

Chisasibi Symposium on Health and Social Issues

October 26 to 28, 2010

Final Report



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A warm thank you to all the community members that have shared their stories and knowledge

Meegwetch



Introduction

The Chisasibi health and social issues symposium was initiated by the CBHSSJB representative Larry House following the 2009 Special General Assembly (SGA) concerning health and social issues. The meeting was held at the Inuit Center on October 26 to 28, 2010.

The need for such a meeting arose from the following observations:

- Insufficient engagement of community members in the implementation of the CBHSSJB Strategic Regional Plan (SRP)
- Community members need to give direction to the development and implementation of local programs and plans
- Initiatives and programs are not integrated for maximum community benefit and duplication needs to be addressed
- There is no comprehensive long-term community wellness plan

Purpose of the meeting

The objectives of the meeting were threefold:

- Inform community members of the services available,
- Allow them to identify the needs and priorities and suggest how the gap in service provision can be bridged, and
- Establish the guidelines of a long-term community wellness plan

Ultimately a better use of community resources and reduction of service duplication will streamline and integrate service delivery and address the needs and priorities of the members. Because this initiative is collaborative and open to dialog it promotes meaningful engagement, therefore the community is empowered and motivated to take ownership of addressing pressing social and health issues.

Overall organisation



The meeting was held over a period of three (3) days with a one pre-meeting consultation where participants were identified and the agenda was developed. Prior to this meeting the CBHSSJB representative had contacted the facilitators, distributed the needed information and introduced them to the objectives and needs of the community. Radio announcements were made prior to and during the symposium. An invitation letter was circulated to the CBHSSJB local community departments.

Initially it was planned that the morning sessions will be reserved to departmental presentation and the afternoons for members' facilitated workshops. Nevertheless the format was designed to be flexible to accommodate the participants and the final format allowed for a brainstorming session after each presentation. The final day reserved an evening workshop during which the participants devised a list of recommendations and actions to be implemented in the coming months. These are presented in a separate section in this report.

All sessions were video recorded and the powerpoints were made available to the technical team to be broadcasted on the local TV channel prior to the next community meeting scheduled for the end of January 2011.

The main challenge faced during the meeting was the conflict with two other community meetings, the Residential School sessions and the GCC Governance consultation sessions. Because of this schedule conflict few community members were able to participate in the workshops. The CBHSSJB had previously consulted community members regarding this issue and proposed to postpone the symposium, nevertheless given the urgency to address the issues mentioned in the introduction of this report it was decided that the symposium go ahead as scheduled. The video recording will therefore be used to distribute the information and recommendations made during the symposium and help community members to participate in the upcoming meeting in 2011.

The report

The first part of the present report presents a summary of the departmental presentations with the relevant identified challenges and needs expressed by the presenters. Where relevant, the participants' comments and proposed actions are also included.

The final section includes the recommendations and associated actions developed during the workshop held on the last day of the symposium, as well as the future steps of the community consultations.

Community Health

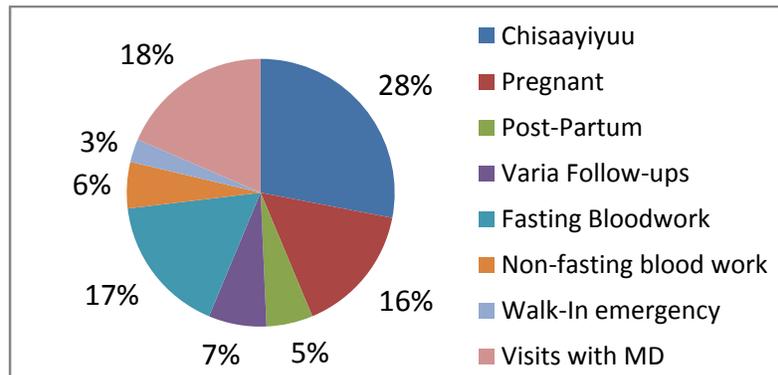
When I first came on board I saw that people in the community received better care than in the south. It met more needs and it was holistic. Some of the services such as diabetes care for the Elder Program and cancer incidence have increased rampantly. This requires combined and specialized care making it more challenging to meet the needs of the community. Jeannie Pelletier, Nurse, Community health

The main objectives of the Community Health team is to:

- Offer the best care for our population
- Decrease morbidity and mortality rates
- The best for you and your family
- Equality in service provision

Community health programs include: Prenatal classes, prevention and counselling on complications for client with diabetes type 2 and hypertension, and personalized care.

