



**Joint Winds of Change Committee
of
The Mount Currie Band and
The Village of Pemberton**

**Drug and Alcohol Treatment Services
Feasibility Study**

**Revised Report
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Thank You!

The members of the project team wish to say “thank you” to all of the people who made this project possible.

Thank you to the Lil’wat Nation for welcoming us into your traditional territory.

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1.0 Introduction

The purpose of this document is to report the process and results of a feasibility study for drug and alcohol treatment services and/or facilities for the Pemberton Valley.

To complete this feasibility study the project team undertook to do the following:

1. Determine what need exists for drug and alcohol treatment services in the Pemberton Valley.
2. Determine what mix and phasing of services is best suited to meeting this need, now and into the future (Desired Service Delivery Model).
3. Examine the existing mix of services (Current Service Delivery Model) so that a comparison can be made between current services and the services that are best suited to meeting the need (Gaps Analysis).
4. If a gap exists between the current services and the services that are required to meet the need, then to develop a strategy that can bridge that gap. This strategy should identify what is feasible for treatment services and/or facilities, but should also identify what is feasible for other services necessary to meet the need.

Before describing the results of these efforts we will provide a brief profile of the Pemberton Valley communities and a description of the methods used in our study.

2.0 Brief Community Profile

The communities of Pemberton (population ~2500) and Mount Currie (population ~1800), located just to the north of the resort community of Whistler, are small and rural in nature. Each community has experienced significant population growth since 1996. In fact, for the past five years the Pemberton Valley has been the fastest growing region in British Columbia.

The Pemberton Valley is connected to the lower mainland and the interior of British Columbia via highway 99. Community services include elementary schools, a secondary school, library and community center.

Provincial health services are provided in the Pemberton Valley under the authority of Vancouver Coastal Health. The Pemberton Valley is in the Coastal Health Service Delivery Area.

The closest hospital is in Squamish, with tertiary hospital services provided from Lions Gate Hospital in North Vancouver. There is a medical clinic in Pemberton as well as a Community Health Center operated by VCH.

Federally funded health services are provided through the Mount Currie Health Center.

3.0 Study Method

The project team engaged in variety of activities designed to gain information and direction from the communities. These activities included:

- **Key Informant Interviews**
- **Focus Groups**
- **Community Open Houses**

3.1 Key Informant Interviews

The first step in the process was to talk with community members and people who worked for funding and service delivery agencies that provide services to the Pemberton Valley. The purpose of these talks was to educate the study team members about the two communities, from the perspective of the people who are involved in the communities.

Seventy six individuals were interviewed by four team members. Most interviews were one-on-one, but some of the interviews were conducted by two or more of the team members at the same meeting. The following chart provides a simple profile of the people interviewed.

	Mount Currie	Pemberton	Outside Pemberton Valley	Total
Women	23	11	15	49
Men	16	7	4	27
Total	39	18	19	76
Elder	4	2		6
Adult	31	14	19	64
Youth	4	2		6
Total	39	18	19	76

The interviews outside of the Pemberton Valley were primarily with managers of funding agencies, or workers in other community drug and alcohol services.

The early interviews with members of the two communities were informal, mostly open ended discussions intended to allow people to provide information they thought was important to this study. Later interviews and

follow-up interviews were more directive as the community direction to the study team came into focus.

3.2 Focus Groups

The results of the key informant interviews were used to develop a question format for the four focus groups. The focus groups were organized as follows:

Group 1: Three participants who are involved in service delivery in the Pemberton Valley.

Group 2: Nine participants primarily identified as emergency responders such as RCMP, Public Health Nurse, Fire Chief and various counselors.

Group 3: Four participants who do not have direct involvement in service delivery.

Group 4: Seven participants from both communities who receive (or have received) drug and alcohol services.

Focus Group Goals

The goals of each focus group were:

- To test the preliminary findings from the Key Informant Interviews.
- To test support for the preliminary design of a desired service delivery model,
- To develop a final design for a desired service delivery model, and
- To identify critical success factors for an action strategy.

3.3 Community Open Houses

After completion of the focus groups, the project team developed a desired service delivery model based on what they had learned. They then examined the feasibility of improving alcohol and drug services according to that model.

In order to ensure that everyone in the community had an opportunity to participate in this project two Open Houses were organized, one in Pemberton, one in Mount Currie. These Open Houses were advertised by the Winds of Change Committee and held during the evening to facilitate participation.

Posters were prepared that summarized the findings and recommendations of the project team. Representations of these posters are contained in the **Reference Archives**.

The format of the Open Houses was to place the posters around the room with comment sheets available for participants to provide written feedback if they wished. A formal presentation of the material was also prepared but the

turn out in Pemberton and Mount Currie was small enough that the participants decided to have an informal discussion group instead of the formal presentation.

4.0 Results

4.1 Community Engagement Results

4.1.1 Key Informant Interview Results

Most of the community members we interviewed appeared to share a vision that was something like this:

The people, leaders and organizations of Pemberton and Mount Currie working together to create a collaborative network of education, development and services that support people in their individual and collective efforts to live healthier lives.

Almost all of the key informants in Mount Currie saw a focus on “treatment” as a negative approach to a historical circumstance that requires a much broader approach to achieve long term improvement.

The majority of all key informants interviewed in Mount Currie and Pemberton saw significant problems with access to services, caused primarily by:

- distance to the service,
- waiting periods, and
- referral and qualification issues.

Mount Currie key informants identified deep wounds that have historical roots but continue today and expressed the need for some native only services to restore a depth of cultural awareness and integration into everyday community life that has been lost.

4.1.2 Focus Group Results

All of the goals of the focus groups were achieved.

