



**OFIFC**

Ontario Federation of  
Indigenous Friendship Centres

OFIFC's Report on the Mental Health and Addictions  
Environmental Scan 2022

May 2023

## About the Ontario Federation of Indigenous Friendship Centres:

Founded in 1971, the Ontario Federation of Indigenous Friendship Centres (OFIFC) works to support, advocate for, and build the capacity of member Friendship Centres across Ontario.

Emerging from a nation-wide, grass-roots movement dating back to the 1950's, Friendship Centres are community hubs where Indigenous people living in towns, cities, and urban centres can access culturally based and culturally appropriate programs and services every day. Today, Friendship Centres are dynamic hubs of economic and social convergence that create space for Indigenous communities to thrive. Friendship Centres are idea incubators for young Indigenous people attaining their education and employment goals, they are sites of cultural resurgence for Indigenous families who want to raise their children to be proud of who they are, and they are safe havens for Indigenous community members requiring supports.

In Ontario more than 85 per cent of Indigenous people live in cities, towns, and rural areas.<sup>1</sup> The OFIFC is the largest urban Indigenous service network in the province supporting this vibrant, diverse, and quickly growing population through programs and initiatives that span justice, health, family support, long-term care, healing and wellness, employment and training, education, research, and more.

Friendship Centres receive their mandate from their communities, and they are inclusive of all Indigenous people – First Nation, Status/Non-Status, Métis, Inuit, and those who self-identify as Indigenous.

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<sup>1</sup> Statistics Canada, Census 2016 Results, Data Table: Aboriginal Identity (9), Dwelling Condition (4), Registered or Treaty Indian Status (3), Residence by Aboriginal Geography (10), Age (12) and Sex (3) for the Population in Private Households (Catalogue number 98-400-X2016164).

## Introduction:

The Ontario Federation of Indigenous Friendship Centres (OFIFC) provides this report to inform the province of Ontario about the gaps in mental health and addictions supports for Friendship Centres, and the barriers to access in healthcare that impact urban Indigenous communities across the province.

Friendship Centres are improving health outcomes by offering critical community-based, culturally grounded health and social programs, strengthening community connection to Indigenous traditional health and healing, and supporting local partnerships and networks. The OFIFC builds upon this foundational work and advocates for improved access to, and determination over, health, mental health, and traditional health practices for urban Indigenous communities.

## The Mental Health and Addictions Environmental Scan:

### Background:

The OFIFC conducted an environmental scan across the Friendship Centres to collect data on the status of mental health and addictions services, and to identify specific mental health and addictions needs. The OFIFC focused on identifying Friendship Centre priority areas and concerns; harm reduction infrastructure; mental health and addictions assessments used; and access to various levels of treatment for Friendship Centres. Survey participation rates varied across Friendship Centres due to COVID-19 impacts and constraints on Executive Directors and frontline staff availability. In 2021, semi-structured telephone conversations were scheduled with Friendship Centre Executive Directors and frontline mental health and addictions (MHA) staff. The staff were asked a series of questions about the current MHA programs and services that are offered, the specific challenges that communities are experiencing, and to identify specific community needs. The environmental scan was conducted in 2021 and the findings and analysis were finalized in 2022-2023.

Based on the results, the OFIFC findings show that:

- Majority of Friendship Centres cited that widespread substance use and addictions including opioids (fentanyl), alcohol, and methamphetamines are a concern (72%)
- Majority of Friendship Centres expressed a need for affordable housing (55%) due to increasing homelessness
- Friendship Centres experienced extensive waitlists for mental health and addictions referrals, programs, and services (24%) due to COVID-19
- Friendship Centres cited food security as a concern for urban Indigenous communities (28%) due to increases in the costs of living; and
- Most Friendship Centres stated that position vacancies within Friendship Centres negatively impacted service delivery for urban Indigenous communities

### Priority Areas Identified by Friendship Centres:

- The OFIFC achieved a participation rate of 96% (28 of 29 total Friendship Centres).
- In 2021, telephone conversations were scheduled with Friendship Centre Executive Directors and frontline mental health and addictions staff. The staff were asked a series of questions about current MHA programs and services that are being offered, what specific challenges communities are experiencing and to identify specific community needs; and
- The Friendship Centres that the OFIFC did not reach:
  - Ininev Friendship Centre (Cochrane)