Weekly Workload



Community profile

Pregnancies: last year there were 122 new births in Chisasibi, a significant increase from last year when approximately 90 births were recorded. Most of this increase is due to teenage pregnancies that are often undesired. An increase in drug use and negligence has been recorded lately that unfortunately is hard to address since there is a **lack of trust in the social services**. It is recommended that more effort is put in counselling and prevention with the young population.

Diabetes type 2: there are **388 cases** in Chisasibi with 12 patients in haemodialysis and 28 patients in pre-dialysis. There is a need to increase training in haemodialysis and in counselling and prevention, nevertheless **there is no support for this type of training from the CHB administration**. The diabetes program is presently on hold because of the overwhelming increase in population. This situation is critical especially since there is a recorded increase and complexity of uncontrolled diabetes.

Sexual transmitted diseases (STDs): The rate of STD infection is **6 times higher** in Chisasibi than in the province of Quebec. For example in the past year **238 doses** of Zythromax (antibiotic used to treat STDs) were administered in the community. This situation is extremely critical especially since the risk of HIV infection increases with risky sexual conduct. In addition, most cases of STDs are diagnosed during prenatal interventions, which indicate that young people **do not regularly use the services available**. There is an urgent need for counselling and prevention which at the moment is not developed because there is **little support from the CHB administration**.

Challenges

- Need to have a clinic building to accommodate the needs and the demands
- Lack of nurses
- Lack of stability in programming and staff
- Lack of training: the enlargement role of the nurses has been cut because the hospital and doctors chose to take that role from the nurses but this decision is hindering the quality of care in the community. Policy regarding training for outpost nurses deprives the local staff from updating their skills.
- Lack of prevention activities
- Lack of support from upper management

Recommendations

- **Pre-natal classes:** a midwife from Mistissini ran a parenting program on the Island of Fort George, to provide traditional parenting skills / teachings and provided hands-on skills for the new parents, their parents, and grandparents. A similar program needs to be implemented on a regular basis.
- Great need for **training in prevention of diabetes:** The existing policy requires training at the Montreal General Hospital for 6 weeks, whereas the training the department is trying to access is for a week in Val d'Or. This training focuses on early intervention. If this is not supported it, it means that we will not be able to intervene where it is necessary to reduce diabetes cases.
- **Training for drug use during pregnancy as well as undesired pregnancy counselling and prevention**
- The nurses should have the enlargement role and they should qualify for the needed training (don't separate the nurses – revise the policy)
- Need to address the root causes of these problems through an open dialogue and especially **integrating traditional teachings** and increasing the role of traditional healers and **elders** into program development and implementation.

Uschinnichissu Services

As a family man I think love must come first. Children need love from the first moment they come into this world. We need to go back to the truth and the traditional teachings of our ancestors. We need to go back to the cultural practices of our ancestors and connect ourselves to those teaching. We need to find out where we came from. The answers to our society are in you and me. Ask yourself – who am I?

Robbie Matthews

The objectives of the Uschinnichissu Services are:

- To provide a healthy and well-being lifestyle for youth ages ten(10) to twenty-nine(29)
- To follow the elders teachings
- To provide health and social support for youth, families, and community
- To promote support for youth with special needs and outreach community events
- To further promote the Healthy School Initiatives

The way the services work:



The healthy school program: implemented in 2007. Between 2007 and 2009 Jeannie Pelletier was hired as school nurse. A new nurse, Caroline Fournier, was hired in March 2010. She is based at the Youth School Clinic between August and June and offers prevention and promotion of Health and Well-Being for school-aged children and youth as well as vaccination campaigns.

