community?
5. How do you know that your programming will be effective? Please summarize any evidence you have which indicates that the proposed program will improve outcomes for clients, their families and the broader community – this can be locally produced knowledge, or evidence gathered from regional/national/international sources; it can be quantitative and/or qualitative (e.g. narrative) and should include Indigenous ways of knowing.
6. How will your proposed program support continuity of relationships throughout the client pathway, across jurisdictional, geographical and service divides?
7. Please demonstrate that you have the capacity to deliver the proposed healing model you have described. Please include whether you have delivered similar programming in the past.

F. Supports Knowledge Sharing

1. How will you foster awareness of your proposed program throughout the population you serve, and among service providers?
2. How will you share knowledge (including successes and best practices) with service providers and Indigenous communities, or otherwise contribute to a better understanding of addressing mental health and addictions in Indigenous communities?
3. Please describe how your team will foster transparency, accountability and quality improvement in the health care system. (e.g., Quality Improvement Plans (QIPs), etc.)

G. Location (residential, mobile, or community based)

1. Will your program be residential, mobile, or community based?
2. How will Indigenous clients be referred to your program?
3. How will you facilitate access for clients coming from across Ontario to your proposed program?
4. Has a location been identified for your proposed program? If yes, please provide an exact address. If no, please identify any proposed locations for your program.
5. Will your proposed program be ready to begin operations if operational funding is secured? If not, what work is needed for your proposed program to be operational?

H. Evaluation

How will you evaluate your program and demonstrate that it works?

1. Describe the intended outcomes of the program and how they will be meaningfully tracked, measured and monitored.
2. How will you define and measure the success of your Indigenous mental health and wellness program?
3. How will you involve clients, their families and the community in evaluating program activities?
4. How will you communicate the impacts of your proposed program to the ministries, relevant community governance structures/bodies and the community?

I. Alignment to Application Principles

1. Please describe where in your proposal you have applied the Principles listed in on pages 6-7 of the Application. How have the Principles been incorporated into your programming?

Other Information

Is there any other information that you would like to add to the application?

SECTION 6: PROPOSED WORKPLAN and TIMELINES

This section provides the ministry with your workplan, which outlines how you will successfully implement your proposal, and the associated timelines.

Proposed Workplan and Timelines

Please describe your workplan, including major milestones and steps that must be completed in order for your proposed program to begin operations. This section can include high-level activities and estimated timelines. We understand that every detail is not available at this stage.

Please note:

- *Selected applicants will be asked to describe their work plan in more detail, including any capacity building that will need to take place.*

Activity/Milestone	Start Date (mm/yyyy)	End Date (mm/yyyy)
E.g. Hire Staff (e.g. Program Manager)		

SECTION 7: PROPOSED BUDGET

This section provides the ministry with your proposed budget and outlines costs that are eligible for this program.

Funding can be used for: staffing and other operating/programming costs.

Funding cannot be used for: sessional fees, infrastructure/capital costs, physician fees for direct service or sessional fees, laboratory fees, the provision of drugs, or travel costs that are funded through separate mechanisms (e.g., OHIP, ODB, NIHB).

Please note:

- Funding will not be available earlier than Fall 2017.
- Funding in 2017/18 will be partial year funding: Fall 2017-March 2018.
- Funding in 2018/19 and onward will be full year funding.

PROPOSED BUDGET for [Placeholder for Funding Year]

Please include a separate budget for each funding year that you are requesting funding for. Please note that a template has been included below, however additional funding lines can be added as needed.

Budget Item	Description	Funding
Salaries & Wages	<i>Please include the number of full-time equivalencies (FTEs) plus individual salaries and benefits (benefits can be a maximum of 17.5% of the salary). E.g. 1 FTE (Nurse Practitioner) at \$X</i>	
Program Supplies & Materials	<i>Please include types of supplies and if possible, how they are related to the program.</i>	
Travel Costs	<i>Please include details regarding who is travelling and purpose of travel</i>	
Honorariums	<i>Please include details regarding who is receiving an honorarium and their involvement.</i>	
Evaluation Costs	<i>Please include details on activities to evaluate and receive feedback on the proposed program i.e. survey tools, etc.</i>	
Workforce Development and Capacity Building	<i>Please include details regarding activities that provide staff with capacity building opportunities, training and professional development. E.g. workshops, training courses</i>	
<u>Subtotal of Operating Costs</u>	<i>Subtotal of expenditures excluding administration costs.</i>	\$X,XXX.XX
Administration Costs	<i>These costs can be up to 10% of the subtotal. Costs that are administrative include: rent, telephone costs, utilities, bookkeeping/accounting functions, etc.</i>	
<u>Total Operating Costs</u>	<i>Subtotal + Administrative Costs</i>	\$X, XXX.XX