- Preliminary findings from the key informant interviews were confirmed as was support for the preliminary design for a desired service delivery model.
- A number of themes emerged from the focus group discussions that provided guidance for the final design of the desired service delivery model and action plans. These themes are presented below:

Relationships The importance of relationships to community and service development was easily the most common theme in the focus groups. Intergenerational relationships, the relationship between the youth and the community, the

relationship between the two communities, the family structure, and other individual and community relationships are clearly important in building stronger communities and a truly effective service delivery network.

Resources Second only to “relationships” this was the most common theme by a two to one margin over other themes. The perception of the focus group participants is that there is an overall shortage of addiction services, and that the services that are in place are either difficult to access or not appropriate to the needs of the community.

Culture There are many aspects to this theme, including the importance of having services that are sensitive to the culture of the person receiving the service and the effects of cultural prejudice, racism and segregation. The participants in all focus groups saw these as barriers that must be overcome to begin healing.

Leadership This theme focused on the need for the leadership of both communities to provide leadership in working together to provide necessary infrastructure and to build a more balanced economy.

Education The participants in all focus groups saw education as a key to changing perceptions that are a barrier to understanding and cooperation, as well as to building the capacity to work together for stronger and healthier communities.

Persistence There was strong support for agreeing to a plan and sticking with it, even when it gets tough.

4.1.3 Critical Success Factors

It is clear that a successful project to improve addictions services must address the themes listed above. Other elements that the participants believe are necessary include:

- improved transportation,
- a family centered approach to service delivery, and
- a holistic and positive process.

The critical success factor most often mentioned was TRUST. The process must be trust worthy and build trust between people and communities.

4.1.4 Community Open House Results

Participants in both Open Houses were interested in learning about the project as well as in participating in the continuing work to build healthier communities and improve alcohol and drug services. Feedback was unanimously in support of the direction being recommended by the project team.

4.2 Needs Assessment Results

The 2004 report “Winds of Change: A Healing Vision” described two communities, Pemberton and Mount Currie who have drug and alcohol addiction problems. We did not find anything to contradict that report. Indeed, we found evidence that strongly supported that conclusion. That evidence is summarized below.

4.2.1 Community Feedback

The major evidence came from the results of our key informant interviews and focus groups (discussed in the previous section). All local residents who were interviewed and all focus groups identified drug and alcohol addiction as a significant problem in the Pemberton Valley. There was a difference, however, in the way the problem was perceived by most Pemberton participants and the way it was perceived by Mount Currie participants.

Pemberton: Key informants and participants in focus groups who were resident in Pemberton tended to focus on the visible problems of people who use drugs and alcohol in a destructive manner. Drug and alcohol abuse, including public drunkenness, was described as a public safety issue, an impediment to businesses and a barrier to economic and social development. Many recognized that drug and alcohol addiction is a symptom of more complex issues that effect the health of people, families and communities, but the focus was generally on the visible problems,

Mount Currie: Key informants and participants in focus groups who were resident in Mount Currie tended to focus on drug and alcohol addictions as a symptom of more complex issues that affect the health of people, families and their community. These participants also discussed the visible problems, but their focus was on the deep wounds in their community and the systemic injustices that created and continue to exacerbate those wounds.

These different focuses were reflected in the recommendations for improving services that were made by members of the two communities.

4.2.2 Police Reports

Although statistical information in this area is not always useful¹, there is some statistical information that clearly indicates the scope of the problem. For example, The RCMP Pemberton Detachment and the Stl'atl'imx Tribal Police Services Mount Currie reported for the period of January 1 to September 30, 2007:

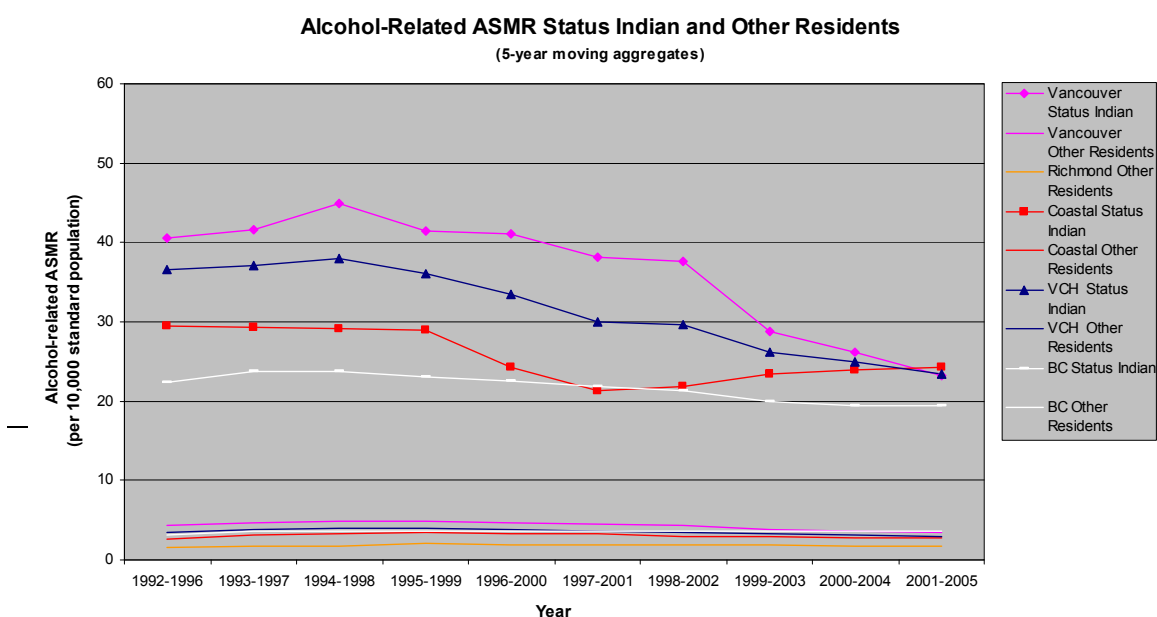
- 54 impaired driving charges
- 205 drunk in public incidents
- 12 fatalities from motor vehicle accidents with alcohol and speed factors

