

**A Jurisdictional Scan of the Programs and Services Available to
Support the Community Reintegration of IRCS Youth in
Northern Saskatchewan**

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and Justice Studies**



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Prepared by:

Centre for Forensic Behavioural Science and Justice Studies

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EXECUTIVE SUMMARY

Introduction

The Intensive Rehabilitative Custody and Supervision (IRCS) program is a federal program funded by Justice Canada that allows for the provision of specialized rehabilitative and reintegration services to violent young offenders who have mental disorders or serious cognitive delays (Department of Justice Canada, 2010). The current study consisted of a jurisdictional scan of the mental health, education, and employment programs and services available to IRCS youth in northern Saskatchewan to facilitate their re-entry into the community. A literature review, interviews with corrections and mental health professionals, and an environmental scan were conducted to determine: 1) the types of mental health, education, and employment programs available to IRCS youth who are reintegrating into communities in northern Saskatchewan; 2) the strengths and challenges associated with the delivery of these programs to IRCS youth in northern Saskatchewan; and 3) how technology may be used to increase the youth's access to the programming they require in these communities.

Key Findings from the Literature Review

Rural and remote communities face a multitude of barriers that can impede both delivery and access to programs and services (Hall & Olfert, 2015). From the service provider perspective, barriers to program delivery in rural and remote communities included: heavy workloads; chronic understaffing; working in isolation; and a lack of staff training opportunities (Allison & Kyle, 2005; MacLeod, et al., n.d.; Oosterveer & Young, 2015). All of these factors place strain on service providers, often resulting in burnout and compromising program delivery (Nuffield, 2003).

From the youth program participant perspective, a lack of programming and services available directly in rural and remote communities was identified as being problematic (Nuffield, 2003). Consequently, to access the services they require, youth may have to seek options available in other communities, which presents issues surrounding transportation and travel costs (Allison & Kyle, 2005; CFHCC, 2002; Jeffery et al., 2009b; Larson & Corrigan, 2010). In addition, lengthy wait times may be required before youth can access a given service, which may mean they are left at risk in the community or lose motivation to introduce changes to their lives before their turn arrives (Badry & Felske, 2013). Wait times were especially problematic for youth with specialized problems (Badry & Felske, 2013). Further, even when services are available within a community, there may be obstacles to accessing programs. Stigma can be an issue for youth if they do not wish to be seen accessing services in their community, they feel uncomfortable receiving services from a local service provider or, in the case of young offenders, service providers do not want to work with them due to their criminal history (Allison & Kyle, 2005; Larson & Corrigan, 2010).

Four types of technology were identified in the literature review as being particularly well-suited for addressing the mental health, education, and employment needs of youth in rural and remote locations: mobile apps, web-based programs, videoconferencing, and remote presence technology. Mobile apps and smartphones seemed to best lend themselves to increasing youth's

access to mental health programs (Mendez & Van den Hof, 2013). Web-based programs were found to be an effective method for providing youth with secondary and postsecondary educational options. This type of technology also was effective for providing youth with opportunities for social support. While less common, some web-based programs were also available to support youth in developing the skills they require to find and maintain employment (e.g., Community Hub). Finally, both videoconferencing and remote-presence technology were strong technological options for any type of programming that involves face-to-face delivery. Most commonly these technologies have been used for mental health treatment; however, they have also been used to offer educational courses. Overall, it seemed that many of the existing resources identified through the review would meet the needs of the IRCS population.

Key Findings from Interviews

Interviews were conducted with six corrections and three mental health professionals who work directly with IRCS youth in Saskatchewan. In addition, three interviews were conducted with IRCS Coordinators from Alberta, British Columbia, and Manitoba. The purpose of the interviews was to understand the strengths and challenges of delivering mental health, education, and employment programs to IRCS youth in rural and remote northern communities.

Interviewees from Alberta, British Columbia, and Manitoba indicated that they rarely have IRCS youth who return to rural and remote areas within their provinces. Saskatchewan was unique in that some IRCS youth do return to northern communities; however, even in Saskatchewan, many youth choose to return to more urban centres where they have access to the resources and services they require. Within Saskatchewan, all participants noted that the availability of mental health services in rural and remote communities was problematic. In particular, access to psychologists, especially treatment for violent and sexual offending, was identified as the most pressing concern for IRCS youth returning to northern Saskatchewan. Currently, youth over the age of 18 are only able to access treatment in North Battleford, Saskatoon, or Regina, and the youth must attend their psychologist appointments in person. Access to psychiatric services is also an obstacle; the ease at which IRCS youth can access psychiatric services is dependent upon the protocols established in the particular region where they are accessing services.

IRCS youth who have educational needs are encouraged to access the same resources available to all youth in Saskatchewan. For example, youth who are school-age are encouraged to return to school. Youth who are not well-suited for school are encouraged to access life skills and vocational training instead. Older IRCS youth who wish to pursue their education may take adult education courses or enroll in postsecondary courses. Several communities in northern Saskatchewan offer courses through community colleges. However, the availability of such courses is completely dependent on the community in which the youth live and the courses offered may not align with the young person's interests and abilities. For youth interested in finding employment, their community youth worker often plays a key role in helping them find a job in their community (or in a nearby location). If available, youth may also access local employment centres. In addition, mentorship opportunities (which may be provided by contracted service providers) wherein youth receive support in finding and maintaining employment were considered to be important resources for addressing the youth's employment needs.

A handful of strengths related to how the IRCS program operates in northern Saskatchewan were also identified. For instance, many interviewees commented that the mere ability to offer services to IRCS youth as a result of the funding associated with the designation was a strength. In addition, some participants indicated that it can be easier to find familial and cultural supports in a youth's home community. Finally, many of the service providers who work with IRCS youth were motivated to connect the youth with whatever resources were available and to support the youth in the best way they can.

Suggestions for improving IRCS youth's access to psychological services (especially treatment for violent and sexual offending) included: 1) introducing provisions to allow IRCS funding to more easily cover the travel expenses of clinicians who wish to provide services to youth in their home communities; 2) establishing a team of professionals to travel to rural and remote locations to provide mental health, education, and employment services; 3) using videoconferencing or telemental health to supplement (but not replace) in person treatment; and 4) developing an online resource centre to support IRCS youth and the professionals serving them.

Key Findings from Environmental Scan

An environmental scan was conducted to develop a detailed inventory of the mental health, education, and employment programs and technology resources (i.e., telehealth, Internet access, cellular coverage, and remote presence technology) available in a sample of 30 communities in northern Saskatchewan. The scan revealed that all 30 communities offered mental health and addictions services, and eight offered psychiatric services. However, the quality and availability of the mental health and addictions services offered within these communities varied.

With respect to educational programming, 29 communities had schools that taught grades 7 to 12, 19 communities offered basic adult education courses, while 16 locations provided post-secondary training. Even though many communities offered educational opportunities, the number and types of postsecondary courses offered within many communities were limited. Aside from the larger communities that had multiple postsecondary institutions and multiple course offerings each term, most communities had only one or two courses available to residents in a given year.

The majority of communities had some form of career and employment services available to their residents. Only four communities did not have any career and employment services and an additional two communities only had access to these services by telephone. Nine of the communities had formal career and employment services offices, seven communities had dedicated employment and training workers, and eight had specialized work skills and employment programs available to community members.