One-Time Start-up Costs for 2017/18	<i>These expenses are only for start-up costs during the first year of the program. Ongoing budget items should not be included in these costs. E.g. staff recruitment costs, one-time supply purchases, etc.</i>	\$X,XXX.XX
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<u>Total Funding Requested for [Placeholder for Funding Year]</u>	Total funding requested (Total Operating Costs + One-Time start-up costs, if applicable)	\$X,XXX.XX
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APPLICANT CHECKLIST

This section is not mandatory but has been included to assist Applicants in preparing their applications.

Before submitting your application, please confirm the following:

- I am an Eligible Applicant (see Eligible Applicants on page 3).
- I am applying for funding to support my Mental Health and Wellness Program, and not a Treatment and Healing Centre (see disclaimer on page 3).
- I have filled out the information for Section 1, 2, and 3 in the Application Form.
- I have considered the Vision (see page 6) and the Principles (see pages 6-7) in the development of my program.
- I have attached a separate document with responses for the questions asked in Section 5.
- My responses to Section 5 are no longer than 20 pages in total.
- I have filled out Section 6: Proposed Workplan and Timelines in the Application Form or in a separate document that is attached.
- I have filled out Section 6: Proposed Budget in the Application Form or in a separate Excel spreadsheet that is attached.
- I have submitted individual budgets for each year that I am requesting funding for, noting that only partial year funding can be requested in 2017/18.
- I have included Letters of Commitment from all identified partners.

Glossary of Terms

Below are definitions for some of the terms used in this application. Definitions have been provided by a variety of sources, including Indigenous partners, and are not meant to be prescriptive

Addiction / Substance Dependence

Substance dependence is repeated misuse of a psychoactive substance or substances to cause periodic or chronic intoxication, with compulsion to take the preferred substance (substances). Substance dependence is characterized by having great difficulty in voluntarily stopping or modifying substance misuse and exhibits determination to obtain psychoactive substances by almost any means. Substance dependence can be progressive and debilitating.

Aftercare

Follow-up care provided after a treatment program.

Care Pathway

A care pathway identifies all the options for care that an individual, family or community may have in addressing substance misuse, intergenerational trauma, or in a journey towards wellness. Because the care pathway includes preparation for care and supports the continuity of relationships across relevant service providers it is longer and includes outpatient activities, discharge from a service, transition between services and after-care. A care pathway may also include natural supports or informal supports in the community.

The aim of a care pathway is to enhance the quality of care across the continuum by monitoring progress to culturally relevant outcomes, promoting safety, increasing satisfaction, and optimizing the use of resources. The care pathway does not assume one type of service is the only option and it does identify the necessary services that meet the needs of the individual, family or community.

Cultural Practitioners

The term “cultural practitioner” was created to identify those who have community sanctioned rights to lead, conduct, facilitate, or teach certain cultural practices and are not yet identified as an “Elder” by the community who would give such sanction to the rights to practice. A “cultural practitioner” is not simply someone who lives a “traditional lifestyle” or someone who participates in cultural activities, customs or ceremonies. What gives credibility to a “cultural practitioner” is their knowledge and skills as identified, defined and sanctioned by the community. The process of sanction relies upon close observation, teaching, mentoring and accountability of the development of the cultural practitioner’s sacred Indigenous knowledge, observation of cultural protocols, and care towards the interpretation and application of such knowledge and practice. These individuals must have the sanctioning of community, and that community sanctioning influences the level of engagement of participants. Indigenous communities, sacred and cultural societies are the source of sanctioned rights, credibility, protocols for and scope of practice. Cultural practitioners are often apprentices to Elders, work closely alongside Elders and Ceremonialist, or may come into their roles through inheritance of sacred bundles held within their families.