4.2.3 Vancouver Coastal Health Data

There is also some population data available that supports the conclusion that there is a drug and alcohol addictions problem in the Pemberton Valley. The reader is referred to Vancouver Coastal Health Authority's January 2008 "Aboriginal Health Status Profile". Although the data and analysis in this report does not report results on a community by community basis, it does report results for the Coastal Health Service Delivery Area (HSDA) which includes the Pemberton Valley.

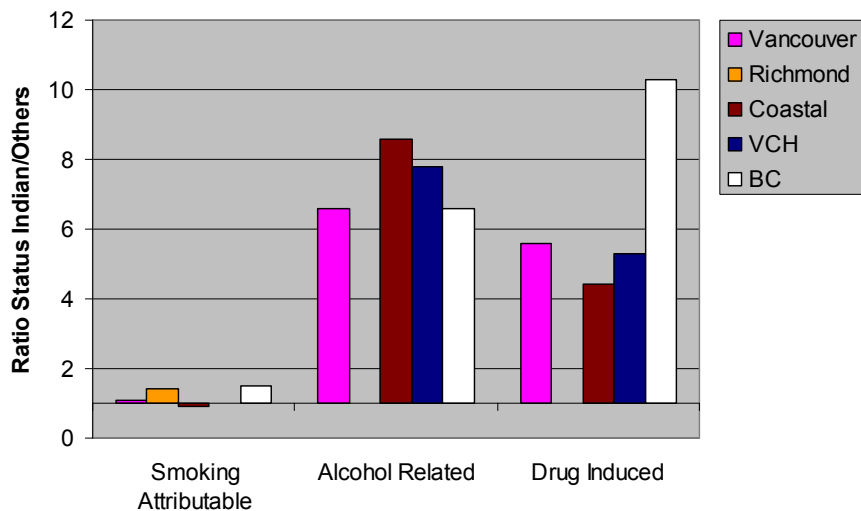
4.2.3.1 Potential Years of Life Lost Due to Drug and Alcohol Related Illnesses

All of the data in the VCH January 2008 report indicates that aboriginal communities in the Coastal HSDA have health status that is much worse than the rest of the VCH population or the BC average. Although there has been a positive trend in closing this gap the age standardized mortality rate (ASMR) for alcohol-related illness among Status Indians is 8 times that of other VCH residents.



Among the three HSDA, Coast HSDA has the highest ratio of addiction-related potential years of life lost standardized rate (PYLLSR) between Status Indians and other residents.

Ratio of Addiction-Related PYLLSR in Status Indian versus Other Residents, 2001-2005

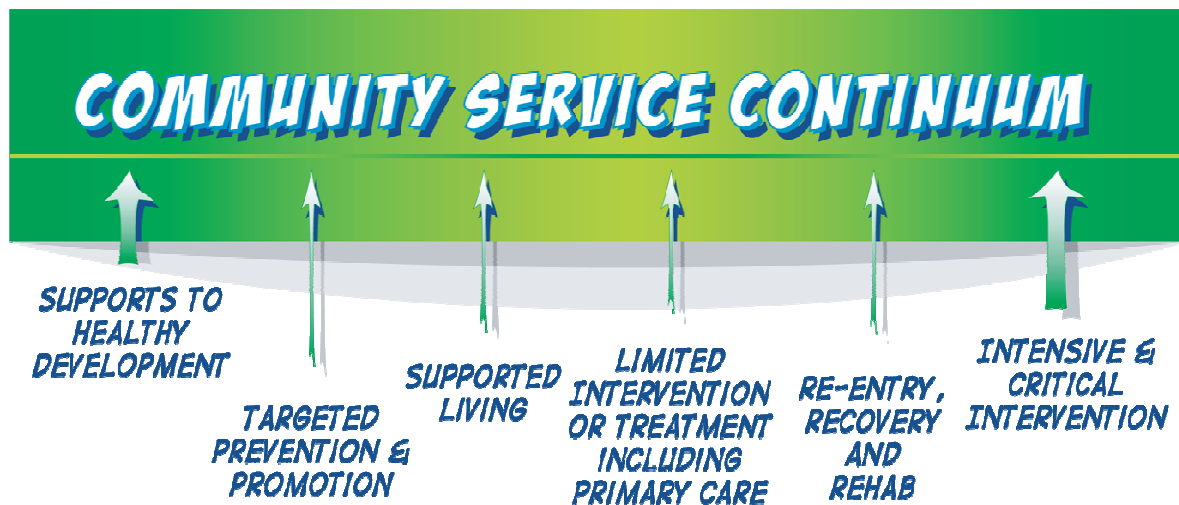


Again, this data is not broken down by community, but the subjective reporting from community members and service delivery professionals indicate that the Pemberton Valley is not an anomaly within Coastal HSDA with regards to drug and alcohol issues, and thus this VCH report supports the subjective impression of a drug and alcohol addictions problem in the Valley.

5.0 Desired Service Delivery Model

The previous section briefly describes a complex problem of drug and alcohol use in two communities with significant historical and structural stresses. The desired service delivery model must take this in to consideration.