In addition the school has hired a Social Worker, Kim Hoa To, in July 2009. She works within a multidisciplinary team approach with youth protection, CMC, teachers, student affairs technicians, guidance counselor, parents, and youth council. Even though the programming was not in place consultations with students went ahead. Presently a consultant in Nemaska is preparing the programming which focuses on counselling to 2nd cycle and secondary students. In 2009 a survey was distributed to the students to assess their needs and was followed by consultation with the parents. **Traditional teaching and contact with elders were scored the highest priority by the students.**

Challenges

Health services

- **There is no programming in place at the moment therefore the nurse cannot open files nor consult the patients**
- Youth don't have appointed/set up block for consultations – nurse can only see the youth that are not enrolled at the school
- Upper management opinion on programming and approach conflicting (lots of discussions but no actions implemented)
- Youth outreach and awareness programs need to be set up

Social services

- Don't have time to work with the family
- No facilities to adapt the teaching environment
- Lack of communication between the community and the school
- Referrals to the youth team to bridge the family service gap is hindered because the lack of programming for the nurse
- Social skills should be part of the curriculum

Recommendations

- Implementation of the Youth Clinic with regular and evening hours
- Youth training/awareness (outreach) programs – possibly at the youth center once a week
- Streamline programming and management approval
- Increase interaction with community outside the office during and after regular working hours – there are talking circles available in the community but **we can do much more**
- School nurse and social worker in cooperation with health services will devise the programming and bring it to the CBHSSJB management for approval
- Increase community engagement through meetings and family activities