Detox (see also Withdrawal Management)

Application for Mental Health and Wellness Programs – MOHLTC

Recovery from the toxic effects of a drug or substance by the removal of the toxic properties of that substance.

Elder

In traditional terms, an Elder is also a specialist in ceremonies, traditional teachings, language, and heritage as it applies to mind, body, emotions and spirit. As each individual is unique in their experience, learning, personality and knowledge of traditional culture, each potentially has something different to offer. Some individuals may be specialists in certain teachings, ceremonies or healing practices, while others have another expertise. While age is a part of this, it is not the only part, but to a certain extent it is when you have experienced enough of the stages of life that you can look back and reflect on them.

Health Promotion:

Activities which focus on improving or maintaining the health of the individual, family or community before the presence of a disease or illness.

Indigenous Knowledge

Indigenous Knowledge is grounded in the original languages of Indigenous people, informed by spirit, and translated through cultural practices that transcend generations and time. Indigenous knowledge can therefore be traced to its original source and meaning as it is applied within contemporary contexts. Acting from Indigenous centeredness means that one affirms, asserts, and advances Indigenous seeing, relating, thinking, and doing as being inherent and central to the Indigenous ways of knowing.

Intergenerational Trauma:

The intergenerational effects of historical traumatic events can occur through multiple routes and have multiple impacts spiritual, emotionally, mentally, and physically on individuals, families, and collectively as Indigenous community. Indigenous people exposed to discrete or chronic collective trauma experiences; for example: disconnection from original language, homelands, and lineage through forced relocation, residential schools, child welfare and justice systems pass on the impact of these experiences in many ways to the next generation, including genetically, psychologically, and behaviourally.

Inpatient treatment/ Residential Treatment

Treatment that requires patients to stay overnight in a residential setting and receive care on a 24-hour basis.

Land Based Healing

The land has always been fundamental for the health and cultural identity of Indigenous peoples. A commonly held belief is the interconnectedness of all life, which includes human persons and all Creation (animals, plants, rocks, visible and unseen forces of nature, the universe) that coexist in balance, harmony, respect, and care. Living on the land for generations has enabled Indigenous peoples to develop an understanding of wellness that is more expansive than the western concept of health (as absence of disease), including physical, emotional, intellectual, and spiritual dimensions. Good living, or wellness, is similarly understood by many Indigenous peoples. The land is thus viewed as a living, breathing, conscious being that heals and teaches, and is therefore the source of a positive cultural identity and balanced wellbeing.

Opioid Agonist/Replacement Therapy

A type of treatment for addiction to opioid drugs such as heroin, oxycodone, hydromorphone (Dilaudid), fentanyl and Percocet. The therapy involves taking opioid agonists, e.g. methadone or buprenorphine (Suboxone). These medications work to prevent withdrawal and reduce cravings for opioid drugs.

Outpatient treatment

Treatment that includes day programming only.

Social Determinants of Health

The range of personal, social, economic and environmental factors that determine the health status of individuals or populations. The social determinants of health can be grouped into seven broad categories: socio-economic environment; physical environments; early childhood development; personal health practices; individual capacity and coping skills; biology and genetic endowment; and health services.

Traditional Healing / Culture Interventions

Traditional Healing or Cultural Practices used as interventions are common ways of talking about the use of Indigenous Knowledge and practices for supporting wellness. Cultural practices such as ceremonies attend to the whole person, while other interventions may have more specific focus. Cultural healing practices or interventions are facilitated by individuals who have sanctioning of their skills and knowledge in culture because they live the culture and have been recognized by both the cultural teachers/community and the Spirit to lead or facilitate a certain cultural activity. However, some cultural interventions, generally those that are not ceremonial, do not require this level of expertise. An example is the use of sacred medicines for smudge, although this differs across cultures. All cultural interventions require a level of cultural competency that follows the culture of the people on that land. Critically important is to know that there is not “one” culture because culture is defined by the land, language and nation of people. There is a diverse range of traditional healing practices that have roots in Indigenous languages and cultures. There are various types of practices that are common across cultures, while others are uniquely rooted in local culture and traditions.

Withdrawal Management (Sometimes referred to as detox)

Processes of support that help individuals withdraw from the use of alcohol or other drugs. Withdrawal management services may include medical approaches, non-medical or cultural, community and land-based medical approaches, and stabilization supports.