It is generally accepted that all health and community social services can be organized into a continuum. That continuum can be represented thus:



In this model, community members receive services that support their healthy development as a means of reducing demand on the other services in the continuum. At the other end of the continuum are services that are intensive, usually invasive and in response to critical, urgent or emergency conditions.

Most of the resources in our health and community social services systems are allocated at the intensive end of the continuum.

It is understood that people usually move through the system from the least intensive end of the service continuum incrementally to the more intensive services, but sometimes enter the system in the emergency room of a hospital or some other intensive service and may stay in rehabilitation, recovery or other intensive service for extended periods of time.

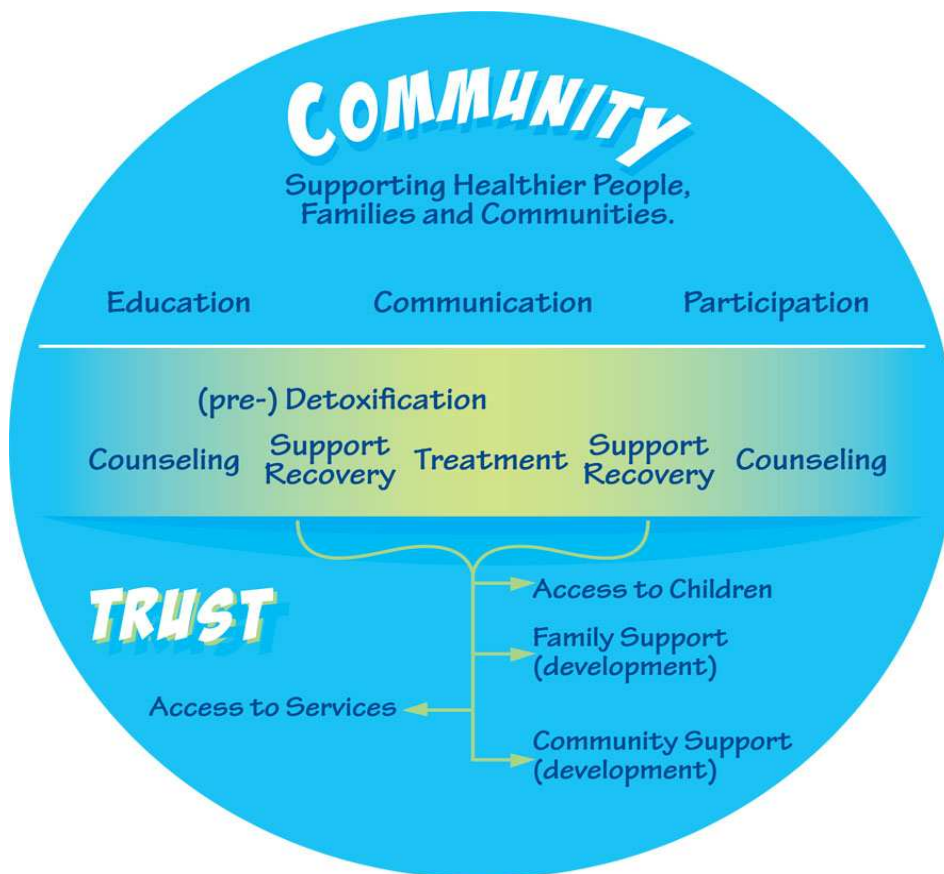
For drug and alcohol services this model is best represented as a continuum that illustrates the continuing need for support recovery and counseling following intensive intervention.

COMMUNITY SERVICE CONTINUUM



Notice that the intensive services are placed in the middle and less intensive services are placed on both ends of the continuum. Again, this is to represent the continuing need for support recovery and counseling following intensive intervention

In practice, drug and alcohol services have very limited success if they are not part of an integrated community support system. Certainly, this is what the community participants and professionals told us in this study. This relationship of the service continuum and community supports can be represented as follows:



This then is the desired service delivery model for the Pemberton Valley:

- Reasonably accessible services embedded in the community support system and integrated along the continuum from counseling, to treatment.
- Community services that support healthy living, including education, communication, and participation in community life and cultural enrichment.
- Service delivery that is culturally appropriate and provides the necessary supports to people, their family and their community network.

6.0 Current Service Delivery Model

Here is what we heard and saw during our investigation of the current service delivery model:

- Essentially, all elements of the continuum of services (section 5.0) are present in the region.
- Some services are located in the Pemberton Valley, some in the Sea to Sky Corridor, some are located in Greater Vancouver, and First Nations' treatment services are located outside of the region.
- National Native Alcohol and Drug Abuse Program (NNADAP) counselors (3 positions) work with residents of Mount Currie as well as members who live off reserve. This program experiences some barriers with the referral/approval process and funding for other services in the regional service network.
- Access is an issue.
 - Counseling, physician services and volunteer support groups (e.g., AA and NA) are local, but all other services are located outside of the Pemberton Valley.
 - Some education and prevention services are provided in Pemberton and Mt. Currie from staff that travels to the Valley from another center.
 - Counseling services in Pemberton have been very inconsistent, with recruitment and retention of professionals the major problem.
 - Public transportation between Mount Currie and Pemberton is limited.
 - Transportation to other regional centers is limited and in the winter, can be very difficult.
 - All drug and alcohol treatment services that are located outside of the Pemberton Valley have significant waiting times and thus have limited effectiveness as part of the service continuum in the Pemberton Valley.
 - Public information about services is inadequate.
 - Rules for referrals and access to referrals for services are reported to be barriers for many people.

- Cultural appropriateness is an issue:
 - The model of treatment that is the most acceptable and thus most effective within the Mount Currie community is not the model used in most regional services.
- The continuum of services is not well integrated into the community support network or other related community services.
- Some of the elements illustrated in the community model in section 5.0 are weak or absent.

