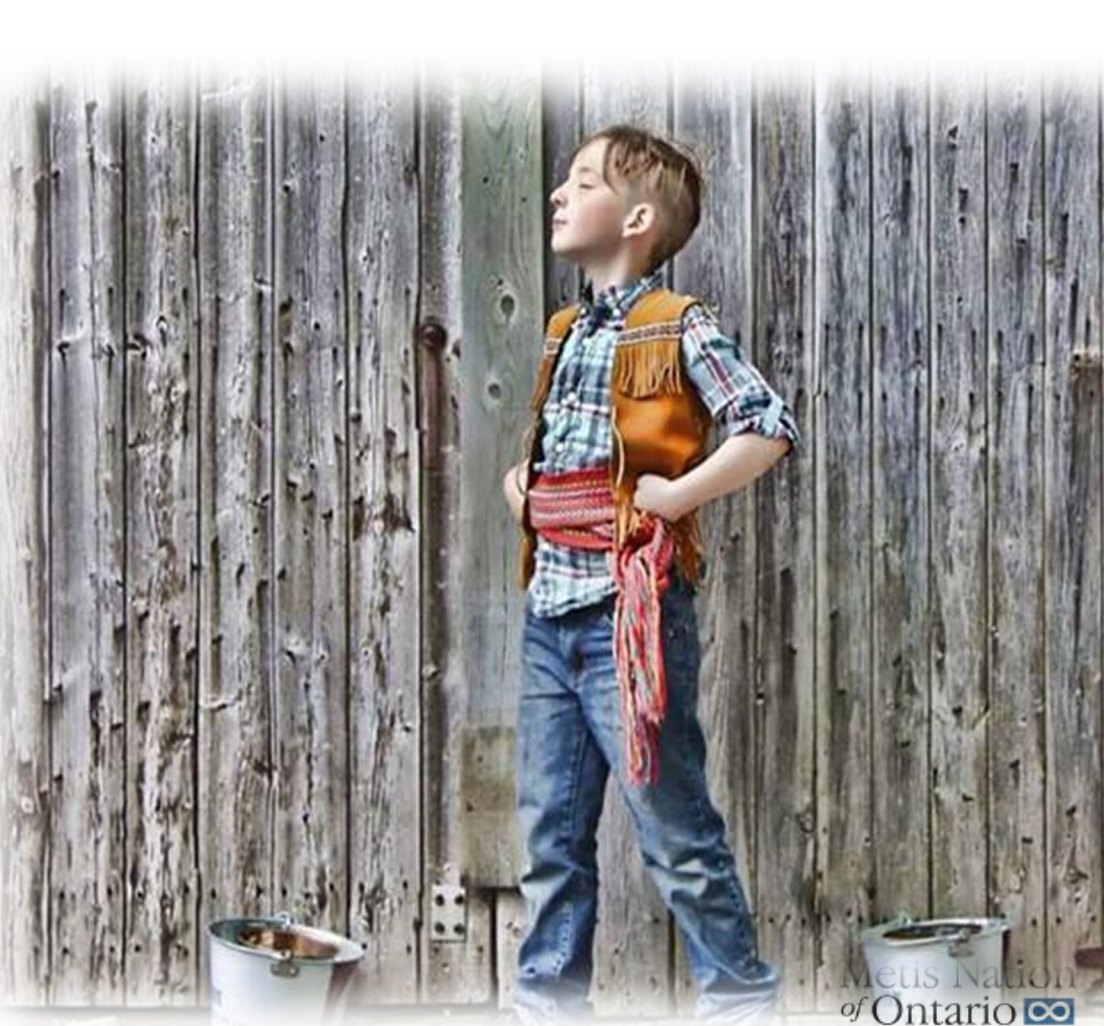


MNO's Community Based Intensive Addictions Program





Métis Nation
of Ontario ∞

The program has been able to secure a broader range of mental health professionals available to all Métis across the life span.

Métis communities now have access to:

- Psychology
- Psychiatry
- Psychotherapy (individual, group, marital counselling)
- Addictions counselling
- Digital dependency/gambling
- Behavioural therapy
- Parenting coaching
- Educational advocacy
- Occupational therapy
- Speech therapy
- Tutoring supports
- Legal/financial supports

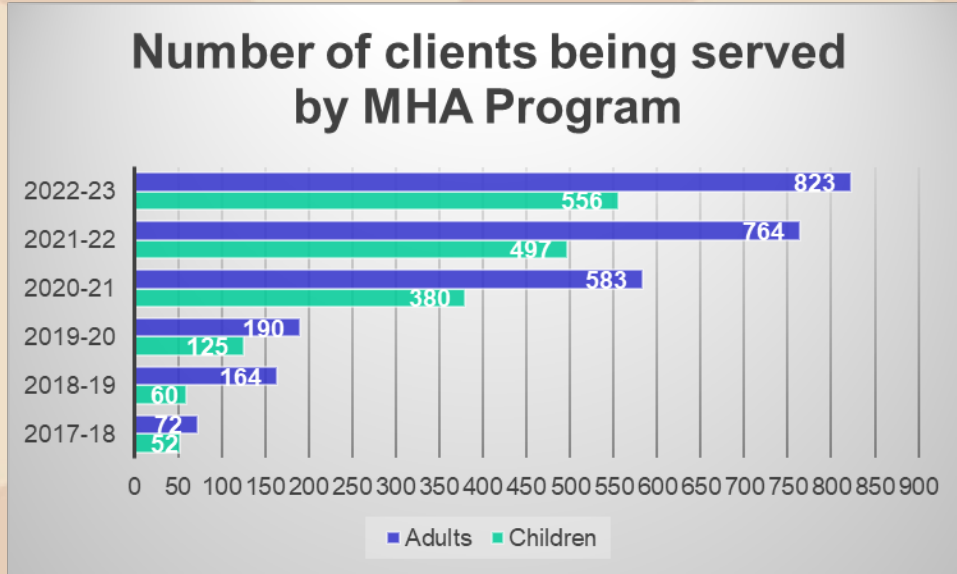
Clinicians are bilingual and from Métis and mainstream communities – providing choice to clients

A wholistic and collaborative approach is used with clients involving the MNO staff, the clients' community and the expertise of mental health and addiction professionals.

Mental Wellness Program

- Started to receive Federal funding in 2020
- Currently 45% of the MHA program is funded through CIRNA – MHA and COVID funds
- These funds are set to expire this year and in 2024
- These funds also covered the MNO's Pilot Project for Intensive Community Based Addictions Treatment

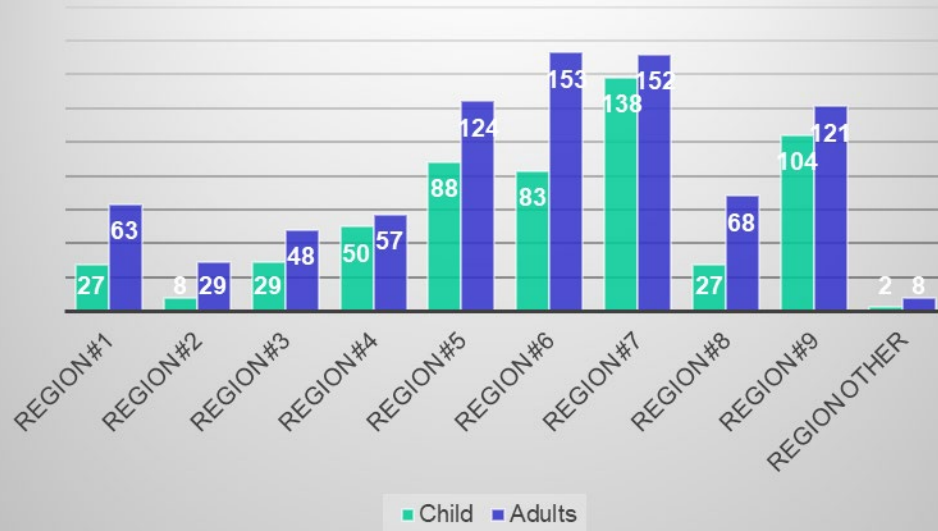
2022-2023 Mental Health Program Stats



- 1379 total clients

Regions

Usage by Region





What is ISTOP?