There was some variability in the extent to which the communities had all four types of technology resources. All communities included in the environmental scan had basic high speed Internet with a minimum download speed of 1.5 Mbps. However, this download speed prohibits certain activities, such as streaming videos; for these more advanced activities, 5 Mbps is required. Only 15 communities had download speeds of 5 Mbps, which is what we deemed as

adequate or sufficient Internet capacity. By June 2017, it is anticipated that 11 more of the communities included in the scan will have faster Internet service, as an initiative to improve connectivity in the north is currently being implemented by Sasktel (Industry Canada, 2015).

In terms of cellular access, all communities, except for three, had 4G network coverage. There was some variation in the speed of the 4G network available to the communities. Approximately half of the communities were on a slower 4G network; however, this basic coverage is sufficient for most users. Finally, 25 communities had access to telehealth services within their local health centres, while only three communities had remote presence technology.

Discussion

Taken altogether, the results from all three components of the study suggest that IRCS youth's access to mental health, education, and employment programming can be improved, with the need for better access to psychological services being the most pressing concern. The technologies considered in this study (i.e., mobile apps, web-based programs, videoconferencing, and remote presence technology) all offer opportunities for increasing the youth's access to the programming they require. Specifically, videoconferencing is the most feasible option for increasing access to psychologists and psychiatrists, since it permits face-to-face interaction and is widely available across northern Saskatchewan. Remote presence technology is also a promising technology for providing face-to-face treatment to IRCS youth, but its availability is currently limited to three communities. Mobile apps and web-based programming may supplement mental health treatment, but are unlikely to replace it. They are, however, suitable modalities for connecting IRCS youth to additional educational opportunities in communities where Internet access permits. For instance, online secondary and postsecondary courses are readily available. It is also possible to connect youth who require additional educational supports with online tutors. It is less likely that technology can be used to address IRCS youth's employment needs, as these types of services seem best suited for in-person delivery. However, some apps and web-based programs are available to support activities such as resume building.

In sum, any innovations using technology that are introduced to increase the access that IRCS youth living in northern Saskatchewan have to mental health, education, and employment programs must be considered on a community-by-community basis. Further, the particular characteristics, risks, and needs of each IRCS youth should inform how technology is used to address his/her needs. The following recommendations reflect actions that can be taken to enhance the access that IRCS youth have to mental health, education, and employment programming.

1. Use videoconferencing or remote presence technology to supplement in-person treatment with psychologists and psychiatrists.
2. Provide training to mental health and corrections professionals to increase their familiarity and comfort with videoconferencing and other forms of technology that may be used with IRCS youth.

3. Develop an online resource centre that contains an inventory of programs available in northern Saskatchewan and a list of web-based programs and mobile apps that may be used with IRCS youth.
4. Engage in consultation with health regions to increase psychologists' flexibility to provide services outside their respective health region.
5. Establish a team of mental health professionals who periodically travel to rural and remote communities in Saskatchewan where IRCS youth are based.
6. Increase the use of contracted service providers for transportation and mentorship.
7. Consider a full process evaluation of the IRCS program.

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1. INTRODUCTION

The Intensive Rehabilitative Custody and Supervision (IRCS) program is a federal program funded by Justice Canada that allows for the provision of specialized rehabilitative and reintegration services to violent young offenders who have mental disorders or serious cognitive delays (Department of Justice Canada, 2010). The goal of the program is to provide additional resources to high risk youth who have committed a serious violent offense to reduce their risk of reoffending in the future and increase public safety (Saskatchewan Ministry of Justice, n. d.). IRCS operates by providing targeted funding to each province and territory that can be used to create or enhance access to interventions that would normally be unavailable to the youth (Peterson, 2015).

The current study consisted of a jurisdictional scan of the programs and services available to IRCS youth to facilitate their re-entry into the community. Of particular interest were the programs and services available to youth in northern Saskatchewan. The overarching objectives of the jurisdictional scan were to provide the Community Safety Knowledge Alliance, Saskatchewan Ministry of Justice, and Justice Canada with: a) an overview of how technology can be used deliver programming to youth in rural and remote locations; b) insight into the types of mental health, education, and employment programming currently available for youth in northern Saskatchewan, as well as the strengths, barriers, and gaps associated with current program delivery practices; and c) an understanding of the extent to which technology resources are available in northern Saskatchewan communities and can be used to enhance program delivery. To accomplish these objectives, a literature review, interviews with corrections and mental health professionals, and an environmental scan were completed. The findings from each component of the study are presented in separate sections of the report. First, however, an overview of the IRCS program is provided.

1.1 Background and Description of IRCS

IRCS is a federally funded program that provides intensive rehabilitation and reintegration services to young offenders who have been convicted of a serious violent offense, sentenced under the *Youth Criminal Justice Act* (2002), and diagnosed with a mental disorder (Peterson, 2015). Essentially, IRCS provides each province and territory with funding that can be used to access a variety of treatment options that may not be available to young offenders through regular correctional programming or services (Saskatchewan Ministry of Justice, n. d.). The intention of the program is to offset the costs associated with providing these specialized services to violent youth with mental disorders, especially in smaller jurisdictions where they may not have the financial resources to provide additional supports to these young offenders (Department of Justice Canada, 2010). In the absence of such funding, high risk violent youth have been sentenced as adults in order to connect them to the resources required to address their mental health needs (Department of Justice Canada, 2010).

Although there are various components to the IRCS program, it is most often manifested as a sentencing option that extends throughout the full length of a youth's sentence (i.e., including custody and community components). However, IRCS is also available after sentencing for

youth who have been convicted of a violent offense and for whom the province submits an application to the federal government to qualify for IRCS funding.

1.1.1 IRCS Eligibility Criteria

There are three criteria youth must meet to be eligible for IRCS. First, youth must be convicted under the *Youth Criminal Justice Act*. Second, the offense for which they were convicted must have caused (or attempted) serious bodily harm and have an imprisonment term of at least 14 years for adults sentenced for the same offense under the *Criminal Code of Canada* (Saskatchewan Ministry of Justice, n. d.). Examples of offenses for which youth can be directly sentenced to IRCS include: first degree murder, second degree murder, manslaughter, attempted murder, and aggravated sexual assault. Youth may also be eligible for an IRCS sentence following their third conviction for a serious violent offense. Offenses for which an application to IRCS may be submitted following sentencing include: aggravated assault, sexual assault with a weapon, robbery with assault or a weapon, kidnapping or confinement, break and enter committed in conjunction with an indictable offense, and arson with disregard for human life.

Third, youth who are eligible for IRCS must have a diagnosed mental disorder (Peterson, 2015). Examples of mental disorders that IRCS youth may have are: affective disorders (e.g., depression, bipolar, anxiety), attention deficit/hyperactivity disorders, conduct disorders (including anti-social personality disorder), substance use disorders (including alcohol, drug, and polysubstance), post-traumatic stress disorder, and developmental learning disorders. Youth are also eligible for IRCS if they have been diagnosed with fetal alcohol spectrum disorder (FASD).