7.0 Gaps Analysis

Residential Treatment Services: There is a need in the Pemberton Valley for improved access to residential treatment services when these services are required.

The only residential treatment facility in the Sea to Sky Corridor is near Squamish and it currently has limited capacity, although there is a development proposal its capacity before Squamish Council. There is also a recent private sector development proposal in Whistler for a youth treatment facility.

First nation's treatment facilities outside of the region are available to members of the Lil'wat Nation. However, funding for these has not increased significantly over the past ten years and access is limited.

Support Recovery Services: There is a need for improved access to appropriate support recovery services in the Pemberton Valley.

There is a Support Recovery House in Squamish operated by the Sea to Sky Community Service Society and funded by VCH and fees. This is the only support recovery facility in the Corridor and it is fully utilized by Squamish residents.

There is some speculation that the local pressure on the Squamish Support Recovery House could ease as housing construction in that community catches up with population growth. However, the current trends in growth in the Corridor suggest that this facility will have limited availability to Pemberton Valley residents. There are also problems associated with the distance to Squamish and the accessibility of family and community supports.

Detox and Sobering Services: There is a need for improved access to appropriate detox and sobering services for the residents of the Pemberton Valley.

Currently, the only sobering option that is available locally is the RCMP jail which is completely inappropriate for this purpose. There is the possibility of getting a bed for detox in the Squamish Hospital but, again, this is a stop-gap measure and not an appropriate use of that resource.

The closest detox facility is in Vancouver and the waiting period for that facility is several months at best and thus does not serve the needs of the Pemberton Valley.

Counseling: There is a need for consistent uninterrupted addictions counseling in Pemberton. There is also need for referral support to the NNADAP counselors in Mount Currie.

Community Development: There is a need for development of community supports to healthier living and a more integrated service network that is embedded in the community.

The current service delivery system is so dispersed throughout the Corridor and the region that it is not really connected to the community, nor is it well integrated and easily accessible from the perspective of local residents trying to deal with difficult issues.

There is a need to continue the work of building a healthier, more respectful relationship between Pemberton and Mount Currie.

There is a need for more support to Mount Currie in its efforts to build a healthier community.

The gap between the desired service delivery model and the current service delivery model is huge. Both in terms of the resources that are reasonably available to people in the Pemberton Valley, but also in terms of the way in which services are designed, developed and implemented.

8.0 Recommended Strategy for Improving Services

8.1 Directions for Change

The direction received from the community through interviews, focus groups and community meetings was:

- Improvements in the continuum of care for drug and alcohol issues must be part of a comprehensive plan with a holistic, family oriented and long term supportive approach
- There is a lot of service development work that needs to take place collaboratively between the two communities. However, there is also some work that needs to be completed separately by each community.
- It is important to both communities that a stronger relationship be developed. But strong partnerships come from strong partners in a respectful relationship. There is a lot of work to be done.
- The Winds of Change process started over seven years ago. Successful implementation of the recommendations contained in this report will take many years. Both communities indicated a desire to have a sustained commitment to this process by their leaders.

8.2 Elements and Pace of Change

8.2.1 Residential Treatment Facility

The principle question of this study was concerning the feasibility of developing a residential treatment facility in the Pemberton Valley. The short answer to this question is no, it is not feasible at this time. The principle reasons are:

1. There are two private sector treatment facilities under development in the Corridor already.

Paradise Valley Wellness Center (PVWC) is expanding its capacity. PVWC has already committed 12 spaces to the corridor and has negotiated a preferential funding arrangement with VCH for these spaces. It is the position of VCH authorities that this capacity should be sufficient to meet the needs of the Sea to Sky Corridor.

If approved, the expanded PVWC will have sufficient capacity for the Corridor, including the Pemberton Valley. Although PVWC is a private sector initiative, the owners and management have indicated a willingness to work with the local community so that they are able to

provide culturally appropriate services that blend with the service network for each community.

In addition to the PVWC, there is recent private sector initiative to develop a youth drug and alcohol treatment facility in Whistler.

Now is the time to be engaging in a dialogue with the owners and managers of these facilities, and with VHC authorities to secure a useful arrangement that meets the treatment needs of the Pemberton Valley.

2. The second reason that this is not the time to focus on developing a residential treatment center in the Pemberton Valley is because the community participants reported that a different model was needed in the Valley and that energy should be put into developing the other services that support that model (as discussed in previous sections).

There are some members of the communities who have a vision of a facility that could serve as a residential treatment center as well as a retreat and personal improvement center in the Valley. The advocates see this not only as a local service, but as an economic development initiative.

As a private sector, or community economic development initiative this is a compelling concept. The beauty and location of the Pemberton Valley seems to be ideally suited to this purpose. Certainly other entrepreneurs have seen this potential in Paradise Valley and Whistler.

It seems appropriate that people interested in this concept work on its development. Since this type of initiative is likely to take many years to bring to fruition, it is appropriate to begin planning now.

However, bringing a treatment facility that will serve the public as part of the public health system requires the support of VCH which seems unlikely given the other initiatives that are in progress, and the other higher priority needs of the community.

8.2.2 Support Recovery, Sobering and Counseling

The most viable way to provide residential treatment services to residents of the Valley is through building a relationship with the private sector facilities that are developing elsewhere in the Corridor, with the support of VCH. Continued relationships with First Nations treatment centers outside of this region is also important.

The most viable way to provide other drug and alcohol services in the Valley is by looking at locally appropriate models for these services and gaining the

support of VCH and Health Canada's First Nations and Inuit Health (FNIH) for that model and the resources that are required to implement that model.