Intensive Community Based Addictions Program

- In response to the growing need to have addictions treatment available to Métis peoples in Ontario and the lack of timely, accessible, and appropriate resources available when an individual is ready to begin treatment,
- The Métis Nation of Ontario (MNO) has been able to offer a community and culturally based intensive addictions treatment for Métis who are struggling with substance misuse –
- Providing wrap around Métis culturally grounded intensive addictions treatment to clients who can engage in their recovery journey within their own community.
- Using Federal funds from the previous year, the MNO's MHA Program has engaged in a 1x pilot project of 13 Adult Citizens being involved in a 9 mth intensive community-based addiction treatment program as an alternative to residential treatment and Metis specific.
- **Project is now closed to new admissions until there is a sustainable funding opportunity.**

Intensive Community Based Addictions Program

Who is suitable for this program?

An appropriate candidate for the MNO's program will ideally:

- Not have acute symptoms of mental disorder or
- Not be suffering from acute substance withdrawal.
- Willing participate and abide by the treatment
- Able and willing to use video conference technologies to participate in the program

- **Be available to participate half days (mornings) offered Mon-Fri:**

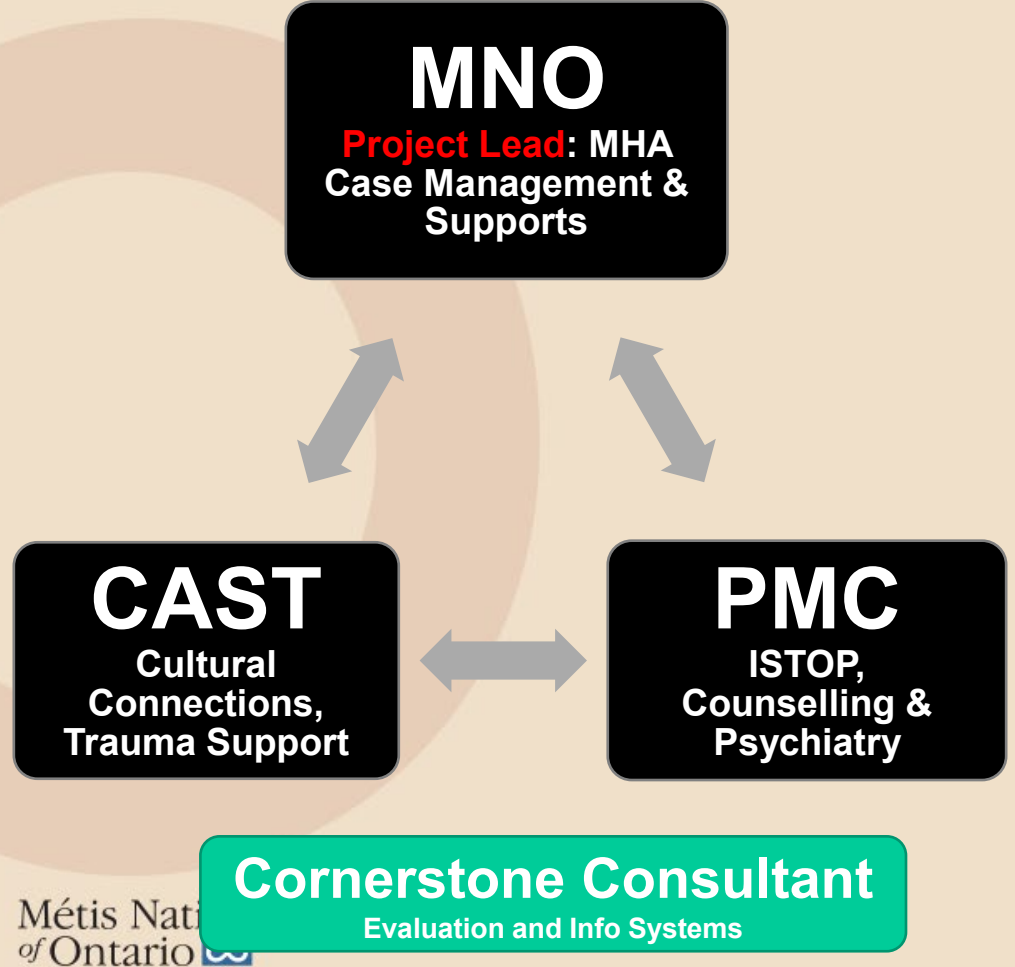
Ind or Group Addictions Therapy	Métis Cultural Group
<ul style="list-style-type: none">• Phase 1 – Month 1-3 – 5 days a week• Phase 2 – Month 3-6 – 4 days a week• Phase 3 – Month 6-9 - 2 days a week	<p>Every Friday throughout entire program</p> <ul style="list-style-type: none">• 3 hrs of group work