Some of the main concerns that Friendship Centres identified were increasing homelessness, substance use and addictions including alcoholism, food insecurity and extensive waitlists for mental health and addictions programming and services. As the cost of living continues to increase, urban Indigenous communities remain disproportionately impacted by affordability and inflation across the province. Friendship Centres indicated that the rising costs of housing, food, and transportation contribute directly to the mental health and addictions crisis that is happening in Indigenous communities. The mental health and addictions programs and services in Friendship Centres are operating beyond their capacity levels to meet the demand exacerbated by these issues and continue to be impacted by COVID-19. In addition, capacity limits and employee retention in Friendship Centres due to inequitable funding are also viewed as a compounding struggle in effectively meeting the needs of urban Indigenous communities.

Rising homelessness and food insecurity are pushing individuals into more vulnerable and dangerous situations that increase the risk and exposure of mental health and addictions issues. Many clients continue to rely on food bank resources to meet their daily needs and access other wrap-around food supports where available within Friendship Centres. It is important to acknowledge that the rates of homelessness in communities remain unsustainable and hazardous on an individual level especially in colder weather. Friendship Centres noted that community members, specifically Indigenous women fleeing violence, remain hesitant to access safe shelters due to overcrowding, trauma, and safety concerns.

A major concern that remained widespread across all Friendship Centre communities was the hesitancy to access mainstream services such as clinics, hospitals, and police due to anti-Indigenous racism and discrimination. The additional stigma around substance use and addictions in communities, and perpetuated by healthcare providers, ultimately limits access to those who require immediate assistance or the supports that programs and services provide. An approach that seems to mitigate these issues was collaboration and localized partnerships among Friendship Centres and mainstream healthcare providers. The relationships created by Friendship Centres can address certain delivery gaps that directly impact urban Indigenous communities. However,

localized partnerships to address service gaps are only effective and most valuable when there is a mutual understanding of cultural competency and trauma informed care when working with Indigenous communities. To further support urban Indigenous communities and Friendship Centres, the healthcare system requires systemic change that meaningfully promotes equitable processes. This includes valuing traditional health and knowledge practices by Indigenous communities and implementing cultural safety practices to ensure that Indigenous communities feel safe when accessing these services.

The main gaps that Friendship Centres would like to prioritize were affordable housing and hiring for vacant positions to ensure that community mental health and addictions needs are being met. Throughout the conversations, Friendship Centres demonstrated their unique ability to provide culturally safe spaces for Indigenous people to thrive and spoke on their commitment to continue to address the lack of culturally appropriate programs and services within the mainstream healthcare system.

#### COVID-19 Impacts:

Most Friendship Centres were able to adapt to the COVID-19 pandemic by providing essential services in person (by appointment) and limited programs and services virtually (online/phone). The impacts of COVID-19 produced massive waitlists for mental health services, treatment and detox clinics, and doctor's appointments across the province. Extensive waitlists and constraints on healthcare capacity, coupled with systemic racism and discrimination within Ontario's healthcare system, profoundly impacts urban Indigenous communities. The circumstances result in urban Indigenous people not feeling safe or secure enough to access physicians, preventative care programs, essential healthcare clinics and pharmacies, due to a fear of mistreatment or general mistrust. As a result, urban Indigenous communities experience greater health disparities as community members will only access healthcare in life-threatening situations. More equitable healthcare frameworks are required to ensure that vital healthcare services are not viewed as unsafe options to Indigenous communities.

COVID-19 also negatively impacted the mental health and addictions workforce as many employees continued to operate beyond capacity to meet the demands within the healthcare system. Many healthcare employees experienced job fatigue and burn out as lockdowns and restrictions persisted. Although this issue is generally widespread across the health sector, this impacted Friendship Centres acutely as they sought to fill vacant positions at outdated and unsustainable salary rates.

#### Intersections – Justice, Violence & Childcare:

Other intersections that were most notable in the environmental scan include: involvement in the justice system; levels of domestic violence in community; and the disproportionate rate of Indigenous children in foster care. Each of these intersections have an outsized impact on Indigenous community well-being.

Friendship Centres reported that many clients referred to programs for mental health and addictions issues are currently involved, or have been previously involved, with the justice system. Geographically, incarceration issues were cited more prominently in the North than the South. However, it should be recognized that the overrepresentation of Indigenous people in the Canadian justice system is widespread and unrelenting. The high rate of referrals from the justice system reveals the extent to which corrections further harms community members. It was noted that many individuals referred from the justice system did not feel valued and that mental health and addictions services within the justice system were not accessible. This finding points to the need for increased connections to culture-based community justice programs, healing plans, and meaningful community reintegration supports.