There are two focuses for this development:

1. An integrated service facility in Pemberton, and
2. A Community Development Center in Mount Currie.

8.2.2.1 An Integrated Service Center in Pemberton

Currently, there is a VCH counseling position located in Pemberton. This position, when filled, should provide an important service to the community. It is important that this position be full time and be implemented in a manner that will help to ensure service continuity.

The authors believe that a good strategy for helping to ensure service continuity of the VCH counseling position is to place that position in an Integrated Service Center that provides a range of services that are needed in the community. We believe this would be a more effective and rewarding position and thus encouraging a professional to stay in the job.

The Pemberton Integrated Service Center would include the following services:

- Mental Health and Addictions Counseling
- Support Recovery
- Sobering
- Community Liaison

These services might be provided in a standard fashion, such as a Support Recovery House and a Detox Facility. Or, they could be provided in a community outreach – day care format. The costing for this facility will depend upon the service delivery model selected.

For example, a more institutional model for support recovery such as the Squamish Support Recovery House would require space for 3 to 6 beds and would have an operating budget of approximately \$400,000 net of service charges. However, a community outreach – day program would require less space and would not require around the clock staffing, which could result in lower operating costs.

“Daytox” or an outpatient sobering program is a current idea and may be the most appropriate model for the Pemberton Valley. As with support recovery, the space requirements are different than for a traditional inpatient Detox facility, as are staff requirements.

Another important element in the Pemberton Integrated Services Center is the community liaison function. There are a number of volunteer

organizations serving people with drug and alcohol addictions, as well as related health services and other programs in the Corridor that need to be working together in a collaborative manner to insure the integrity and effectiveness of the service network.

The staging of this development could be:

1. Engage in dialogue with VCH authorities² to ensure the full time mental health and addictions counselor position is filled and operating.
2. Work with VCH to develop the service delivery model for the sobering, support recovery and community liaison functions.
3. If a facility is required by the model that is developed, then undertake the steps necessary for that facility. A community partnership will probably be required for any capital project.

8.2.2.2 Mount Currie Community Development Center

The participants in this study from the Mount Currie community made it clear that their community requires services that are holistic, family oriented, and integrated in a community development model.

The preliminary results of this study were presented and discussed at an Open House in Mount Currie. The people who attended that meeting, as well as the service providers who participated in one of the Focus Groups in Mount Currie suggested several features that should be included in the strategy:

- First,** this is not a time for slow progress, it is a time to take immediate action that can continue to build over the years but which begins improving the situation now.
- Second,** there needs to be a lot of “seeds planted”, a variety of approaches so that some will take root and can be nurtured.
- Third,** in addition to spending money on services, the community needs to take this vision to heart and become a community of people helping people. If the only things that are done are done by paid professionals, this will not succeed.
- Finally,** because there are deep wounds that need to be healed, and work to be done to strengthen traditional values and practices, the immediate focus of the Mount Currie portion of the service network should be on an immediate increase in resources for improved services and community development.

² Paul Becklake is the manager for Mental Health and Addictions in the Sea to Sky Corridor. Joanne Bezzubetz is the Director of Mental Health and Addictions for VCH.

A Mount Currie Community Development Center would provide the following:

1. A place for improved opportunities for youth and elders activities and shared learning.
2. A place for teaching of traditional practices.
3. A place for recognition and celebrations of individual and community accomplishments.
4. A place where families can get support and access resources for positive growth and development.
5. A place where people and groups with creative community development ideas can get support to bring those ideas to fruition (an incubation center).
6. A place where individuals and families who are working on improvement and recovery issues as their way of helping their families and community become healthier can receive support. This could include:
 - a. Support recovery day programs,
 - b. Sobering day programs, and possibly a sobering center,
 - c. Counseling services.
7. A place for easy access to information and advice about where to go for services and other supports to daily living.

Planning and Development

A detailed budget for the Community Development Center is dependent upon what services are provided and in what manner. It is also dependent upon whether or not these services are located in one location or distributed around the community in existing accommodations.

One possible accommodation solution is to build a Center on the land dedicated for phase 2 of the Health Center. However, there are several possibilities and this is one item that needs more discussion as part of the Accommodation Planning process.

A possible development strategy could follow these steps:

1. Some immediate improvement in VCH services to Mount Currie should be possible within existing funding for the Corridor. This would be dependent upon the wishes of the Mount Currie community leaders, but it is recommended that an meeting with Joanne Bezzubetz and Paul Becklake take place as soon as possible to discuss options and the community's preferences.
2. Funding of services to the residents of Mount Currie is complex, as is the authority and approval structures. The Ministry of Health has provided \$5,000 to the Winds of Change committee for bringing the various funding authorities together with local leaders to discuss these issues and develop a collaborative strategy for addressing them. This forum should be organized as soon as possible.

3. Formation of a community task force to plan and oversee the progress of this project. There is possibly money available for this activity from the Provincial Ministry of Health, VCH or FNIH.
4. Develop a multi-year plan that prioritizes the incremental developments and provides funding and implementation strategies for each phase. Because there are choices that the community needs to discuss that will impact the cost and implementation of the project, this work needs to be done so that a detailed budget for the development plan can also be completed.
5. Phase 1 services might include services listed above being provided in currently available space in Mount Currie. This would only require getting the funding for the staff needed to provide these services.
6. Phase 2 might be the planning and acquisition of funding for a new center that would accommodate the full range of Community Development services listed above.
7. Phase 3 could be the co-location of all listed services in the new center.

9.0 Summary

This project is well timed. The Tripartite Agreement on First Nations Health has brought all of the First Nations political organizations together with the Federal Government and the Provincial Government to work towards addressing the historical gap between the health status of First Nations and that of the other residents of British Columbia.