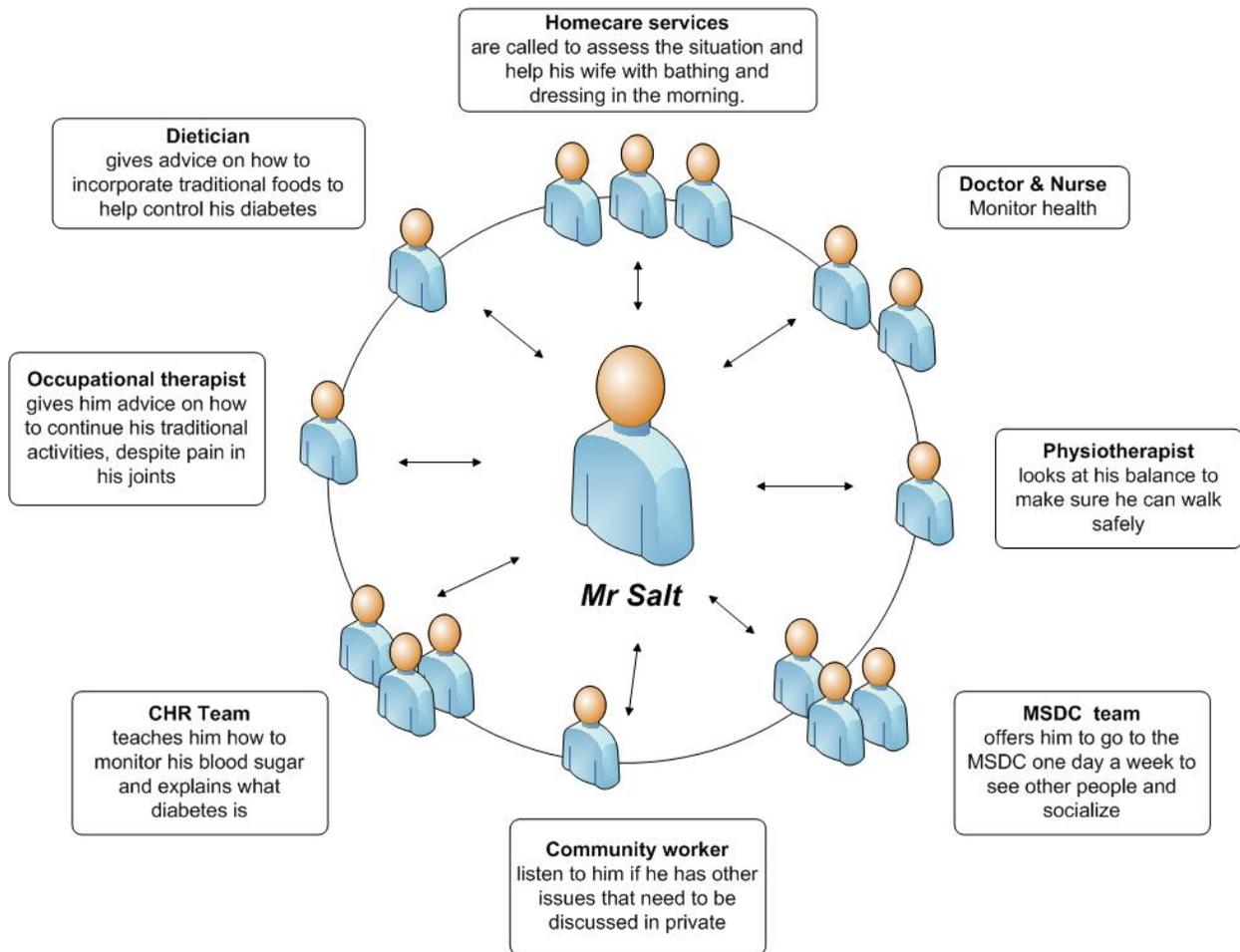
Integrated services

It is a holistic approach to providing services and programming by bringing health and social services together as a whole (amalgamated or merged). People working together in a coordinated and collaborative way to achieve common goals and objectives; this team concept will result in improving the quality of services to the population. This means that each client will receive appropriate care at the appropriate time and place which will result in an effective individualized care plan.

How integrated services work:
A case study

Mr. Salt, 60 years old, is seen by a physician at current services. The physician takes his medical history and does a physical exam. Following the analysis of his blood tests, Mr Salt receives a diagnosis of type 2 diabetes. As his physician is a 'depanneur', he will be referred to the Chishaayyuu program.

Assessment by the Chishaayiyuclinic



Key principles

1. More client focused and family centered in administering the services – have their input in what is happening to them and how they foresee how they can resolve their problems
2. In accordance to the client's needs – not one size fits all concept
3. Achieve individualised service and care
4. Maintain services 24/7
5. Taskforce for integrated services to oversee implementation

Some challenges that have been identified include:

- Redefining and clarifying the roles and responsibility of each department
- cultural safety
- impact that the system had historically (colonialism, residential schools)
- proper planning of the system - reduce and eliminate the overrepresentation of a service over another
- change management
- coaching modeling and support for the local management

- assessment of existing local and regional services
- retention of workers

The CBHSSJB will meet regularly to assess the implementation of integrated services. **There will be newsletters after each meeting and communities will be able to send comments that will be included in the implementation plan.**

Traditional Healing



The role of traditional healing in service delivery was a main topic of discussion throughout the symposium (see more details in the final recommendation in the last section of this report). Presently there is little integration of this aspect in service delivery, especially since the RSP included the Cree Helping Methods that so far has not been implemented. The following main questions were raised by the participants:

1. What role can we expect traditional healing to have in regular service delivery?
2. What is the procedure for implementing traditional medicine?
3. Who in the CBHSSJB can assess the traditional healers' practice?

The following suggestions were put forward:

1. **It is up to the community members to decide the role of traditional healing in service delivery.** There are already some initiatives that have been initiated by Larry House: traditional healers have been made available and the community has taken advantage of these services - in four months there have been over 400 interventions which **indicate that traditional healing can have a central role in service delivery.** A manual on traditional healing has been put together and now it needs to be updated and adapted to the community context.
2. There is no specific procedure. Since the community can lead this initiative **any activities can be undertaken.** For example **a petition** similar to what the community of Nemaska has passed earlier this year in which traditional healing was recognized as a viable service add-on could be initiated in Chisasibi. **A code of conduct/ethics** detailing the rights and responsibilities of healers and service users should be developed to ensure the safety of clients, and the protection of the healers. For the services already delivered **a progress and follow-up report** can be presented to the CBHSSJB as well as a community resolution for integrating traditional healing within the institutional structure of CBHSSJB.
3. The CBHSSJB does not have a qualified person that could assess the healers' competencies and practice. The community can use a member that has the necessary skills to do so, someone who has extensive knowledge and experience as well as contact with various established organisations providing traditional healing services. **A panel** could be established to better institutionalise this process. **The Miyupimaatisiun Committee can play a leading role in this initiative.**

The Justice Committee

Between December 7 and 9, 2010 the Justice committee held a consultation session with community members. In total 16 people participated. Some of the topics discussed were: 1) what characterizes the Cree justice system, 2) how can a Cree justice system be implemented, 3) how do conflicts arise and how to manage them from a Cree justice perspective, and 4) outline of a 3 month action plan for the Justice Committee.