Friendship Centres found that during COVID-19 more mental health and addictions clients were reporting experiences with domestic violence and sexual assault. Some of the challenges that Friendship Centres acknowledged were the hesitancy of community members to access hospitals and police services for incidents related to domestic violence, sexual assault, and intimate partner violence. Some of the explanations for community members' hesitancy include experiences of mistreatment, feelings of mistrust, and general unsafety which stem from experiencing anti-Indigenous racism and discrimination within healthcare.

Additionally, Friendship Centres also expressed concerns about the heightened risk of human trafficking in communities due to increasing homelessness, mental health and addictions issues, and the overall lack of access to healthcare.

Lastly, another challenge that Friendship Centres acknowledged are the impacts of the child welfare system on community mental health and addictions. Friendship Centres recognize that there is a gap in youth (ages 18-29) services for mental health and addictions. It was noted that many youth clients struggle to cope with the realities of growing up in the foster care system or in abusive homes. Many youth clients may also struggle to cope with the life-long effects of Fetal Alcohol Syndrome Disorder (FASD) which can include physical, mental, behavioural, and other learning disabilities. Friendship Centres noted that limited supports available for the youth demographic due to COVID-19 lockdowns, capacity restrictions, and reduced overall internal capacity, had a profound effect on young people across Friendship Centre communities.

#### Harm Reduction Infrastructure:

- The OFIFC achieved a participation rate of 65% (19 of 29 Friendship Centres)
- In 2021, semi-structured telephone conversations were scheduled with Friendship Centre Executive Directors and frontline mental health and addictions staff. The interviewees were asked about the types of harm reduction practices that are currently implemented and available on site at Friendship Centres and their overall interests in harm reduction.

- The harm reduction practices were listed as Naloxone, sharps bins, needle exchange programs, drug testing sites, and opioid replacement therapy; and
- The Friendship Centres that OFIFC did not reach:
  - United Native Friendship Centre (Fort Frances)
  - Thunderbird Friendship Centre (Geraldton)
  - Parry Sound Friendship Centre
  - The Can-Ad Indian Friendship Centre
  - The Toronto Council Fire Native Cultural Centre
  - The Indigenous Network (Peel)
  - Odawa Native Friendship Centre (Ottawa)
  - Niagara Regional Native Centre
  - Hamilton Regional Indian Centre
  - Ininew Friendship Centre (Cochrane)
- Results:
  - 63% of the Friendship Centres interviewed have Naloxone kits on site (12 out of 19)
  - 57% of the Friendship Centres interviewed stated that opioid replacement therapy was available (11 out of 19)
  - 37% of the Friendship Centres interviewed have sharps bins onsite (7 out of 19)
  - 26% of the Friendship Centres interviewed have needle exchange programs (5 out of 19) ; and
  - Majority of the Friendship Centres do NOT have a drug testing site

The results of the survey show that most Friendship Centres have Naloxone kits on site at a minimum. However, Friendship Centre staff did note that not all employees are properly trained on administering Naloxone in the case of an overdose. The healthcare system including external public health teams need to provide support to close harm reduction infrastructure gaps by making Naloxone kits widely accessible across the province, investing in Indigenous mobile health teams, creating safe spaces in clinics and hospitals, promoting access to safe supply sites and investing in Indigenous community-based treatment programs, services and facilities. Anti-Indigenous systemic racism and discrimination in healthcare, and the lack of trauma informed approaches in residential treatment centers ultimately widen health gaps for urban Indigenous communities. The healthcare gaps that Indigenous communities face not only result in lower life expectancy rates, higher mortality rates, and worsening health issues but also lead to larger stresses on the healthcare system, more specifically on emergency service departments, critical care units and mental health and addictions support sectors.

It is crucial that the province address systemic racism and discrimination within the healthcare system across Ontario. Mainstream healthcare clinics, hospitals, facilities and residential treatment centers are not meeting the needs of Friendship Centre

communities when urban Indigenous clients are frequently turned away from vital services, especially due to stigma fueled by anti-Indigenous racism. Friendship Centre communities are experts in supporting community members who struggle with mental health and addictions issues. The province can support this vital work by utilizing a partnership-based approach with urban Indigenous communities to address healthcare needs and to tackle the overall mental health and addictions crisis that communities experience.