The First Nations leadership has formed the First Nations Health Council to assist in implementing the Tripartite Agreement. At a recent Aboriginal Health Implementation forum sponsored by the Vancouver Coastal Health Authority and the First Nations Health Council, VCH made a commitment to making real progress on improving services to First Nations communities in their region.

At the same time, First Nations and Inuit Health have been funding transitional and adaptation initiatives that, among other things, are intended to improve health services in First Nations communities through a better cooperation between Federal and Provincially funded health services.

All of these agencies have committed funds to support the planning and transition process.

The drug and alcohol issues in the Pemberton Valley are linked to systemic issues in both communities that can only be successfully addressed through collective work and integrated systems.

The support that appears to be available for Mount Currie can be used to improve services in a manner that benefits the health and wellbeing of the entire Valley.

The work of the Winds of Change Committee and the progress that has been made in both communities through the work of community leaders, service providers and active community members, as well as the reality of its need for significant improvements in services, makes the Pemberton Valley an ideal place for central and regional authorities to demonstrate their real commitment to change.

Appendix Business Case

Introduction

The results of this study indicate that it is not feasible at this time to do a business case for a residential treatment facility. What we have provided below is a business case framework for the other services that are feasible to develop as soon as some important decisions have been made by the leadership of the two communities and the regional, Provincial and Federal authorities.

The business case can be completed once these decisions have been made, specifically:

1. What service delivery model is supported by the communities and VCH to deliver the elements of the Pemberton Integrated Service Center? That is, are the support recovery and sobering functions to be institutional models with inpatient beds or community outreach-day programs, or a mix of these options?
2. What service delivery model is supported by Mount Currie to delivery the elements of the Community Development Center and what phasing process would the community leaders like to utilize? That is, should the support recovery and sobering functions be institutional models or community outreach-day programs? Also, does the community want to pursue integration of all the elements of the Community Development Center as a first phase, or do they wish to address the alcohol and drug services separately as an initial phase with planned and phased development of the other elements subsequently.

Business Case Framework

Background Information

The Joint Winds of Change Committee of the Mount Currie Band and the Village of Pemberton has been working for more than seven years to improve the health and wellbeing of Valley residents.

In 2004, the committee published the report “Winds of Change: A Healing Vision”. That report provides a good profile of the community as well as a description of a significant drug and alcohol problem in their communities.

The Village of Pemberton and the Mount Currie Reserves serve an area population of approximately 6,000 people and for the past five years have been the fastest growing region in British Columbia.

Pemberton is located approximately 30 minutes north of Whistler on highway 99. The Pemberton valley is a beautiful area with a mix of farming and light industry.

The closest hospital is in Squamish. Most mental health and addictions services that are intended to serve the Pemberton Valley are located in Squamish or as far away as Vancouver and Vancouver Island.

Although the full range of drug and alcohol services are present within the region, and many are present in the Sea to Sky Corridor, the wait list and distance from family and community support networks make these services essentially unavailable to the residents of the Pemberton Valley.

Drug and Alcohol Issues

A recent Drug and Alcohol Services Feasibility Study engaged the community to determine their perception of the issues. The study results indicated that there are significant drug and alcohol problems in the Valley, and a strong desire to take appropriate action to address these problems.

An example of information that supports the extent of the problems is the report of the RCMP Pemberton Detachment and the Stl’atl’imx Tribal Police Services Mount Currie for the period of January 1 to September 30, 2007. They reported:

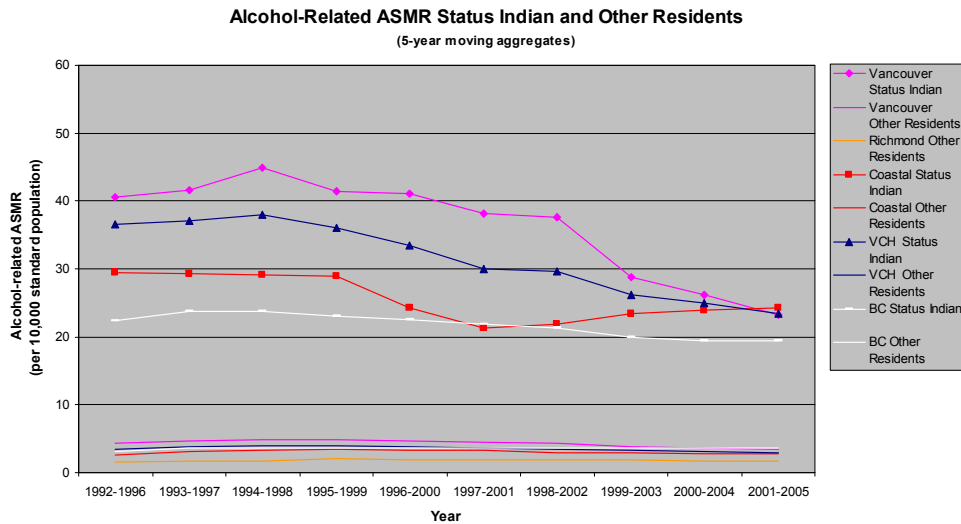
- 54 impaired driving charges
- 205 drunk in public incidents
- 12 fatalities from motor vehicle accidents with alcohol and speed factors

There is also population data available that supports the conclusion that there is a drug and alcohol addictions problem in the Pemberton Valley. The following information is taken from the Vancouver Coastal Health Authority’s January 2008 “Aboriginal Health Status Profile”. Although the data and analysis in this report does not report results on a community by community basis, it does report results

for the Coastal Health Service Delivery Area (HSDA) which includes the Pemberton Valley.