Model

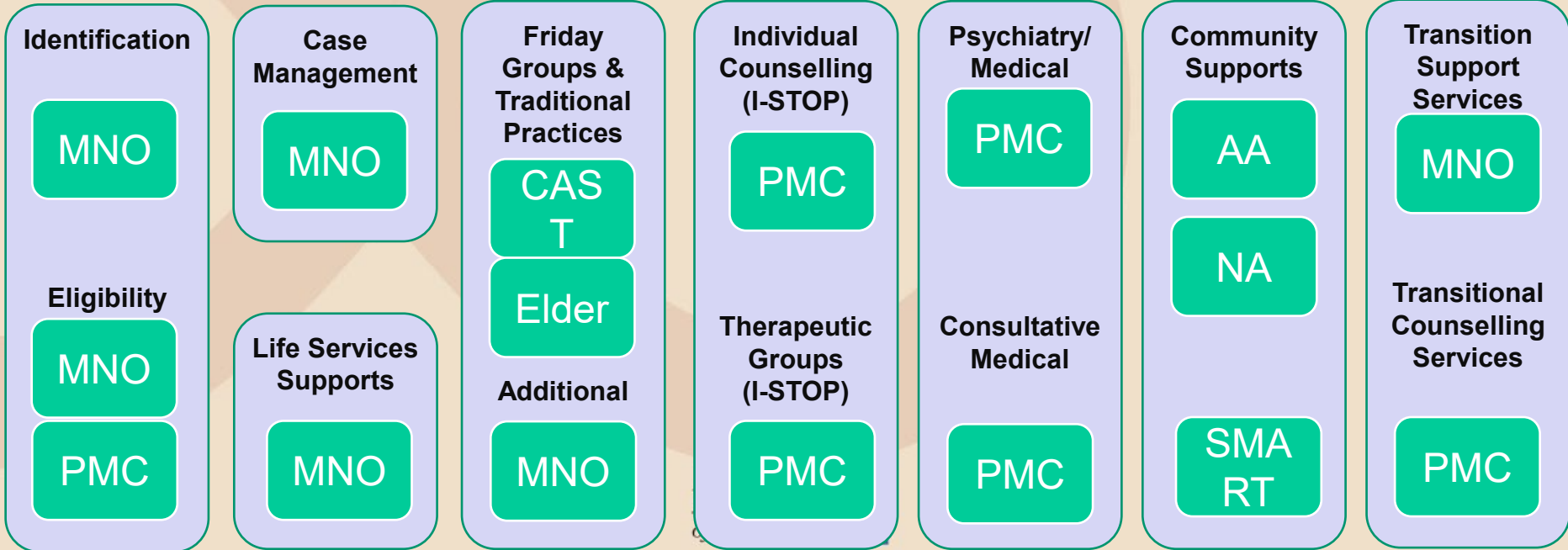


Partners

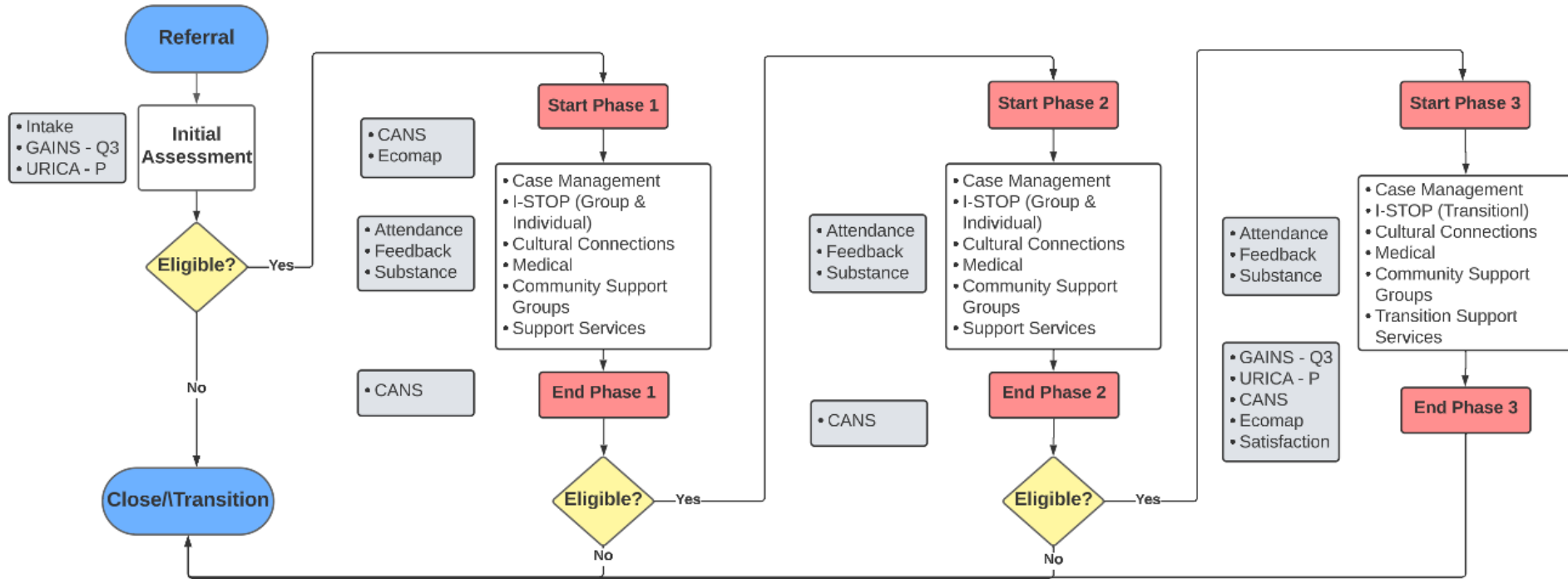
- Métis Nation of Ontario
- Precision Medical Centre (iSTOP)
- CAST Clinical Services
- Cornerstone Consulting



Program Components



Process





Evaluation

Theory of Change

Who we serve	What we do	How people feel	What they gain	What they do differently	The difference it makes
<ul style="list-style-type: none"> • Clients of the Métis Nation of Ontario (age? Citizenship status?) • Inclusion criteria: <ul style="list-style-type: none"> ○ MNO Client ○ No acute symptoms of MH disorder ○ No acute substance withdrawal ○ Willing to participate ○ Willing to abide by requirements ○ Able and willing to use video telemedicine facilities 	<ul style="list-style-type: none"> • Assessment • Therapeutic groups • Individual counselling • Case management • Life skills • Community support groups • Medical support • Transitional supports 	<ul style="list-style-type: none"> • Hopeful • Heard • Valued • Engaged • Culturally connected • Satisfied • Respected 	<ul style="list-style-type: none"> • Support and connection • Cultural knowledge • Educational and professional skills • Knowledge, skills, and strategies to manage addictions • Connection to resources • Life skills • Safety 	<ul style="list-style-type: none"> • Increased confidence, efficacy, and control • Increased cultural connection and practices • Increased insight • Increased personal responsibility and accountability • Access and navigate resources • Improved interpersonal skills • Increased use of effective strategies and problem-solving skills • Increase employment and life skills • Reduced self-judgement • Improved mental health • Reduced risk behaviours • Reduced substance use • Increased awareness and attention to health behaviours and self-care 	<ul style="list-style-type: none"> • Self-Determination • Civic engagement • Economic contribution • Resilience • Sense of identity • Improved relationships • Improved quality of life • Reduced traumatization • Reduced shame • Reduced isolation • Increased personal safety • Increased health and well-being • Reduced system costs

Evaluation Framework

Objective (What does the program want to achieve?)	Type (Is it process or outcome?)	Indicator (What will show that the objective is achieved?)	Measure (What measure will reflect the indicator?)	Frequency (What times will the measure be taken?)	Data Source (What is the location or type of data?)
Client:					
Reduced symptomatology	Outcome	Reduction in substance use and MH symptoms	GAINS – Q3	Intake, End of Program	GAINS Software to OHATS
Readiness for change	Outcome	Increased readiness for change	URICA – Psychotherapy	Intake, End of Program	Excel/Adobe, OHATS
Reduced substance use	Outcome	Reduction in substance use	Urine testing	TBD	Lab/PMC
Reduced MH, Substance Use Needs	Outcome	MHA and Risk Domains	CANS	Intake, Case Review, End of Program	OHATS
Improved Life Functioning	Outcome	Life Domains	CANS	Intake, Case Review, End of Program	OHATS
Increased connection	Outcome	Cultural Needs	CANS	Intake, Case Review, End of Program	OHATS
Increased connection	Outcome	Increase connection to people, resources, and culture	Eco-Map	Intake, Case Review, End of Program	Paper to OHATS
Increase strengths	Outcome	Strength domains	CANS	Intake, Case Review, End of Program	OHATS
Client experience	Process	Descriptions of process and impacts	Interview	End of Program	Interview
Reflection	Process	Feedback on personal experience	Interview	Weekly	Paper to OHATS