Cree justice as a way of life



Cree guiding principles of human relations

In Cree justice we can't have a linear vision like the justice system has where the beginning and end of it is clear. We look at the world more with a circular vision. A crime/conflict has a history (a past) but hard to tell when exactly it started. It has a future but hard to say when it would end. It also leads us to see that we are interrelated and that we can't separate an individual from its environment, family or community when we look at problems he is facing. We can't treat his situation as if he was the only one involved either. So we have to remember some guiding principles when we help people to deal with issues and conflicts.

Our guiding principles are that in human relations:

- All beings are important
- All beings are equal
- We are all interconnected: what one does will affect others
- One individual is inter-dependant and in co-existence with family, friends, community and what happens to him will affect them as well, or what he is, is part of who they are as well
- We all need to be in relation with others
- All individuals are unique, their problems are unique and solution as well. Even though sometimes similar, they still are unique.
-

Planning for the next 3 months:

- Get statistics from Samuel and Louise, Lyne will find out the one about court
- Clarify the role of justice officer regarding case management, intake and planning with Charlie
- Explain to elders and youth separately what you want to do and get input
- Meet with court on week of January 10th
- Write to Crown attorney to ask to have the AMP in Chisasibi: Lyne will find her name
- Sit down with wellness committee to see what to do about similar mandates and vision
- Sit down with police to create a referral agreement (Lyne will send the one in youth)
- Make up something for police to hand out when they refer people to committee (brief info)
- Have a training schedule planned: conflict resolution, peacemaking 1, peacemaking 2 ; 3 blocks before march 31st (end of january, february and march)- Conflict resolution and peacemaking should be opened to community and resources.

- Contact Rober Auclair to set up a collaboration for young offender under extra-judicial sanctions.
- Radio : Inform the community that when they have an issues , conflicts or been affected by a crime, they can come directly to the committee. They don't need only to be referred by court or other services.
- Before the end of the year, have a feast to honour the elders and their knowledge and to celebrate Cree justice

For details on the meeting please see Appendix 1

Youth Protection

I believe that Cree entities need to start putting into policy Cree ways of doings things so that we can run our organizations more in line with Cree beliefs, values and practices; to develop programs and services that come from Cree thought and ideology, that come from Cree minds and people. Robert Auclair, Director Youth Protection

The department follows interventions agreed to in court, intervention with youth clients in crisis, liaising with the existing programs and services offered outside the territory, with the group homes and the Reception Center. The challenges that the department faces are administrative in nature. These include:

- Lack of follow up on files
- No Healing Path Plans (only a few)
- Some files not in order
- No central filing system
- Turnover rate of employees
- Rely too much on replacement workers
- No support structure to refer files
- Lack of consistent and continuous training
- No support for workers (such as care for caregivers)
- Need better communication with other youth centers in the south (i.e. Batshaw& Abitibi)

Most of these issues will be solved next year with the implementation of the youth protection software that computerizes all the forms of youth protection and the client management and processing of information as well as tracking intervention, follow-up and recommendation. The software will help workers do their work faster and quicker so that they can spend more time having face to face contact with clients and following up on them instead of waiting for the next crisis to happen.

Clients do participate in bush programs and sometimes youth are placed in foster care in the bush as the opportunity is there.

Chisasibi Police

The recommendations

The recommendations found in this section have been suggested by the workshop participants to respond to the following needs:

- To begin our work starting from Self, Family, Community and Nation for healing
- To recognize and utilise the knowledge that exists within the community Elders and the knowledge of Traditional teachings
- Service providers see the urgency of developing policies, procedures and protocols
- To develop and utilize the local knowledge, skills and practices
- Workers have taken it upon themselves to identify the needs of their target groups (e.g. research with Youth, CMC)
- Community Members / Workers are calling on the Management to collaborate in the development of policies, protocols and programs

Community members

- Conflict resolution training
- Life skills/personal development (Suzanne Pash)
- Healthy relationships & sexuality workshops (Annie Dumontier, Carole Fournier, Kim To, Irene Pepabano, Sylvia Bearskin)
- Legal training
- Rites of passage education – use daycare as learning centers with the elders
- Weekend retreat for different ages

Service Providers

- 3rd party workplace mediation – alternative dispute resolution
- Follow-up with Uschinnichissu team on their program proposals and give community support if needed
- Need for more qualified workers and training
- Need clear direction from management