1.1.2 Program Components

IRCS is comprised of four parts. Through Part A, funding for basic program capacity is provided annually to each province or territory, with each province receiving \$300,000 per year. Among other activities, Part A funding may be used to hire specialized staff, contract services from external agencies, or conduct staff training (Department of Justice Canada, 2010). In Saskatchewan, Part A funding is directed towards an IRCS coordinator position and psychological services. With respect to psychological services, two psychologists are contracted through their respective health regions to conduct pre-sentence psychological assessments on young offenders who may qualify for IRCS to determine whether they do, in fact, have a mental disorder. The psychological assessments also are used to identify a youth's criminogenic risk factors and risk of future violence; determine his/her suitability for, and willingness to participate in, IRCS; and develop an individualized treatment plan.

Part B reflects the actual sentence given to a youth in court. All assessments on the youth must be completed prior to sentencing. Further, all IRCS sentences must include both custody and community components. For the community portion, the youth normally receive conditional supervision and are expected to appear in the Youth Justice Court at least 30 days prior to their release from custody to set their conditions (Peterson, 2015). The province can claim \$275.00 per eligible day or \$100,375.00 per year for each IRCS offender through Part B (Department of Justice Canada, 2010; Peterson, 2015). This funding typically goes toward therapeutic services, rehabilitative and reintegration services, and supervision services (Department of Justice, 2010).

Part C allows the province to make applications to the Department of Justice to apply IRCS funding towards young offenders who have similar characteristics as IRCS youth. These applications are made after sentencing, and the youth must meet the criteria normally required for an IRCS designation (i.e., committed a serious violent offense that caused bodily harm and have a mental disorder), with the exception that their specific offence is not one of the offenses listed in the Part B eligibility criteria. In addition, youth must have received a sentence greater than one year in length. If the application is successful, IRCS funding will last the duration of the youth's sentence. The province can claim \$140.00 per eligible day or \$51,100.00 per year for each youth designated as IRCS through Part C (Department of Justice Canada, 2010; Peterson, 2015). For these youth, the Provincial Director sets the conditions for the community supervision portion of their sentence.

The final component of IRCS, Part D, allows for any remaining funding from Part A, B, and C to be used for special projects. These projects generally focus on issues related to the mental health of youth who commit serious violent offenses or federal youth justice policy initiatives (Department of Justice Canada, 2010; Peterson, 2015). It should be noted that funding is prioritized in the following order: Part A and B, Part C, and then Part D.

1.1.3 Program Delivery in Saskatchewan

In Saskatchewan, the IRCS program is jointly administered by the Saskatchewan Ministry of Justice and Saskatchewan Ministry of Health. A full-time provincial IRCS Coordinator, whose position resides in the Ministry of Justice, supports the delivery of the program through the provision of administrative support and consultation. The Coordinator is also responsible for screening eligible young offenders and preparing applications for Part C.

Case management for each IRCS youth is provided by the community corrections and custodial divisions of the Saskatchewan Ministry of Justice, as well as by a representative of the Health Region from which the youth receives services. Partnerships with other ministries (e.g., Social Services, Education), community-based organizations, and the youth's family may also be utilized to carry out the individualized treatment plan developed for the youth (Saskatchewan Ministry of Justice, n. d.). Community youth workers assigned to manage an IRCS youth's case dedicate approximately 15 hours per month to each youth. They play a key role in connecting IRCS youth with services and resources in the community as they are most knowledgeable about the opportunities that exist in the communities where the youth live. They are also expected to remain in frequent contact with the youth. IRCS youth are assigned to community youth workers using different mechanisms in the three regions of the province. In the south, IRCS youth are assigned to a single worker who is responsible for all IRCS case files; in the central region, IRCS youth are spread across multiple workers; and, in the north, IRCS youth are assigned to the worker who is responsible for the particular community to which the youth will return.

Supervisors of community youth workers typically spend about three hours per month on each IRCS youth and support the youth workers in their role. More time is spent per month on IRCS youth than other young offenders, in part, due to the additional paperwork that is required to receive funding through IRCS. All time spent working with IRCS youth can be charged to

Justice Canada. As a result of the dedicated attention given to IRCS youth from the coordinator, managers, and community youth workers, and the nature of their offenses, the youth tend to have a higher profile in the Ministry (and in the general public) compared to other young offenders.

A variety of opportunities are made available to IRCS youth both in custody and in the community to support their treatment and reintegration. As part of their treatment plan, IRCS youth typically see a psychologist throughout the length of their sentence. This may be the clinician who completed their original assessment or it may be another psychologist or mental health worker contracted to treat the youth. Examples of programming and resources IRCS youth may receive are violence counselling (with a forensic psychologist), addictions counselling, generalized counselling, family counselling, education and employment programming, one-on-one tutors, peer mentoring, recreational activities, assistance with exiting a gang, tattoo removal, cultural programming, relapse prevention planning, problem-solving skills training, and independent living skills training (Peterson, 2015). Services that may be provided to specifically support community reintegration include coordinating visits and conferencing with the youth's family while in custody; arranging living arrangements upon release (either with the family or an alternative placement); arranging support for counselling, treatment, mentorship, cultural programming, and recreational programming in the community; and supporting employment pursuits (Department of Justice Canada, 2010). All programming offered to IRCS youth is decided on a case-by-case basis and reflects both what is required to best address their needs and the opportunities available in the specific community in which they live.

1.1.4 Profile of IRCS Youth in Saskatchewan

To contextualize the number of youth who qualify for IRCS in Saskatchewan, as of March 2016, nine youth have an IRCS sentence through Part B and five youth receive funding through Part C (personal communication with J. Peterson, 2015). Of these youth, seven are originally from a rural area. In general, IRCS youth typically have sentences that are longer in length than other young offenders and are older when they are released from custody (Peterson, 2015). Frequently, IRCS youth are in their early twenties when they complete their sentence. The maximum sentence length that IRCS youth may receive is 10 years; however, it is common for the youth to have three year sentences (personal communication with J. Peterson, 2015). All IRCS youth currently in Saskatchewan are male; however, females are also eligible for the designation (Department of Justice Canada, 2010). IRCS youth also have varying levels of cognitive functioning; some function at a high level and some at a low level, which influences the types of programming, services, and supports that are appropriate for them. All IRCS youth are supervised as high risk throughout their sentence (Peterson, 2015).

Approximately 60% of an IRCS sentence is spent in custody and 40% is spent in the community (Department of Justice Canada, 2010). Past research in Saskatchewan has found that IRCS youth are most successful when they serve the first portion of their sentence in closed custody, followed by a period in open custody, with the final portion served in the community (Boechler, 2014 as cited by Peterson, 2015). Boechler's study also revealed that, compared to youth who committed similar offenses but who did not receive an IRCS sentence, IRCS youth were more successful in open custody following their release from closed custody and completed more of their sentence in the young offender system. Moreover, following the completion of their

sentence, they were less likely to acquire new charges and, when they were charged, it was for less serious offences that resulted in less closed-time custody.

1.1.5 Known Challenges of the IRCS Program

A past evaluation of the IRCS program conducted by Department of Justice Canada (2010) identified a number of challenges in implementing the IRCS program. Most notably, it was observed that it could be difficult (and financially prohibitive) to offer IRCS youth the programming and services they require in rural or remote locations. Thus, while it was deemed preferable to return youth to their home communities whenever possible, it was not always feasible to do so when those communities lacked the services required to target the youth's criminogenic needs or were located at great distances from centres where these services were available.