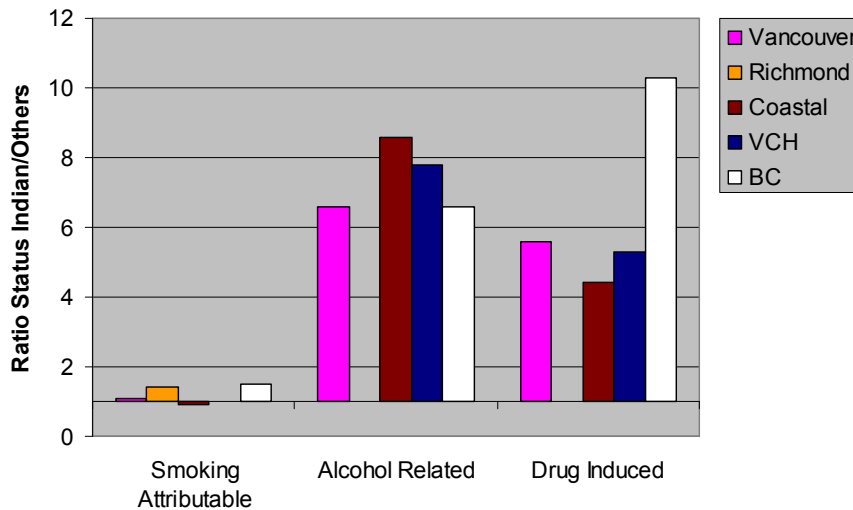
Potential Years of Life Lost Due to Drug and Alcohol Related Illnesses

The data in the VCH January 2008 report indicates that aboriginal communities in the Coastal HSDA have health status that is much worse than the rest of the VCH population or the BC average. Although there has been a positive trend in closing this gap the age standardized mortality rate (ASMR) for alcohol-related illness among Status Indians is 8 times that of other VCH residents.



Among the three HSDA, Coast HSDA has the highest ratio of addiction-related potential years of life lost standardized rate (PYLLSR) between Status Indians and other residents.

Ratio of Addiction-Related PYLLSR in Status Indian versus Other Residents, 2001-2005



Again, this data is not broken down by community, but the subjective reporting from community members and service delivery professionals indicate that the Pemberton Valley is not an anomaly within Coastal HSDA with regards to drug and alcohol issues, and thus this VCH report supports the subjective impression of a drug and alcohol addictions problem in the Valley.

Cost of Drug and Alcohol Problems

The community feedback indicates that there is a tremendous social cost of the drug and alcohol problems in the Valley. There is also evidence that there is a significant financial cost to the community and the various levels of government.

The 1999 Canadian Profile of Alcohol, Tobacco and Other Drugs reports an avoidable cost of alcohol abuse in British Columbia of \$272 per capita. Given the area population of 6,000, the avoidable cost of drug and alcohol abuse in the Pemberton Valley would be over 1.6 million dollars per annum. This is a conservative figure since the Provincial Health Officer has reported that First Nations people in BC are six times more likely to die of alcohol related causes than other residents and the ration is similar for other alcohol related harms.

Recommended Improvement Strategy

Some improvement in drug and alcohol services can be achieved through improvements in communication and cooperation with services in other communities. However, significant improvement can only take place with a significant infusion of resources into the two communities. The priority areas that should be addressed are summarized below.

Support Recovery, Sobering and Counseling

The primary strategy for improvement has two focuses:

1. An integrated service center in Pemberton, and
2. A Community Development Center in Mount Currie.

1. An Integrated Service Center in Pemberton

The Pemberton Integrated Service Center would include the following services:

- Mental Health and Addictions Counseling
- Support Recovery
- Sobering
- Community Liaison

There are several service delivery options for providing these services. The cost of the service will depend upon the option selected. For example, an institutional model of support recovery and sobering would have operating

costs of approximately \$70,000 per bed. A small facility of six beds would cost approximately \$420,000.

However, a community outreach-day program might be operated with three full time staff at approximately \$360,000.

The exact cost of developing these services is dependent upon decisions made by the community and the funding authority about service delivery model.

The need is for a commitment to working together to make these decisions so that a detailed budget and implementation plan can be completed.

2. Mount Currie Community Development Center

The need for dramatic and innovative action to address the significant gap in health status between First Nations people and the rest of the population in BC has been identified by the First Nations Leadership Council, the Provincial Government and the Federal Government in the Tripartite First Nations Health Plan.

The Mount Currie community requires services that are holistic, family oriented, and integrated in a community development model. The most viable strategy that will address the complex systemic issues faced by the Mount Currie members is a Community Development Center.

A Mount Currie Community Development Center would provide the following:

1. A place for improved opportunities for youth and elders activities and shared learning.
2. A place for teaching of traditional practices.
3. A place for recognition and celebrations of individual and community accomplishments.
4. A place where families can get support and access resources for positive growth and development.
5. A place where people and groups with creative community development ideas can get support to bring those ideas to fruition (an incubation center).
6. A place where individuals and families who are working on improvement and recovery issues as their way of helping their families and community become healthier can receive support. This could include:
 - a. Support recovery day programs,
 - b. Sobering day programs, and possibly a sobering center,
 - c. Counseling services.
7. A place for easy access to information and advice about where to go for services and other supports to daily living.

Cost of Not Taking Action

It has already been discussed that there is a real financial cost of over 1.6 million dollars per year of the drug and alcohol problems in the Pemberton Valley. More importantly, the potential of the people in these two communities cannot be fully realized until these issues are successfully addressed. This is really not just an issue of money, it is an issue of community spirit, and whether or not the people and leaders of British Columbia will live up to their commitments.