There has been a tragic increase in overdoses and deaths throughout COVID-19 as many individuals struggle to cope with the lasting impacts of the pandemic. It needs to be emphasized that harm reduction strategies are one effective way of addressing the opioid crisis across the province because of its ability to “meet people where they are at” and challenge abstinence-based views on substance use and addictions.

Generally, all Friendship Centre communities are aware of specific harm reduction practices used in the mainstream healthcare system. However, greater understanding of the benefits and life-saving measures that harm reduction strategies offer is needed. A recommendation that is feasible province-wide to increase awareness of harm reduction in communities is to ensure that all Friendship Centres feel adequately supported in this endeavour. This includes providing additional training, fostering equitable partnerships, and valuing traditional knowledge systems. The OFIFC will continue to educate members on the importance of harm reduction and to align or re-Centre Indigeneity within these strategies so that communities can adapt practices in a culture-based manner.

#### Assessment Tool Concerns:

- OFIFC achieved a participation rate of 55% (16 out of 29 Friendship Centres)
- Interviews were conducted with Friendship Centre Executive Directors and frontline Friendship Centre mental health staff to assess which mental health and addictions intake tools are used in Friendship Centres including in-house intake forms, GAIN, ADAT, OCAN and DUSI. This section will only address the results of the GAIN assessment tool since that is where the majority of data was collected; and
- The Friendship Centres that OFIFC did not reach:
  - United Native Friendship Centre (Fort Frances)
  - Thunderbird Indigenous Friendship Centre (Geraldton)
  - Red Lake Indigenous Friendship Centre
  - Kapuskasing Indian Friendship Centre
  - Sarnia – Lambton Native Friendship Centre
  - Parry Sound Friendship Centre
  - The Cam-Ad Indian Friendship Centre
  - The Toronto Council Fire Native Cultural Centre
  - The Indigenous Network (Brampton/Mississauga)
  - Odawa Native Friendship Centre



- Niagara Regional Native Centre
- Hamilton Regional Indian Centre
- Ininew Friendship Centre (Cochrane)

The results show that 56% of Friendship Centres interviewed either do not use or are not yet trained to administer the GAIN assessment tool. The Global Appraisal of Individual Needs (GAIN) Assessment Tool is a clinical intake/assessment tool that was adopted by Ontario in 2015. It is widely used as the intake tool to access residential treatment centres. A number of Friendship Centre mental health and addictions workers are certified in administering the tool, but there are barriers to becoming certified and serious concerns about the adequacy of the tool, from a culture-based and trauma-informed perspective.

The GAIN assessment currently acts as a gatekeeper for publicly funded residential treatment centres. Approximately 25 non-Indigenous residential treatment Centres in Ontario have confirmed the use of the GAIN assessment tool as part of their intake process.

Friendship Centres recognized the following issues with the GAIN assessment tool including:

- The prescribed length of time to complete the assessment was inaccurate
- It is not culturally sensitive or appropriate for Indigenous clients
- It does not view health in a wholistic way
- It is triggering for both the client and the worker
- It lacks a trauma informed approach
- The results of the assessment were not an accurate reflection of the client's history or mental state; and
- There are relatively low certification rates for Indigenous mental health workers

Friendship Centres stated that many intake sessions went beyond the recommended 90-minute time limit for the GAIN assessment tool. As a result, many clients and workers found it triggering and difficult to complete. In addition, mental health and addictions employees stated that the GAIN assessment tool uses problematic language and does not align or accurately account for Indigenous views of health and culture. Some of the areas that GAIN does not include are: family dynamics, connection to community, relationship to culture and interpersonal relationships – all of which are important aspects to Indigenous communities.

Another challenge that Friendship Centre mental health workers noted was the low certification rates for administration of the GAIN assessment tool due to time restrictions and extensive certification requirements. The consequences of low certification rates for Indigenous mental health and addictions workers are that clients are referred out to external organizations where their needs are not adequately understood or met.