Given the anticipated costs associated with providing IRCS youth specialized services while serving the community portion of their sentences, it was expected that more IRCS funding would be claimed during this portion of their sentence than during the custody component. However, the evaluation findings revealed the opposite: higher average amounts per eligible day tended to be claimed while the youth were in custody (\$265/day) than in the community (\$195). The authors suggested this may have been an artefact of poor reporting from some jurisdictions or a function of the difficulties associated with providing services and programming to youth who were returning to rural and/or remote communities. That is, given the cost or lack of access to programming and services, fewer resources may have ultimately been directed toward the youth returning to rural communities, regardless of their need. Another possible reason offered to explain why costs were higher while IRCS youth were in custody was that provinces may charge a per diem rate equivalent to the daily amount eligible for the youth in custody, ensuring that IRCS funds were maximized while the youth were in custody.

Judges' awareness of the difficulties associated with mobilizing specialized services for high risk violent youth in smaller communities also emerged as a challenge in the evaluation. Specifically, it was noted that some judges were reluctant to order IRCS sentences for youth who would not have access to the specialized services in their home community and would have to be relocated to another community to complete the conditions of their sentence. The final two challenges documented in the evaluation were a lack of judicial awareness of IRCS as a sentencing option and the withholding of consent (from either the defence or the youth) to participate in IRCS, often out of a desire to avoid addressing the youth's mental health issues or the stigma associated with such issues.

1.2 Purpose of the Jurisdictional Scan

The purpose of the current study was to conduct a jurisdictional scan of the programs and services available to IRCS youth who are being reintegrated into communities located in northern Saskatchewan following their release from custody. In particular, the scan focused on the availability of mental health, education, and employment programming that may be used to address the youth's criminogenic needs. Given that access to programming is known to be problematic for IRCS youth returning to rural and remote communities (Department of Justice

Canada, 2010), the scan explored the strengths, barriers, and gaps of program delivery in northern Saskatchewan, as well as opportunities for improving program access through the use of technology. Taken together, the jurisdictional scan:

- a) Discusses how technology may be used to deliver programming targeting mental health, education, and employment needs to youth living in rural or remote communities;
- b) Identifies strengths, barriers, and gaps of existing programming for IRCS youth being released to communities in northern Saskatchewan;
- c) Provides an inventory of mental health, education, and employment programming in 30 communities in northern Saskatchewan;
- d) Provides an inventory of technology resources available in 30 communities in northern Saskatchewan that may facilitate program delivery; and
- e) Examines the feasibility of using technology to deliver mental health, education, and employment programming to IRCS youth in northern Saskatchewan.

1.3 Method

A multi-method approach was employed in the jurisdictional scan. First, a literature review was conducted to identify how technology can facilitate the delivery of mental health, education, and employment programming to youth in rural and remote locations. Second, interviews were completed with corrections and mental health professionals who work with the IRCS program to gather information about the extent to which youth being returned to communities in northern Saskatchewan have access to the programs and services they require. Third, an inventory of the specific mental health, education and employment programs available in 30 communities was developed. Likewise, an inventory of the technology resources available in these same communities that may be used to deliver programming was also completed. A detailed description of the procedures used in carrying out each method is presented in its respective section of the report.

2. LITERATURE REVIEW

Rural and remote communities face a number of challenges related to the delivery of mental health, education, and employment programming. The geographic location of these communities combined with the limited availability of resources influences the types of services that may be provided, as well as the frequency of service provision. However, there are also strengths unique to rural and remote communities that facilitate program delivery. The following literature review examines both the challenges and strengths of providing mental health, education, and employment programs in rural and remote communities in general and to youth in particular. The perspectives of both service providers and the recipients of these services are considered to contextualize program delivery in these environments. Further, given the challenges associated with providing programs in rural and remote communities, the literature review examines how technology may be used to improve access to mental health, education, and employment programs or enhance service delivery. Four types of technology were identified: mobile apps, web-based programs, videoconferencing, and remote presence technology. The key characteristics, merits, and drawbacks of these technologies and examples of how they may be used to offer programming to youth are discussed. Concluding the literature review is a discussion highlighting how these technologies may be used to overcome some of the identified challenges in providing programming to youth.

2.1 Search Strategy

Literature was identified for the review using multiple strategies. First, peer-reviewed literature was identified by searching four academic databases: PsycINFO, PubMed, iPortal (Indigenous Studies Portal at the University of Saskatchewan), and Google Scholar. In order to locate articles, combinations of the following keywords were used:

- At risk populations
- High risk violent youth
- Juvenile delinquency
- Youth
- Remote
- Rural
- Counselling
- Crisis intervention services
- Education programs
- Employment programs
- Mental health programs
- Program delivery
- Program evaluation
- eHealth
- e-mental health
- Mobile health
- Remote presence technology
- Telehealth
- Telemanagement
- Telemedicine
- Telepsychiatry
- Web-based programs

Next, the reference lists of articles were reviewed to identify additional literature. Third, specific journals including the International Journal of Telemedicine and e-Health, International Journal of Circumpolar Health, and the Journal of Medical Internet Research were reviewed as their scope was closely aligned with the focus of the literature review. Fourth, the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) publications were reviewed for relevant literature. Finally, Internet searches using the keywords above were conducted to identify relevant grey literature. Saskatchewan literature was prioritized followed by Canadian literature and literature from countries that have rural and remote regions similar to Canada.

2.2 Context of Program Delivery in Rural and Remote Communities

Saskatchewan residents in rural and remote communities face a number of barriers in accessing mental health, education, and employment programs and will be briefly reviewed here (SHRF, 2006). To begin, the *geographic location* of northern Saskatchewan communities can itself be a barrier to implementing and accessing programming and services (Moss, Hamilton, Racher, Jeffery, & Annis, 2008; Nuffield, 2003). For example, certain locations may only be accessible by air or via seasonal roads, which restricts residents' ability to receive and access services (Hall & Olfert, 2015; Moss et al., 2008; Nuffield, 2003). There may also be a genuine *lack of programming and services* in these communities. This lack of programming is especially problematic for youth interfacing with the criminal justice system, as these individuals often require specialized programming, such as psychiatric and psychological assessments, counselling, anger management, life skills, violent and/or sexual offending treatment, and substance abuse treatment that is generally unavailable in rural areas (Nuffield, 2003).

Moreover, a *lack of resources* is a barrier for the permanency of programs and services. Some research (Allison & Kyle, 2005; Jeffery, Burles, & Hamilton, 2009a; Nuffield, 2003) has reported that residents may not have consistent access to programs due the sporadic way in they are delivered. One of the factors compounding service delivery is a tendency for government funding to support pilot projects without long-term funding mechanisms to support program sustainability.