Objective (What does the program want to achieve?)	Type (Is it process or outcome?)	Indicator (What will show that the objective is achieved?)	Measure (What measure will reflect the indicator?)	Frequency (What times will the measure be taken?)	Data Source (What is the location or type of data?)
Staff:					
High level of efficacy	Outcome	Staff report high level of efficacy in program	Staff interviews/survey	End of Pilot	Interview/survey
High level of satisfaction	Process	Staff report high level of satisfaction in program	Staff interviews/survey	End of Pilot	Interview/survey
Program:					
Fidelity to program model	Process	Fidelity to program elements	Checklist/program schedule, Stages, Team Meetings	Ongoing	Component outlines
Number clients served	Process	Number of clients referred to, accepted, completing program	Client enrollment	Ongoing	OHATS
Number of clients referred	Process	Number of clients referred to but declined or excluded from program	Referrals, declines	Ongoing	OHATS, PMC
Client needs matched to program	Process	Client needs match program model	GAINS, CANS, URICA	Ongoing	OHATS
Service Use	Process	Number of interactions and type of interactions with clients	OHATS activities	Ongoing	OHATS
Incompletes	Process	Number of clients who registered and then withdrew from the program	OHATS close episode	Ongoing	OHATS
Referrals	Process	Number and type of referrals made on behalf of clients	OHATS activities, PMC	Ongoing	OHATS, PMC
High level of engagement	Process	Attendance to various modules of the program	Attendance checklists	Ongoing	OHATS/Other

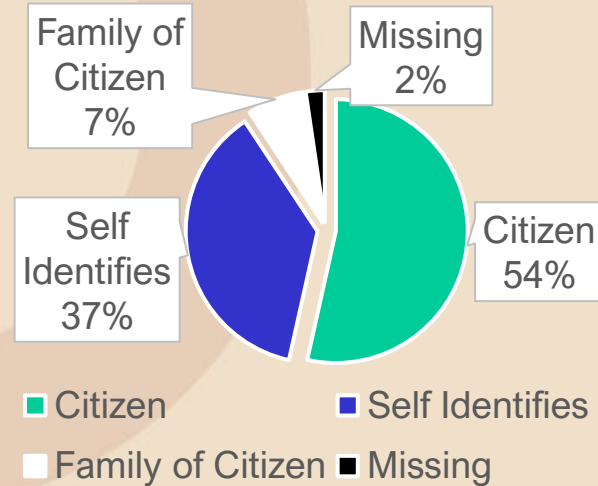


Preliminary results

Participant: Referrals

- 43 people were referred to the Pilot Program
- The majority were Métis Citizens
- Of the 43 people referred, 13 went on to participate in the program

Citizenship of persons referred to pilot program (n = 43)



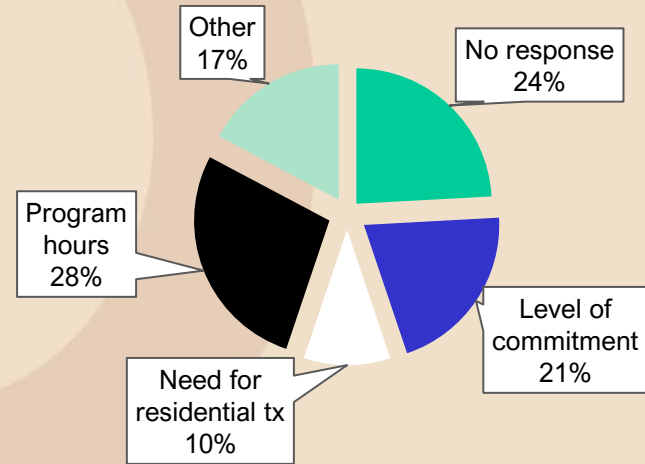
Participant: Referrals

The most common reason for declining/being excluded from the program was '*Program Hours*' – daytime hours were not possible for many people

Of the 13 people who entered the program, 2 have completed and 8 are in process.

- 1 withdrew due to family death
- 1 not ready to fully engage
- 1 chose to access residential treatment before starting program

Reason for declined of/exclusion to pilot program (n = 30)



■ No response

■ Need for residential tx

■ Level of commitment

■ Program hours

Participant: Demographics

Participants from across the Province have been served.

Participants range in age from 22 to 64 years with the average age being 46 years

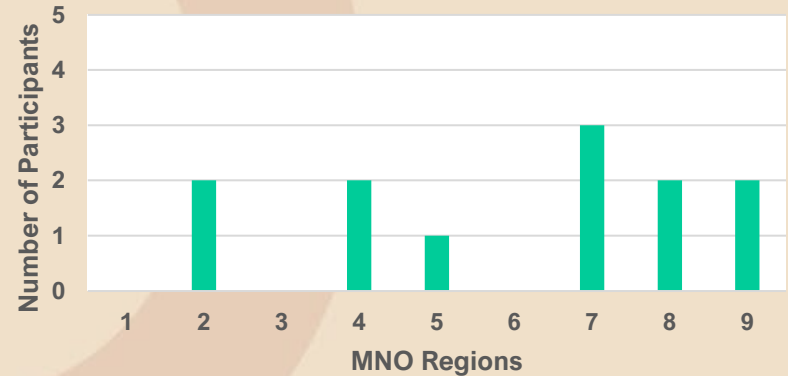
Males make up the majority of the participants:

Male - 9

Female - 2

Two-Spirit - 1

Number of Participants by Region (n = 12)

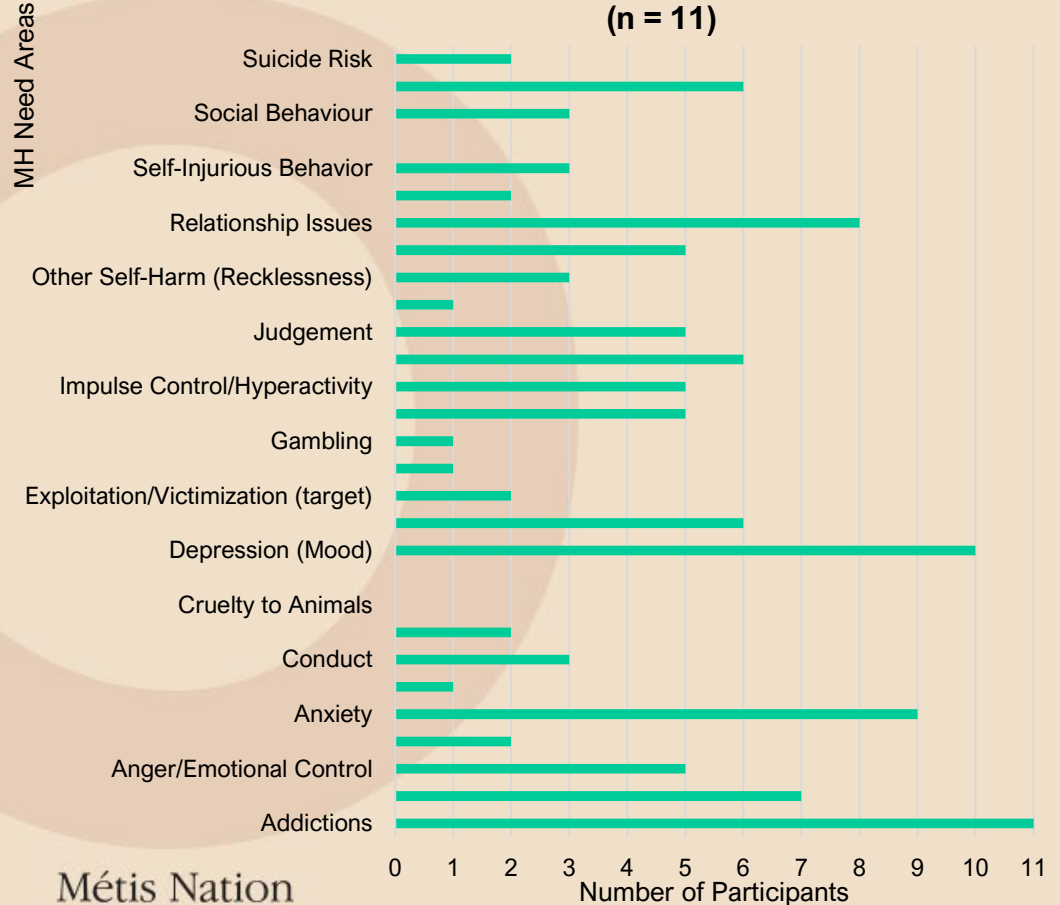


Participant: Self-report MH Needs

Most common areas of need:

- Addictions
- Depression
- Anxiety
- Relationship Issues
- Adjustment to Trauma

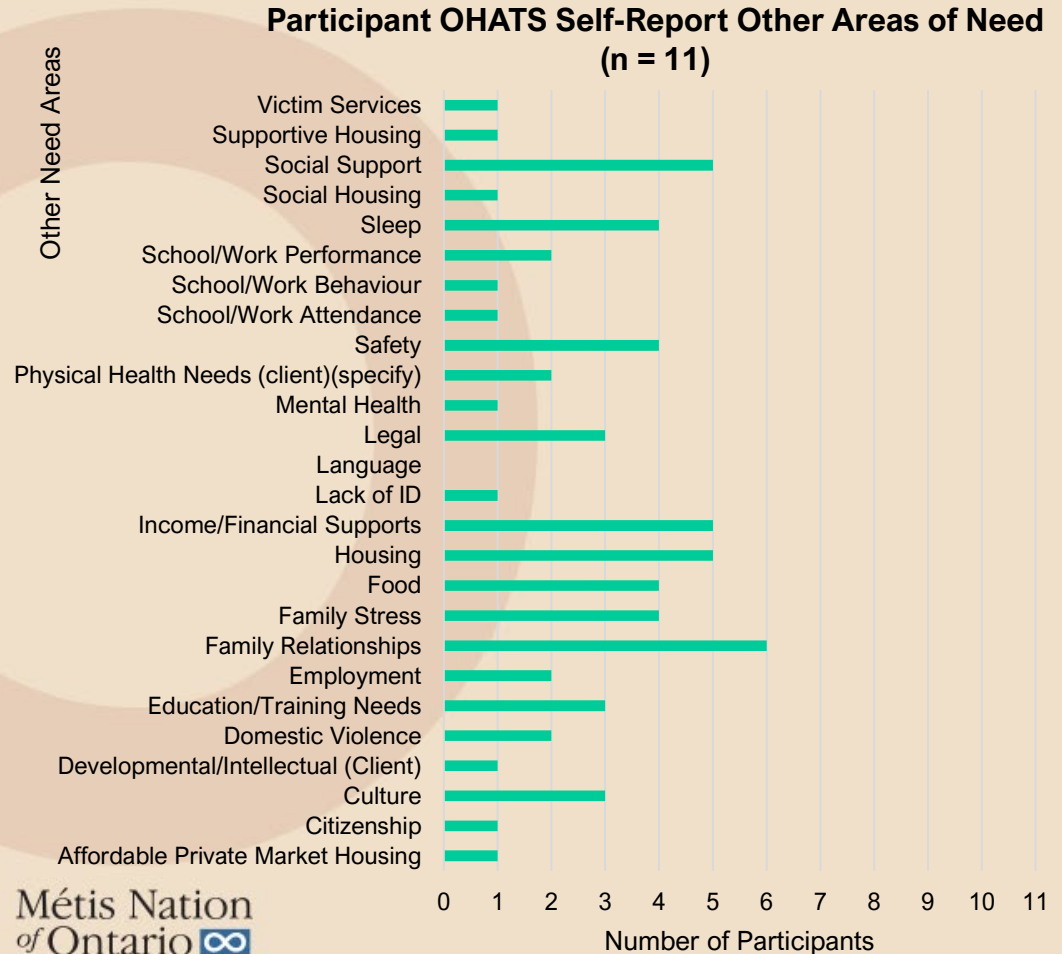
Participant OHATS Self-Report MH Areas of Need
(n = 11)



Participant: Self-report Other Needs

Most common areas of need:

- Family Relationships
- Housing
- Income/Financial Support
- Social Support

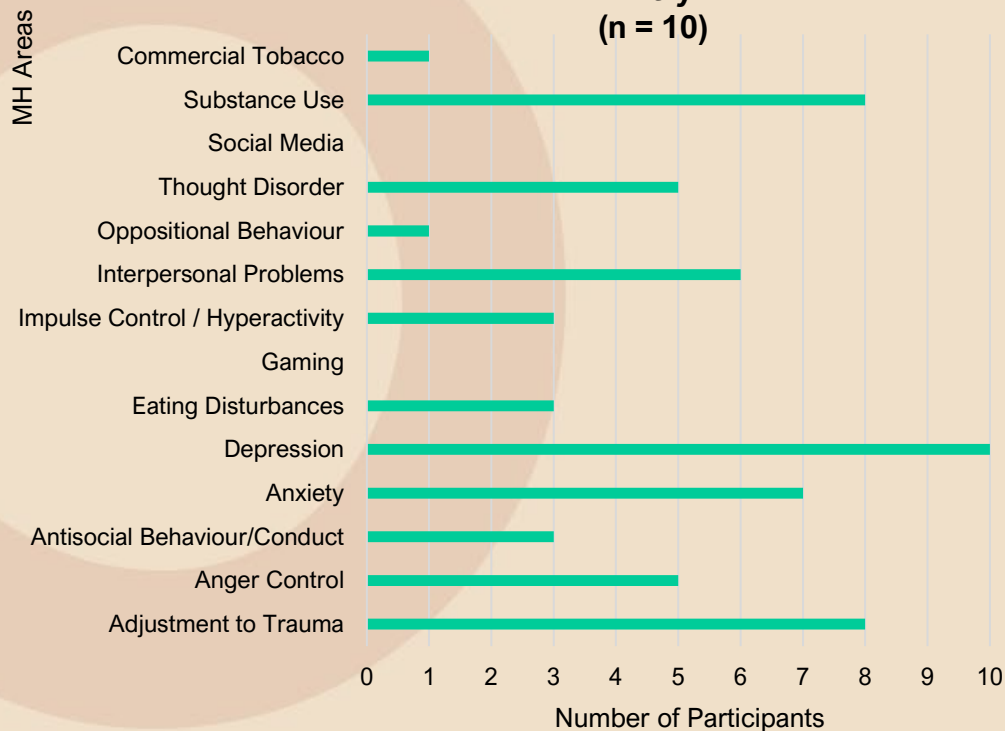


Participant: Initial CANS MH

More than half of clients requiring intervention (2 or 3) for:

- Depression
- Substance Use
- Adjustment to Trauma
- Anxiety
- Interpersonal Problems
- Anger Control
- Thought Disorder

Participants Scoring 2 or 3 in CANS MH Domain Items at Entry
(n = 10)