Ultimately, Friendship Centres view the GAIN assessment tool as a significant barrier to accessing treatment because of its flawed approach and complicated training and administration process. One recommendation that may ensure greater accountability to communities is for the health sector to work with external partners to adapt the current intake processes of treatment facilities to better support urban Indigenous clients. Currently, larger mainstream organizations are tasked with facilitating engagement for Indigenous partners on the adaptation or replacement of the tool. These organizations have Indigenous specific teams that engage with partners but lack the decision-making authority that is required to make higher level system changes that produce meaningful outcomes for urban Indigenous communities. Decision makers and health authorities should engage with all Indigenous partners directly to better facilitate recommendations and build relationships through transparency and accountability. To produce meaningful changes to the mental health system and ensure equitable access for Indigenous communities, the province must examine the effectiveness and cultural safety of assessment tools specifically and prioritize pathways to treatment that Indigenous communities value.

Meaningful engagement with urban Indigenous communities requires that the province provide Indigenous partners with the sufficient resources and funding to engage directly on the challenges of accessing mental health and addictions treatment and to develop a highly adapted process that meets communities' needs. There is a substantial need to further invest in, and advance, low-barrier treatment and healing plan options as well as supporting mental health and addictions programs that are Indigenous-led and community-based. As an interim measure within the current system, the province can support Indigenous partners by providing additional resources to mental health and addictions staff going through the certification process while also committing to transforming the screening and assessment process. Such a commitment will provide Friendship Centres an opportunity to adapt current practices in health facilities while exploring the development of an Indigenous-led mental health tool that is responsive to urban Indigenous communities. Friendship Centres must be recognized and equally engaged with all Indigenous partners by the province when it comes to improving healthcare and mental health and addictions systems.

#### Community Access to Treatment:

- OFIFC achieved an average participation rate of 45% (approximately 13 of 29 Friendship Centres); and
- Semi-structured interviews were conducted with Executive Directors and frontline mental health and addictions staff to assess the access to different levels of treatment including W/D Management Sites, Treatment Centres, Outpatient Counselling, Psychotherapy/Psychiatry, and Crisis Support.

The majority of Friendship Centres acknowledged that many treatment facilities are not local to their community. In most cases, clients are required to travel outside of their community to access treatment facilities from external organizations. A variety of

barriers arise when clients are required to travel outside of community such as the lack of transportation, the lack of funds for travel, and significant distance from the support of family and friends – all of which will be necessary for success. It is also recognized that these treatment centres experience longer waitlists due to COVID-19 capacity restrictions, client vaccination requirements, and the overall lack of Indigenous therapists and support staff available. Friendship Centres continue to rely on external partnerships for providing critical services and supports to Indigenous clients while exploring appropriate aftercare methods.

External partnerships and the status of local relationships remain critical for Friendship Centres in supporting their mental health and addictions clients. Many external clinics, hospitals, and police services are the first point of contact for crisis supports to urban Indigenous communities. The accessibility of crisis supports can vary depending on the effectiveness of localized relationships between Friendship Centres and external partners. It should be noted that anti-Indigenous racism and discrimination remain a significant barrier for urban Indigenous communities accessing crisis support services from external partners. Not only is this applicable to crisis support services but also to outpatient counselling, inpatient treatment, psychotherapy, and psychiatry.

Another barrier that challenges equitable access to mental health and addictions support is that intensive care services are only provided to status First Nations, Inuit, and Metis individuals. The distinctions-based approach cannot effectively meet the needs of urban Indigenous communities when many community members are barred from accessing services within this framework. Friendship Centres only have access to psychotherapy and psychiatric support for status First Nations, Inuit and Metis through federal non-insured health benefits (NIHB). This creates a two-tier system of access within Friendship Centres for intensive mental health supports which ultimately excludes those without status and urban Indigenous communities entirely.

In terms of community access it shows that when Indigenous communities are effectively supported, and cultural competency is prioritized in external organizations, that community members feel more comfortable seeking assistance and support. As an example, Friendship Centres that maintained a positive working relationship with hospitals and police services were able to build greater community outreach and collaboratively tackle the stigma around mental health and addictions.

Cultural competency and trauma-informed care are crucial elements that need to be embedded within mainstream healthcare systems to effectively support Indigenous communities across the province. Friendship Centre communities continually face acute mental health and addictions crises which can include suicide ideation, mental illnesses, and conditions stemming from intergenerational trauma, Residential Schools, and colonization. It is therefore critical for healthcare providers at every level to be well versed in Indigenous cultural competency and to actively work against systemically ingrained anti-Indigenous racism. An understanding of Indigenous people's needs within the system can support community well-being.