Another challenge underlying the lack of programming in rural and remote communities is *the ability to attract and retain professionals* (e.g., physicians, psychologists, social workers, and teachers; Cameron, Ray, & Sabesan, 2014; CFHCC, 2002; Hilt, Barclay, Bush, Stout, Anderson, & Wignall, 2015; Ng et al., 1997). There are numerous factors that influence staff retention in rural and remote communities, including staffing shortages throughout the province, heavy workloads resulting in burnout, high staffing turnover rates, lack of staff training opportunities, less competitive wages, and extreme temperatures (Allison & Kyle, 2005; Jeffery, Burles, & Hamilton, 2009b; MACRH, 2002; Mueller et al., 2011; Shore, Bloom, Manson, & Whitener, 2008). Consequently, sometimes even when there is a desire to offer services and programs, the staff required to do so is unavailable. For instance, in the Saskatchewan community of Pinehouse Lake, a shortage of healthcare providers resulted in an inability to provide healthcare programming (Jeffery et al., 2009b). To overcome staff shortages, efforts have been made to recruit and retain certain types of healthcare professionals (e.g., physicians) to rural Saskatchewan; however, the success of these efforts and their reach across northern Saskatchewan communities is unknown (SHRF, 2006).

To compensate for the lack of local service providers, professionals may travel from other locations to provide specialized services to these communities (MACRH, 2002). However, this model of service delivery may increase wait times and delay access to such services (Clark, Riben, & Nowgesic, 2002; CFHCC, 2002; Jeffery et al., 2009b; Richardson, 2010). The time required by service providers to travel from one community to the next may also limit the number of clients that can be seen, as well as the frequency and intensity of services offered (Allison & Kyle, 2005). Further, professionals travelling from larger urban centres are often on rotation in northern rural and remote communities, which can result in residents having services

provided by multiple professionals. This frequent change in professionals can negatively affect the rapport between clinicians and clients (Jeffery et al., 2009b).

Alternatively, some service providers may assist with transporting clients to services in larger communities, which poses its own risks. For example, in northern Saskatchewan, some mental health providers may be responsible for transporting youth to treatment facilities outside the community, which may compromise their safety if the youth become resistant (Jeffery et al., 2009b). Overall, transportation barriers were considered one of the top three challenges among service providers with respect to program delivery in rural and remote communities (Allison & Kyle, 2005).

Given the need, at times, for residents of rural and remote locations to travel to urban centres to access required programming and services, *travel and transportation costs* are also a significant barrier. For instance, significant financial costs may be incurred for travel, meals, and accommodation (Allison & Kyle, 2005; CFHCC, 2002; Jeffery et al., 2009b; Larson & Corrigan, 2010). In addition, travelling for services can often result in days or weeks away from family, friends, and other social supports, and may result in social and therapeutic costs (CFHCC, 2002; Nuffield, 2003). Specifically, separation from such supports can have a negative impact on an individual's recovery process, as having positive social support has been associated with improved treatment adherence (CMHA, n.d.).

A final set of barriers that may be faced in delivering programs and services in rural and remote communities relates to *technological limitations*. A large proportion of rural and remote areas experience broadband connectivity issues resulting in weak or no access to the Internet (Coach, 2013; McMahon, O'Donnell, Smith, Walmark, & Beaton, 2011; Radu, 2004). As a result, service providers may not be able to rely on technologies (e.g., web-based applications, the streaming of live videos, smartphones) that are widely available in urban centres to facilitate program delivery (Hall & Olfert, 2015; Hassel & Dean, 2015; Smillie-Adjarkwa, 2005). Further, when broadband is available in rural and remote communities, the cost associated with accessing high-speed Internet may be a limitation (McMahon et al., 2011).

2.2.1 Strengths of Program Delivery in Rural and Remote Communities

Although there are many barriers to providing program and service delivery to rural and remote communities, there are also unique positive aspects to this context that should not be dismissed (Bell & Menec, 2012; Pong et al., 1999). First, rural and remote locations tend to exhibit a strong sense of community, which can in turn lead to *strong social supports* (Allison & Kyle, 2005; Badry & Felske, 2013; MACRH, 2002). Social supports have been associated with improvement in program and treatment adherence, positive psychological outcomes, and overall wellbeing, as well as with facilitating a youth's reintegration back into the community (CMHA, n.d.; Griffiths, Dandurand, & Murdoch, 2007).

Second, some of these communities have become hubs for innovative models of program and service delivery. For instance, when available, various forms of technology (e.g., mobile apps for smartphones, web-based programming, videoconferencing, remote presence technology) can be utilized to support program delivery in rural and remote communities. The breadth and flexibility

of using technology to support programming and services in innovative ways can increase help-seeking behaviour, access to therapy and treatment interventions, and informal social support networks (Boydell et al., 2013). For example, web-based mental health interventions often incorporate interactive therapy modules and social networking (e.g., discussion board or ‘walls’) that can be wide-reaching regardless of geographical location (Boydell et al., 2013).

2.3 Program Providers’ Perspectives on Implementing/Delivering Programming in Rural and Remote Communities

Given their integral role in program delivery, service providers can provide an important perspective for understanding the strengths and barriers associated with program implementation in rural and remote communities. They are often intimately familiar with the service gaps present in communities and adept at identifying possible solutions for addressing those gaps (Gibson, O’Donnell, Coulson, & Kakepetum-Schultz, 2011; Jeffery et al., 2009a; Jeffery et al., 2009b). In this section, we consider service providers’ perceptions of the challenges and benefits associated with program delivery in rural and remote communities.

2.3.1 Challenges Faced by Service Providers in Rural and Remote Communities

There are a variety of challenges that program providers face in the context of program delivery within rural and remote communities that impede service provision. A *heavy workload* is a common issue among service providers in rural communities and can limit the amount of time they are able spend on delivering programs (Oosterveer & Young, 2015). Workloads can be further exacerbated by chronic understaffing, which may force individual service providers to deliver a wide variety of programs and services (Allison & Kyle, 2005). Consequently, staff working in these conditions may experience a conflict of roles (when they are trying to fill more than one role in an agency or community) and be stretched beyond capacity, thereby placing them at risk of burnout (Nuffield, 2003). Not surprising, program delivery may also suffer in these conditions.

Another source of potential stress for service providers working in rural and remote communities pertains to *privacy considerations*. These communities are often small, which can result in staff experiencing a personal-professional life imbalance. Due to their visibility in the community, these individuals may feel that they have to be conscious of their professional role when they are out in public on account of chance encounters with clients (Allison & Kyle, 2005; MacLeod et al., n.d.).

In addition to the heavy workloads and lack of anonymity, service providers also indicated that difficulties can arise due to their work being performed in *isolation* or with little assistance. In fact, some researchers (Allison & Kyle, 2005; MacLeod et al., n.d.) have reported a pressing need for providing professional supports at a distance. A *lack of training* opportunities for staff working in rural and remote communities also has been identified, as well as a need for employers to increase support for training efforts locally or for staff’s attendance at continuing education opportunities outside the community (Allison & Kyle, 2005; MacLeod et al., n.d.).

Some barriers have also emerged in the literature regarding the reluctance of staff in rural and remote communities to employ innovative *technological methods to support program delivery*.