Traditional knowledge

- Oral history – story telling, legends (radio broadcast), elder school visits, pedagogical tools (books, videos)
- CSB curriculum Cree Programs (Daisy Herodier) on medicine
- Document the traditional interventions that are already being done in the community
- Testimonies of clients experiences – youth journeys
- Submit proposals for bush programs – create a database of elders willing to participate
- Elder counselling/natural helpers
- Tea & bannock breaks with the elders – MRE class
- Cultural orientation for new arrivals + community members

CBHSSJB Management

- Establish the roles & responsibility guidelines
- Establish Traditional law policy
- Open programs to all members
- Need for more training for workers
- Open meetings with the Miyupimaatisiun Committee
- Inform the community members and service providers of roles, scope and mandate
- Use all mediums to engage the community: Radio, newsletter, Website, Facebook

Consultation / Information sharing

- Identify existing programs
- Community social/health service directory –
- Calendars
- Health & social service fair
- Set up website
- Newsletter (quarterly) and an electronic version – mass mailing)
- Distribute the youth assessment from Kim Hoa To
- Develop a research inventory
- Ongoing inventory of programs/success (identify somebody to do it)

The upcoming meetings scheduled for 2011 will include the following areas for community discussions:

- Assessment of the recommended actions identified in the October symposium
- Develop a concrete long-term plan for Action for the community
- Develop evaluation tools for implementation and accountability of the recommendations put forward by the community members during the symposium
- Establish a quarterly schedule for community consultations jointly with the Miyupimaatisiun Committee

Result of dec 7th to 9th , 2010 session with Justice committee and community :

16 people participated all together attending fully or partially

CREE JUSTICE in not a system itself but a way of life based on: Result of dec 7th to 9th session

- Harmony
- Fairness
- Respect
- Balance
- Acknowledging culture, language and spirituality as a vital part of maintaining balance
- Recognizing the role of our elders, their knowledge and wisdom
- Collaborating (collective)
- Taking responsibility (personal responsibility and collective responsibility)
- Being accountable
- Being honest and transparent
- Guidance and teachings
- Self-discipline
- Being in peaceful relation with each other and the land
- Taking the initiative to deal with problems and conflicts
- Seeking alternatives (different ways and solutions)
- Solving problems rather than focusing on finding a guilty one
- Demonstrating empathy, compassion, and non judgment
- Intervening because we care
- Being tolerant and patient
- Having understanding for others
- Communicating both by expressing self constructively and by truly listening
- Being opened and receptive

How can we make it happen:

- By talking about it to the community, planning and doing concrete actions (plan is at last page)
- By making it a community priority
- By recognizing the strengths and knowledge that is already here in the community
- By having our elders in the forefront to guide us
- By creating a safe space to express self without feeling threaten
- By re-educating people to start dealing with issues and conflicts in a constructive way
- By getting the resources and services to join in to share the same goal: A healthy community

- By moving away from the compartmentalization of issues and the limitation to specific mandates and specialization (adults, youth, crime, family violence, social conflict, work place, etc)
- By reminding people that we are all part of the problem and therefore all part of the solution
- By establishing trust and credibility
- Help people coming to terms with issues and conflicts
- By re-empowering the community to deal with its problems/conflicts in a healthy way
- By making sure that Cree language is valued therefore planning translation device when in meetings there is English or French speaking people

One Community problem that wasn't dealt constructively – How should we deal with it ?

Ex: People in the community have made many complaints about police brutality or excessive force used on people. Many feel that the police overused their power and force on people, physically hurting them. Many people have talked about it, text about it, meet about it, brought it up to council, etc but was it really addressed? Recently someone died in a cell so now things are getting even worst because the issue of using excessive force has never been really dealt with.

How could we address it ?

Get a group of people that have understood and agree to use a way to deal with it which will be constructive, looking at the situation and trying to find solutions rather than blaming, bitching, accusing, etc.

Ask for a sit down with police to address a preoccupation and ask Samuel to also make sure to prepare the police officer to a constructive meeting

At the meeting, first restate that you are meeting to address preoccupation that the community has, to clarify misunderstandings if there are any, to better understand the situation and to find together solutions that will satisfy all.