### Gaps - Need for Additional Capacity and Male Supports:

Friendship Centres expressed that vacancies for positions in mental health and addictions programs have a negative impact on service delivery. The low employee retention rates in Friendship Centres result in reduced capacity levels for programs and services that are currently offered. There is a significant wage gap between Friendship Centre health and wellness employees and external health and wellness employees in mainstream healthcare settings. As a result, urban Indigenous communities continue to struggle to address the mental health and addictions crisis due to unequitable and unsustainable wage gaps.

During COVID-19, there were added pressures placed on individual employees to meet the demands of hospitals, clinics, and other healthcare settings. Burnout and stress are often cited when healthcare workers and mental health employees are overloaded or pushed to meet the growing demand for health services. One recommendation that may mitigate low retention rates is providing adequate investments into the Indigenous health workforce so that wages are sustainable and on par with mainstream healthcare workers.

Friendship Centres also identified a gap in men's mental health as Indigenous men continue to be underserved. It was noted that the older youth demographic (age 20+) is often missed within Indigenous men's mental health services. There is a stigma that persists in Indigenous communities that purports that men do not need mental health support. Ultimately, this stigma continues to disproportionately hurt Indigenous men as it operates as a barrier to mental health and addictions help. Intergenerational trauma and the affects of Residential Schools have impacted all members of Indigenous communities and have had a devastating impact on Indigenous men. Responsive mental health services should be prioritized to ensure that community wellbeing planning encompasses all members of our communities.

### Strengths of Friendship Centres:

Friendship Centre communities attributed a variety of strengths to the Friendship Centre Movement including community outreach, adaptability, providing cultural supports, and collaborating with external partners.

Friendship Centres were able to effectively adapt to the COVID-19 pandemic by shifting services to online platforms and continuing to offer essential services by appointment. Throughout COVID-19, communities continued to participate in many cultural practices that supported their well-being including cultural teachings, sharing traditional medicines, language teachings, healing circles, sweat lodges, story-telling, sharing circles, Elder teachings, and cultural art sessions. The adept ability of Friendship Centres to provide cultural supports for urban Indigenous communities is one reason why the Movement is successful in its community outreach.

Many Friendship Centres also recognized the value of meaningful partnerships and collaboration with hospitals, clinics, and police services. There are many benefits for urban Indigenous communities when external public systems foster positive and reciprocal relationships with Friendship Centres. Such a commitment opens access to critical healthcare and additional mental health support and may also create learning opportunities regarding the effective implementation of cultural safety practices in mainstream healthcare settings. The survey results demonstrate that Friendship Centres increasingly rely on external partners to support urban Indigenous communities and are most effective when reciprocity and mutual respect are prioritized.

Friendship Centres across Ontario continue to provide culturally specific programs and services that actively improve Indigenous well-being on an individual and community level. The Friendship Centre Movement explicitly captures and replicates culturally safe spaces for urban Indigenous communities to thrive with health and mental health programming that are tailored to community needs.

## Recommendations:

### It is recommended that the province of Ontario:

- Ensure that adequate investments into the Indigenous health workforce are on par with the mainstream healthcare sector.
- Support improved access to, and determination over, health, mental health, and traditional health practices for urban Indigenous communities.
- Establish equitable healthcare frameworks that tackle systemic and engrained anti-Indigenous racism within healthcare to ensure that vital healthcare services are not viewed as unsafe options to Indigenous communities.
- Prioritize mental health and addictions programming for underserved segments of Indigenous communities including older youth (ages 18-29) and Indigenous men.
- Work with Friendship Centres and urban Indigenous communities to adapt the current intake processes for accessing treatment while at the same time supporting the development of an Indigenous-led mental health assessment tool.
- Prioritize the support and development of mental health and addictions staff that are going through the certification process.
- Support a multi-sectoral mental health strategy recognizing that the rising costs of housing, food, and transportation and the rising rates of homelessness and intimate partner violence contribute directly to the mental health and addictions crisis that is happening in Indigenous communities.

- Address the heightened risk of human trafficking in communities due to increasing homelessness, mental health and addictions issues, and the overall lack of access to healthcare; and
- Address the serious gaps in accessing mental health and addictions supports for individuals involved in the justice system including increased connections to Indigenous community justice programs, healing plans, and meaningful community reintegration supports.