A survey by Mathews and Doherty (2011) found that only a few service providers were using technology with their clients, even though they heavily relied on computers within their own practice. Among mental health professionals, there is some concern that technologies may decrease rapport-building and compromise their therapeutic relationship with their client (Gibson, O'Donnell et al., 2011; Turner, 2003). In addition, a study focused on Saskatchewan service providers revealed a concern that the delivery of services via technology may further isolate residents and decrease the possibility of face-to-face programming being offered in rural and remote communities altogether (Jeffery et al., 2009a). Compounding these issues, some research has reported that community members may not even be aware of the existence of technological mechanisms to support programming (e.g., videoconferencing; Jensen & Royeen, 2002; Martz & Gourley, 2008) or may themselves be uncomfortable with using technology (Jensen & Royeen, 2002). In the face of such resistance to technology, in-depth training and education to both service providers and program participants may reduce resistance to these modalities of program delivery and support program engagement (Gibson, O'Donnell et al., 2011; Health Canada, 2008; Lescheid, 2008; Matthews & Doherty, 2011).

2.3.2 Strengths Experienced by Service Providers in Rural and Remote Communities

Despite the several barriers faced by service providers working in rural and remote communities, there are also many benefits experienced by these professionals. In fact, the benefits identified in the literature review are largely the reverse of the barriers noted above, suggesting that the strengths and limitations associated with working in rural and remote communities are closely tied. For instance, some service providers enjoy the independence and *flexibility* of program delivery in rural and remote communities that often allows them to tailor programming to best meet participant and community needs (Allison & Kyle, 2005). This may include ensuring that programs are culturally and developmentally appropriate for the target population, which are both critical dimensions of successful program design and implementation (Chipp et al., 2011; Jensen & Royeen, 2002; Lescheid, 2008). The *use of technology* was also viewed as a benefit by service providers as it can be used to reduce travel times and associated financial costs (Gibson, O'Donnell et al., 2011; Jeffery et al., 2009b; Turner, 2003). Further, some mental health care providers found that technology was a way to increase engagement among youth, improve adherence to homework assignments, and increase disclosure (Mathews & Doherty, 2011).

Service providers also reported that being part of the community can help them develop trusting relationships and stronger therapeutic alliances with program participants which, in turn, can facilitate successful programming (Jensen & Royeen, 2002). Indeed, service providers' therapeutic alliances can be strengthened by spending time with local Elders, community leaders, and other members of the community (Chipp et al., 2011). Finally, developing a strong foundation of communication, trust, and authenticity between service providers, program participants and the greater community can help ensure the sustainability of a program (Jensen & Royeen, 2002).

2.4 Program Participants' Perspectives on Accessing Programming in Rural and Remote Communities

Program participants play a vital role in the success of any program. In fact, if programs do not take the perspective of the persons they are trying to help into account, they are less likely to be successful (Health Canada, 2008; Zinck et al., 2013). Consequently, the current section will focus specifically on youth and considers both the challenges they experience when receiving services in rural and remote communities and the elements of youth programming considered critical for success.

2.4.1 Challenges Experienced by Program Participants in Rural and Remote Communities

One of the main challenges experienced by youth living in rural and remote communities is lengthy *wait times* for the services they require (Badry & Felske, 2013). This issue is particularly problematic for youth involved in the criminal justice system, who are often left at risk in the community while waiting for services. Beyond safety concerns, lengthy waitlists may also compromise the likelihood of successful intervention. Youth are often motivated to make changes to their lives at the time they request services; therefore, long wait times may result in individuals losing motivation before their turn arrives. Often wait times are a direct result of limited resources being available to help youth with specialized problems. For example, if Aboriginal youth want substance abuse treatment, they may have to wait for a bed at a treatment centre to become available (Badry & Felske, 2013). Ideally, service providers should be responsive to youth's needs and provide them with timely assistance to support them in making positive changes (Health Canada, 2008).

The second set of challenges experienced by youth program participants in rural and remote communities relates to *a lack of privacy* that may occur in these settings (Allison & Kyle, 2005; Larson & Corrigan, 2010). Individuals seeking treatment may have concerns about the confidentiality of the services being provided (i.e., they may worry that the service provider will disclose confidential information to others in the community), which may impede health seeking behaviour (Larson & Corrigan, 2010). Further, in small communities, it is common for program participants to have a pre-existing relationship with the service provider, which may also decrease their interest or willingness to disclose private information to this person. In line with these findings, in two previous studies (Martz, 2008; Self & Peters, 2005), Saskatchewan youth reported that there was a lack of privacy in their small towns which, when combined with a limited choice of program providers or therapists, served as a barrier to accessing programs among those who wished to maintain their anonymity.

Stigma associated with accessing services in a community, especially those related to mental health concerns, is another challenge faced by youth. Rural and remote communities are often comprised of closely connected social networks and members of these communities may not want others to be aware that they are accessing certain types of services due to a fear of being judged for such actions (Larson & Corrigan, 2010). In an effort to alleviate these concerns, some service providers conduct in-home visits. However, there are additional considerations that may emerge when services are provided in program participants' homes. For instance, individuals may be hesitant to disclose information to service providers if there is limited privacy from

family members or other housemates during the visit (Allison & Kyle, 2005). This issue is particularly problematic in situations characterized by overcrowded housing.

Finally, high risk violent youth may experience further difficulty in accessing mental health programming, training, or employment on account of stigma; in this case, however, it is stigma associated with the seriousness of their previous criminal offences and an unwillingness among service providers to work with the youth (CSC, 2000; Saulis, Fiddler, & Howse, 2001). In fact, some program providers may be too fearful to provide treatment or services to these individuals (CSC, 2000; Saulis et al., 2001). Consequently, stigma, feelings of distrust, and fear on the behalf of both the service provider and the youth can impede their ability to access programming and services (Saulis et al., 2001).

2.4.2 Key Characteristics of Successful Youth Programs

Past research has identified a number of characteristics associated with successful youth programs and outcomes. In general, it has been found that *incorporating youth perspectives* in program and service delivery can create a sense of empowerment and encourage program participation and completion (Boydell et al., 2014; Zinck et al., 2013). In addition, *social support* from program providers, family, and community members has been positively correlated with program participants' access to, participation and progress in, and successful completion of, programs (Maslany, Theriault, Douglas, Aitken, 2005). For example, Saskatchewan youth indicated that family support allowed them to seek help and access substance abuse programming, which favorably impacted the extent of their participation and progress in the program (Health Canada, 2008; Maslany et al., 2005). Further, the youth reported that having positive supports in the community assisted in supporting the positive changes they were making in their behaviour and lifestyle (Health Canada, 2008). In fact, these social supports provided them with guidance and helped them learn life, work, and cognitive skills that, in turn, lowered their rates of recidivism (Health Canada, 2008; Maslany et al., 2005).

Similarly, the youth viewed a supportive relationship with their program provider as important, and noted that this relationship helped them to change their thinking and attitudes towards life, and to realize the consequences of their actions (Health Canada, 2008; Maslany et al., 2005). In fact, developing a strong relationship with a program provider increased the youth's level of respect and ease in disclosing information (Maslany et al., 2005). Thus, a strong *therapeutic alliance* was held in high esteem. Moreover, the youth indicated that a program provider that has lived experience or with whom they have a personal connection (e.g., someone from the community) can be a benefit when accessing and engaging in programming and that these service providers may be more readily accepted by the youth (Health Canada, 2008; Martz 2008).