- a. Explain your preoccupations
 - some people have been hurt when arrested and we don't understand why it happened
 - some members of the community sees it as usage of excessive force,
 - some are worried about people being arrested
 - some are angry even though details are missing
 - the relation with police will deteriorate if it's not clarified
 - the trust in police will diminish if not clarified
 - etc
- b. explain your goal
 - to clarify the situation and work together at finding solutions to re-establish the trust

- to understand and then better inform the community
 - to have enough information after the meeting to educate the community (ex, what is resisting arrest and the consequences) and reassure them (what will be done)
 - to find alternatives
- c. Let them talk without interruption except for clarification:
- Then ask the police to explain what happen generally when they arrest someone
 - What leads them to have to use force on people
 - Find out together how it can be avoided

Try to see what you have in common (interest, needs ideas) rather than focusing on the differences

- d. Solutions that both think of avoiding those situations in the future and to make sure the community understands as well.

Ex:

- Inform the community of the meeting that took place
- educate the community on their right and responsibility when arrested and The rights and responsibilities of police officers when arresting
- plan a community meeting or a radio discussion with both sides of this meeting group. (face to face is often better than radio because of the nature of relations and communication, but radio informs more people) you could have in a first time a community meeting and then bring it to the radio as well.

The important thing is to not forget to inform the community on the result of your meeting

Conflicts:

Conflicts are normal, part of our life and will continue to happen. They are not necessarily negative because they make us learn about others, about ourselves and they are part of our growth. What is negative about them is how we sometimes deal with it.

Because we have had bad experience in resolving our conflicts we now tend to avoid or suppress them or we keep them alive by talking about it to the wrong person, putting down the other one involved in the conflict, finding justifications that make us right, but still, we don't address it to resolve it. It stays there within us; poisoning our own lives and sometimes contaminates others. If they continue to grow without being resolved they will create more negative emotions and anger that when triggered, could come out at as a much unexpected moment and in a destructive way. And too often, violence results of it, which as we all know doesn't resolve it at all but most time makes it worst.

So conflict often comes from:

- Misunderstandings
- Miscommunication
- Assumptions
- Misinterpretation
- Taking things personally
- Judgment
- Not listening
- Confusion
- Insecurity, envy,
- Old unresolved issues resurfacing (our own baggage)

Most of those are influenced by our own perceptions

Dealing with conflict or problems is therefore important because not dealing with them or dealing with them destructively hurts us and others.

Sitting down in a non-attacking, non-defensive, non-judgemental, non-accusatory way, but being opened to look at the problem rather than identifying who is guilty is a simple way to deal with conflicts and problems. The only reason that we see that it has been difficult is because we have had the habit of accusing, blaming, and defending ourselves because we don't want to be held responsible for a problem or conflict. We are so afraid of being wrong and being judged that we prefer that someone else is, when in fact in many problems and conflict, all the people involved had a role to play in it.

After the exercise of the plane crash:

Remember, if you are helping people to deal with an issue or conflict and managing different opinion or perceptions:

1. Agree first on a process (ways to deal with it)
2. Make sure everyone can have a voice (pay attention to the silent one, shy)
3. Have them express their perceptions and why etc / ask questions or encourage questions to clarify
4. Always focus on the problem, causes and identifying needs and then solutions (no pointing fingers or alienating or coalition)
5. Bring people to listen to each other and see what they have in common
6. Take your time- no rush

7. Make sure you also listen to all and that you are totally available and present (mind, spirit, body and heart)

Areas of intervention possible:

- Social and community matter: anything that hasn't been reported to police with charges laid (including family matter, couples, workplace, community preoccupations or conflict, neighbours, schools, organizations, etc)
- Crimes: young offenders committing small crimes– in collaboration with police (vandalism, mischief, etc -500\$)
- Crimes – young offenders committing minor crimes (simple assault, theft -5000\$, vandalism - 5000\$ Bn E, etc) – in collaboration with crown and DYP
- Crimes: adults committing minor crimes (simple assault, theft -5000\$, vandalism -5000\$, Bn E, etc) – in collaboration with Crown attorney
- Crimes: adults committing severe crimes: in collaboration with court in determining a fit sentence based on 718,2 e

Reintegration: with detainees preparing for their return in the community, plan to make sure needs are identified and increase chance of successful reintegration