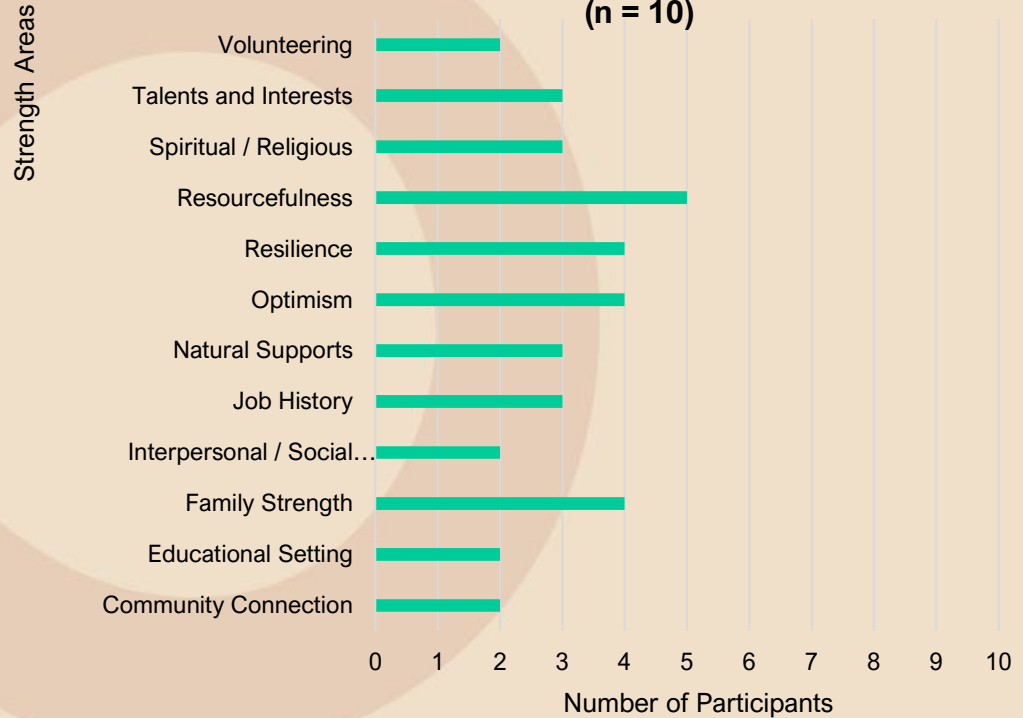


Participant: Initial CANS Strengths

Main Centerpiece (0) or Identified (1) Strengths for clients in:

- Resourcefulness
- Family Strength
- Optimism
- Resilience

Participants Scoring 0 or 1 in CANS Strength Domain Items at Entry (n = 10)

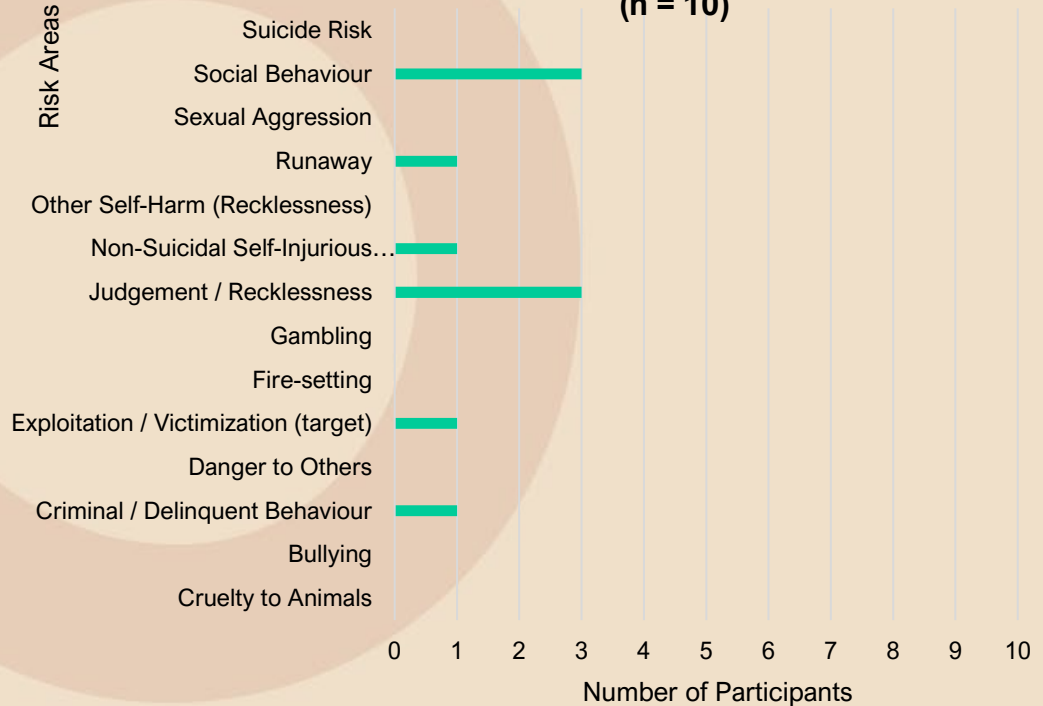


Participant: Initial CANS Risk

Clients requiring intervention (2 or 3) for associated Risk Behaviours in:

- Judgement
- Social Behaviour
- Victimization
- Criminal
- Runaway/Flee

Participants Scoring 2 or 3 in CANS Risk Domain Items at Entry
(n = 10)



Program: Attendance

ISTOP:

For all participants in daily ISTOP groups (Phase 1 & 2), attendance is at or close to 100%:

For the 2 clients completing the program, they attended:

48/48 Group sessions in Phase 1 and Phase 2

In terms of Individual Counselling Sessions:

	Phase 1	Phase 2	Phase 3
Participant A	9	13	12
Participant B	9	18	12

Cultural Connections:

For all participants in Cultural Connections, attendance is at or close to 100% for all 3 Phases:

The two participants who have completed the program continued to participate and support other clients in Cultural Connections group

	Phase 1	Phase 2	Phase 3
Participant A	12/12	12/12	10/10
Participant B	12/12	12/12	8/10

Participant: Resources

Resources:

- A key part of the Pilot Program was the wraparound nature of Resources provided to Clients through Case Management of MNO.
- Clients have been connected to a range of Internal and External Resources to support them on their wellness journey
- Referrals from 1 to 6 Internal programs and 0 to 7 per participant

Internal Referrals	External Referrals
Aging at Home	Addictions
Community Wellness	Child & Family Services
Education & Training	Financial
Employment	Medical
Gaming & Gambling	Mental Health
Housing	Psychiatry
Justice	Psychology
Mental Health	Traditional Support
Peer Support	Trauma Counselling
Traditional Healing	
Victim Services	