Another feature of successful youth programs is *integration with other programs and services*. Specifically, integration of services can be beneficial for providing additional social support to youth and promoting prosocial behaviours (Health Canada, 2008; Martz, 2008). For instance, in Maslany and colleagues' (2005) study, youth noted that access to other services (e.g., recreational activities) helped keep them out of trouble and remain engaged in programming. Similarly, community-based cross-system mental health and addiction services were found to

significantly reduce symptoms (i.e., substance use and offending behaviours) for youth involved in the criminal justice system (Jensen & Potter, 2003).

Technology-based programming can also be integrated with other services. The literature suggests that youth are likely to respond positively to alternative service delivery strategies such as mobile apps, web-based applications, and videoconferencing (Boydell et al., 2014). For example, the anonymity of online counselling, which provides a perception of distance between client and service provider, allows youth to be more open and disclose personal details (Boydell et al., 2014; Pretorious, Rowlands Ringwood, & Schmidt., 2010; Richards, 2009). Further, some youth prefer completing online assessments as opposed to the traditional paper and pencil format (Boydell et al., 2013; Read, Farrow, Jaanimagi, & Ouimette, 2009). In the remainder of this report, the possible application of technology to improve mental health, education, and employment programming for youth will be considered.

2.5 Using Technology to Deliver Programming in Rural and Remote Communities

The use of technology to provide programming in rural and remote communities presents many potential opportunities. For instance, it may be a mechanism through which common barriers in rural and remote communities can be addressed to reduce service barriers, increase access to programming, and transform how services are provided (Boydell, Hodgins, Pignatiello, Edwards, Teshima, & Willis, 2013; Cotton, Hyatt, & Patrick, 2013; Fairholm, Contursi, Mushquash, Forshner & Ungar, 2013; MHCC, 2014; Zinck et al., 2013). The implications of using technology to reach youth in particular are quite significant as many youth are familiar with and embrace technology through the use of mobile phones, social media, and the Internet (Boydell et al., 2013; Zinck et al., 2013). In fact, the use of technology to support mental health, education and employment programming among youth has widened the scope of who can be reached with this information and has the potential to address the program-related challenges faced by youth residing in rural and remote communities (Allison & Kyle, 2005; Badry & Felske, 2013; MHCC, 2014; Smillie-Adjarkwa, 2005; Zinck et al., 2013).

Indeed, in response to the barriers associated with youth program delivery in rural and remote communities, a number of innovative technological approaches have emerged (Nuffield, 2003). The use of technologies such as mobile applications (apps) on smartphones or other devices (e.g., tablets), videoconferencing, web-based services, and remote presence technology has become an upward trend with increasing momentum (Boydell et al., 2013; Mendez & Van den Hof, 2013). In the following section, each of these technologies and how they may be utilized to provide mental health, education, and employment programming to youth will be reviewed. In doing so, particular attention will be paid to examining the potential strengths and limitations associated with each technology and presenting examples of exemplary forms of each technology. This in-depth understanding can, in turn, assist with the development of strategies to improve how technology is used to provide or enhance youth programming and services to remote and rural communities (Boydell et al., 2013).

2.5.1 Mobile Apps

In recent years, the popularity of smartphones has increased with more youth now owning such devices (Chan, Torous, Hinton, & Yellowlee, 2015). This increase in smartphone accessibility

has provided opportunities to expand the reach of youth programming to rural and remote communities where cellular coverage and broadband connections exist (Boydell et al., 2014; Mendez & Van den Hof, 2013; Seko, Kidd, Wiljer, & McKenzie, 2014; Zinck et al., 2013). Some of the defining features of smartphones and other portable devices include access to websites; short message services (SMS; text messages); the use of prompts, reminders, or general communication; and downloadable mobile apps (Proudfoot, 2012; Zinck et al., 2013). Of all of these features, the downloadable mobile apps have the greatest potential to enhance mental health, education, and employment programming for youth at a distance.

The use of mobile apps to deliver programming has several strengths (see Table 1). For instance, programs may be accessed in real-time and are available throughout the day and night, regardless of geographic location (Mendez & Van den Hof, 2013; Proudfoot, 2012). This flexibility has been associated with increased engagement and participation in programming among youth (Seko et al., 2014). Specific to mental health, some mobile apps also make it possible to monitor the youth's symptoms as they occur, increasing the ability to provide personalized crisis and relapse intervention (Chan et al., 2015).

Despite the proliferation of mobile apps over recent years, research evaluating the effectiveness of programs delivered in this manner is limited (Seko et al., 2014). Consequently, there is wide-range public access to mobile apps without any standardization or regulation to assess their validity and reliability (Chan et al., 2015; Rosser & Eccleston, 2011; Zinck et al., 2013). Mental health professionals have also raised concerns about the security and privacy of transmitting confidential information through mobile apps (Mendez & Van den Hof, 2013). Some apps do allow for secure messaging between the user and the clinician (McNickle, 2015); however, further investigation into the extent to which secure messaging meets healthcare privacy standards is required.

Mental Health Mobile Apps

There are a multitude of mobile apps available for iOS (iPhone) and Android operating systems that are designed to support mental health assessment and intervention for youth and are often free of charge (see Appendix A for examples of mental health apps for youth; Ben-Zeev, Davis, Kaiser, Krzsos, & Drake, 2013; Chan et al., 2015; MHCC, 2014; Proudfoot, 2012). These apps may be used as tools for the monitoring and management of symptoms by both users and professionals (Ben-Zeev et al., 2013; McNickle, 2015; Mendez & Van den Hof, 2013). For example, there are mobile apps (e.g., SMART) that can store medical information, such as treatment history, medications, discharge plans, care provider history, and crisis management plans, to support a person's recovery while in the community (Forchuk et al., 2014). Some mobile apps support self-management for specific types of mental health issues, such as stress and addictions. Breathe2Relax is a stress management app that provides detailed information on the effects of stress and guides breathing exercises for mood stabilization, anger control, and anxiety management (The National Center for Telehealth and Technology, 2013). It can be used as a stand-alone stress reduction tool or in conjunction with counselling support. Another app is the Alcohol-Comprehensive Health Enhancement Support System (A-CHESS); it focuses on alcohol relapse prevention and recovery maintenance (McTavish, Chih, Shah, & Gustafson, 2012). Specifically, this app tracks individuals' progress, allows them to share personal stories with others in recovery, and connects them with a support team. A-CHESS is

designed to support the person in the community post-inpatient treatment and includes a panic button to assist the person in times of crisis.

Mobile apps have also been developed to provide cognitive behavioural therapy (CBT) to support the treatment of mental health conditions (e.g., anxiety and depression; Alabi & Gooch, 2011). For example, iCouch is a customizable mobile app available on iPhones that allows people to track their thinking patterns, analyze their emotions, and change their outlook using CBT strategies (iCouch Inc., 2015). iCouch offers a step-by-step process to alter automatic thoughts and support mood improvement (iCouch Inc., 2015).

Mind Your Mood – is a mobile app that is designed to track the moods of youth and young adults. Mind Your Mood is a free downloadable mobile app available on Android and IOS operating systems.