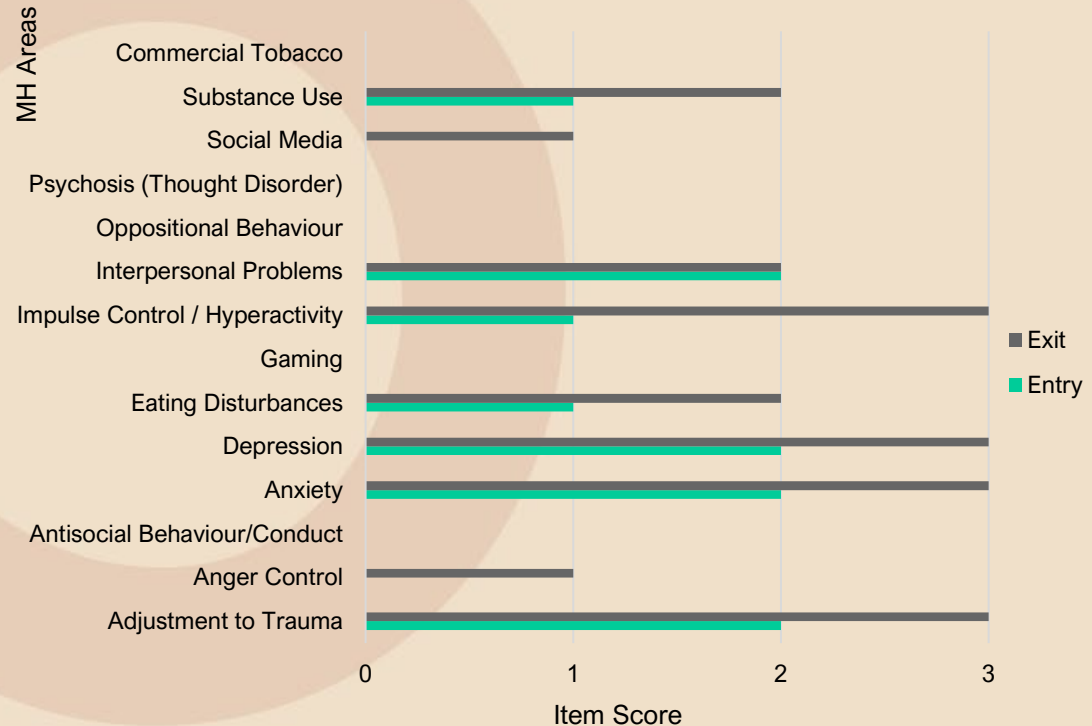


Early Outcomes

Participant: A

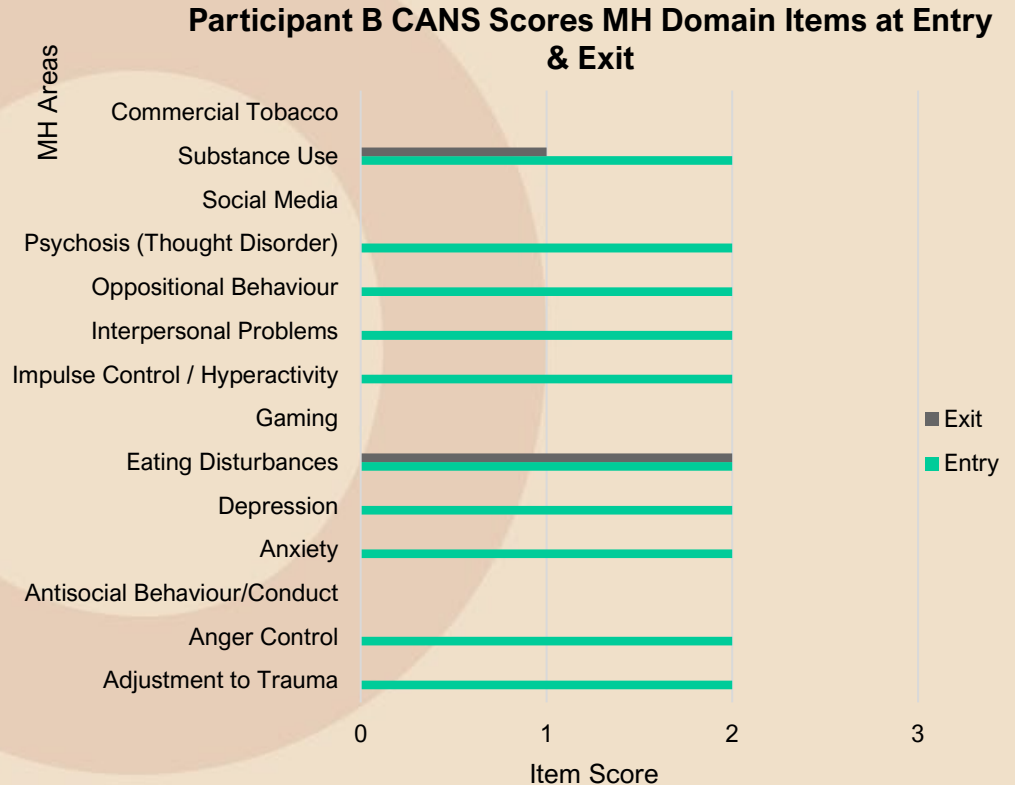
- Participant A shows increased MH needs requiring intervention at the end of the program.
- This was the result of significant trauma that was identified/surfaced toward the end of the program.
- The client started and continues to receive specialized trauma interventions.

Participant A CANS Scores MH Domain Items at Entry & Exit



Participant: B

- Participant B shows decreased/no need in several areas.
- The area of need the continues to require attention is that of Eating Disturbances.
- The client reports that they are now able to receive surgery to assist with health issues related to Eating Disturbances.

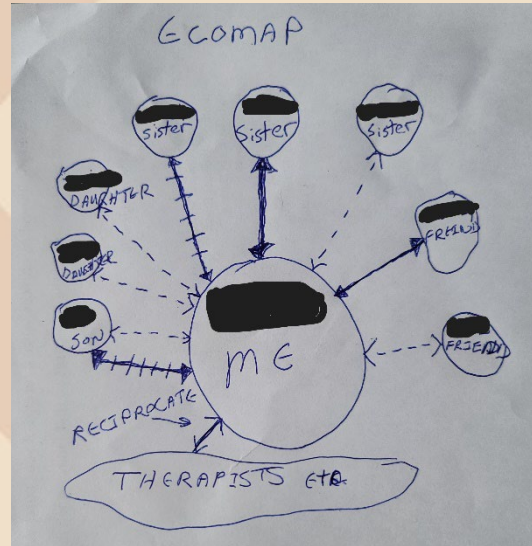


Ecomaps:

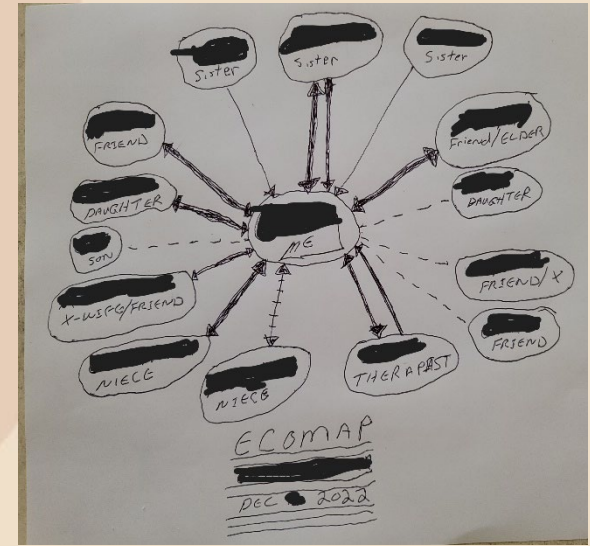
- An Ecomap is a way to understand connections and supports (family, friends, professionals, community) and how those change over time
- This is an example of a Participant's Ecomap at entry and at the end of the program.
- Overall, the number of connections increased for this participant from 9 to 14
- New categories included ex-partners, elders, and specific therapists.
- The nature of relationships changed as well with a less stressed and strengthened relationships with sisters and children

Participant: Connection

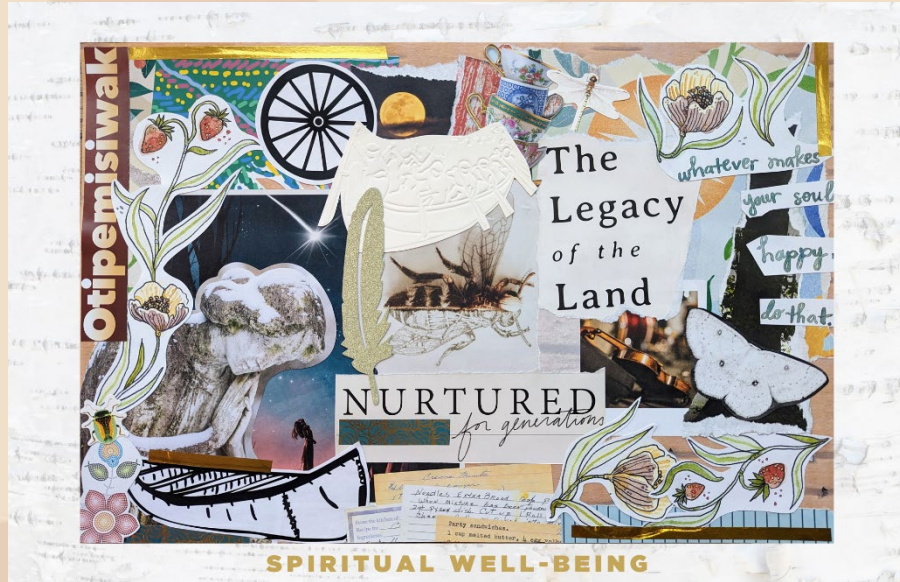
Ecomap: Entry



Ecomap: Exit



Participant: Experience



Participant: Experience



Participant: Experience

What they did	How they felt	What they gain	What they do differently now	What difference it has made
<ul style="list-style-type: none"> • Worksheets on different topics • Discussion • Developing structure • Recognizing triggers • Information on MH • Grandfather teachings • Red Path of Healing • Prayers • Smudging • Learning Michif • Worked with Navigator to access resources 	<ul style="list-style-type: none"> • Sometimes shut down or singled out or put on the spot • More peaceful • Connected • Soothed • No longer alone <p><i>It was like we were in the same canoe. Paddling in the same direction.</i></p>	<ul style="list-style-type: none"> • Coping skills • Knowledge of how addiction works • Traditional knowledge • Calming techniques – breathing regulation • Increased motivation and discipline • Friends • Peer support • Housing support 	<ul style="list-style-type: none"> • Recognizing cravings won't be there in an hour • Creating boundaries • Being able to “push through” • Anticipate and plan • Being patient • Listening • Practice Grandfather Teachings, Smudging • Improved communication • Reduced isolation • Challenge cognitive distortions 	<ul style="list-style-type: none"> • Leadership • Purpose • Desire to give back • Improved relationships – friends, family • Improved health

Participant: Experience

What might things have looked like without the program?

“You can never really say how life will turn out. I don’t think I would have survived. I think I would be dead. I was at a point where I would come up with 120 ways where my life could end I wouldn’t have to deal with this misery anymore. I was on the crisis line a lot.”

What might things have looked like without the program?

*“I probably would have lost my family and got deeper into the world of drugs and I would have f***** everything.”*

Program: Strengths and Improvement

Strengths

Cultural components

Ability to be in program while being in home

Some of the therapists

Improvements

More Indigenous or Métis Therapists

Some therapists lack real-world experience

Not singling out or putting clients on the spot

Recognizing different needs of different clients

Improved communication and organization among teams/components

Protocols for reporting inappropriate participant behaviour

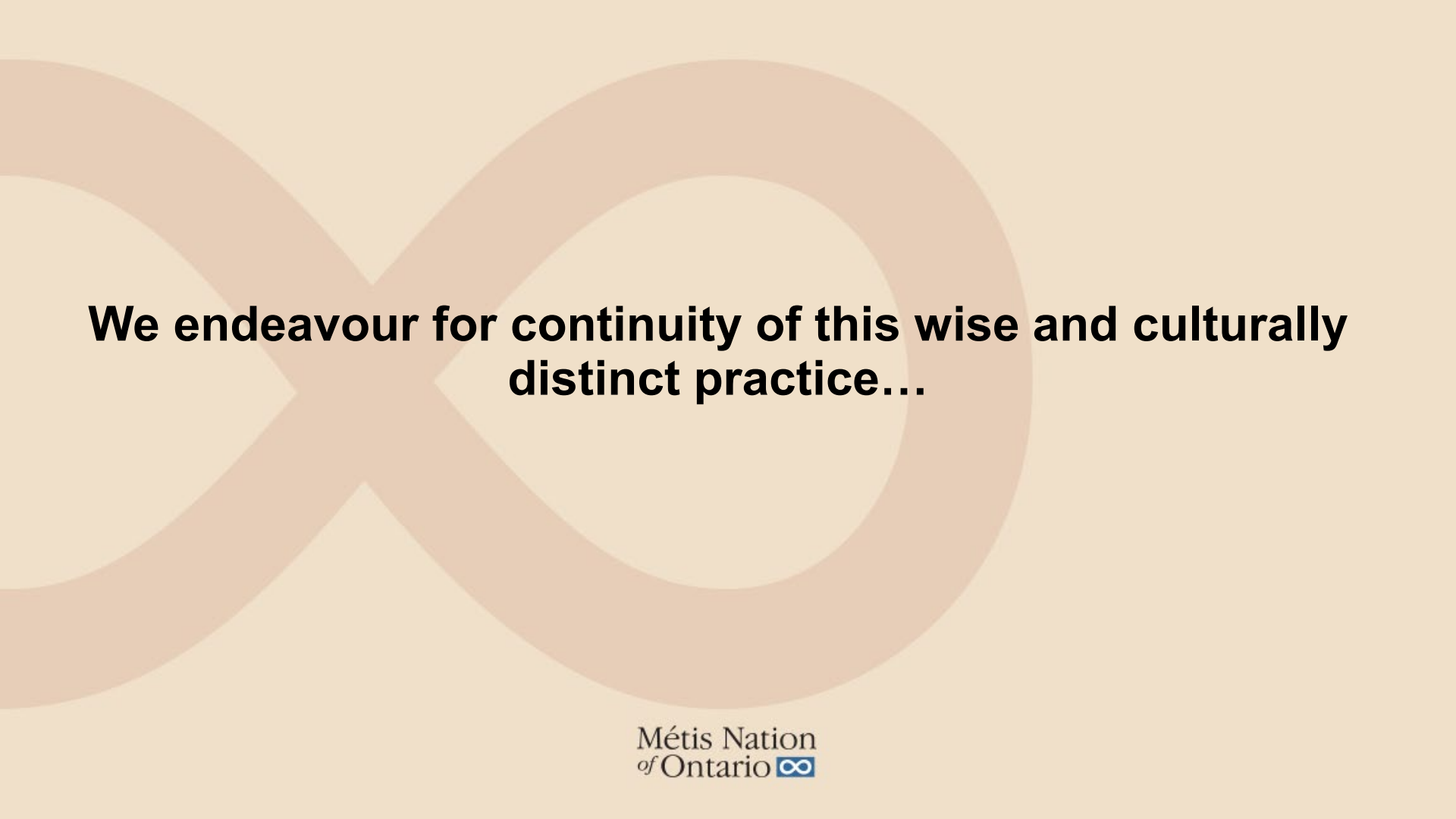
Next Steps

Program:

- Support remaining clients to complete the program...
- Project to end by July 31, 2023

Evaluation:

- Complete data collection for key indicators
- Conduct final staff and client interviews
- Perform fulsome quantitative and qualitative analyses



**We endeavour for continuity of this wise and culturally
distinct practice...**



MARS!!!

Joanne Meyer, Chief Operating Officer
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