Mind Your Mood features:

- ✓ A choice of 7 mood-faces and 28 mood-words
- ✓ A scale to measure the intensity of moods (both positive and negative)
- ✓ The ability to add and flag notes
- ✓ Interactive reports that graph intense emotions
- ✓ Built-in email to allow youth to email mood logs to counsellor for discussion

Since this app allows youth to track their moods based on faces, this would be a suitable app for low-functioning and cognitively impaired youth.



Table 1: Strengths and limitations for using technology to provide programming/services in rural and remote communities

Type of Technology	Strengths	Limitations	Minimum Requirements
Mobile apps and Smartphones	<ul style="list-style-type: none"> • Provides program delivery in real-time • Portable platform requiring only a cell signal • Relatively low cost increases accessibility • Increased opportunity for programming/services, particularly in rural and remote communities • Associated with increased engagement and participation in services among youth • Allows for ongoing monitoring of mental health symptoms 	<ul style="list-style-type: none"> • Lack of evaluation of effectiveness • Lack of standardization and regulation of apps • Concerns with communication security and privacy • Smartphones can have restricted memory and processing capabilities • Limited by individual ownership and cellular data plans 	<ul style="list-style-type: none"> • Access to smartphones or other portable devices • Cellular coverage or wireless Internet connection • Bandwidth to support data and mobile apps
Web-based	<ul style="list-style-type: none"> • Opportunity to provide services to people who might otherwise not have access (e.g., those living in rural & remote communities) • Increases flexibility around access to services (e.g., available 24/7) • Allows for programing at individualized pace • Reduces costs associated with travelling to services outside of the community • Users can access services from the privacy of their home, which helps reduce treatment avoidance due to stigma • Anonymity may increase participants' disclosure of sensitive information • Information can be updated frequently • Youth tend to participate actively in web-based mental health programs; helps build therapeutic alliances with service provider • Research has demonstrated efficacy for certain web-based mental health interventions 	<ul style="list-style-type: none"> • May not be suitable for youth with low literacy • Mental health interventions may seem impersonal due to loss of nonverbal cues, which could impact communication (e.g., misinterpretation) • Discussion boards without a moderator can lack evidence-based content and may include negative interactions (e.g., bullying) • Technical difficulties (e.g., firewalls, outdated computers) can affect delivery • Only certain programs have been evaluated; concerns about efficacy, youth engagement, and the lack of standards • Limited control for service providers • Concerns around security, privacy and confidentiality of information 	<ul style="list-style-type: none"> • Access to computer or other portable device (e.g., iPad and other tablets) • Internet service • Increased bandwidth (e.g., to allow for streaming of videos and music)

Videoconferencing	<ul style="list-style-type: none"> • Increased access to areas where service providers cannot be physically present • Reduces costs and life disruption associated with client or provider travel for services • Continuity and consistency in client and provider relationship • Perceived interpersonal distance may increase client disclosure of information • Reduces professional isolation and increases support among service providers • Evidence for efficacy of telemental health interventions • Reduction in wait times and costs • Ability to assist more patients compared to professionals travelling for services 	<ul style="list-style-type: none"> • Difficulties with technology (sound, image quality, poor camera placement) • Requires IT support for connection • May be issues with equipment availability • Clients and professionals have to travel to the location of the videoconferencing system • Loss of some nonverbal communication compared to face-to-face interactions • Decreased therapeutic rapport compared to in-person interventions • May not be appropriate for all mental health assessments and interventions • Concerns about privacy issues when going to videoconferencing site (e.g., stigma of using services) 	<ul style="list-style-type: none"> • Encrypted line • Videoconferencing equipment • Technician support
Remote Presence Technology	<ul style="list-style-type: none"> • Provides timely access to remote locations where specialists are not physically present • Provides real-time, face-to-face images between the patient and clinician • Uses ordinary cellular or wireless Internet connections • Robots can connect to diagnostic equipment to perform medical tests • Reduces travel costs • Incorporates encryption protocols for secure communication • Increases staff retention and recruitment 	<ul style="list-style-type: none"> • Requires a new system of oversight, policies, and physician billing • High costs for the purchase and maintenance of the equipment • Lack of cellular network stability and broadband capacity in remote locations • Staff resistance to changing established clinical paradigms 	<ul style="list-style-type: none"> • Purchase of remote presence technology • Cellular network signal • Secure smartphone connection • Internet connection (e.g., double telepresence)

2.5.2 Web-based Programming

Similar to mobile apps, web-based programming has the ability to reach large numbers of people regardless of geographic location. The ability of youth in rural and remote communities to access web-based mental health, education, and employment programming is dependent on the availability of computers and high-speed Internet (Hassel & Dean, 2015). Further, the speed and bandwidth of broadband connections influence the accessibility of program material. For example, streaming live videos and using interactive games requires greater bandwidth (Hassel & Dean, 2015). Web-based programming is versatile in its utility and features and may include simple websites, discussion boards, and social networking forums (e.g., chat rooms).

The key strengths of web-based programming include its accessibility and cost-effectiveness. As long as an Internet connection is available, programming may be accessed at any location and at any time (Hassel & Dean, 2015; Pulla, 2015). This means that youth can access programming, such as mental health treatment and educational courses, outside of the locations where they are traditionally offered and work at their own pace on the content (Boydell et al., 2014; Hassel & Dean, 2015). It may also allow for programming that is not available in a given community to reach those who need it (Ybarra & Eaton, 2005). Further, web-based programming can circumvent issues related to stigma, as it allows for the possibility of seeking mental health treatment in the privacy of one's home (Boydell et al., 2014). Moreover, individuals are able to engage in anonymous interactions through this modality (e.g., through online support groups) or in interactions characterized by greater interpersonal distance, which may lead to greater disclosure compared to face-to-face communication (Boydell et al., 2014; Ybarra & Eaton, 2005). Research also suggests that e-therapy (i.e., online therapy provided by a mental health professional via email, chat technology, or video-link) can allow for a satisfactory therapeutic alliance to develop and that the therapeutic alliance may be similar in strength to face-to-face therapy (Boydell et al., 2014; Leibert, Archer, Munson, & York, 2006; Sucala et al., 2012).

There are a number of considerations that must be taken into account when using web-based interventions with youth. First, many mental health websites are written at a grade 12 reading level, which limits their suitability for youth with lower literacy skills (Kisely, Ong, Takyar, 2002; Ybarra & Eaton, 2005). Second, youth may view web-based mental health interventions as impersonal due to a loss of non-verbal cues and voice inflections that would be apparent in face-to-face counselling (Boydell et al., 2014). Consequently, some may experience difficulties expressing themselves. Third, when interacting with other participants online (e.g., chatrooms, discussion boards), it may be necessary for discussions to be monitored by a professional who can ensure that therapeutic goals are being achieved and intervene when negativity arises or crisis and relapse prevention is required (Boydell et al., 2014). Fourth, technical issues (e.g., firewalls, outdated computers) can affect web-based program delivery (Boydell et al., 2014). Finally, many of the existing web-based interventions have not been evaluated for efficacy (Boydell et al., 2014; Zinck et al., 2013). Users must be cautious of the lack of standards for web-based mental health treatment.

Web-based Mental Health Programs

Web-based programming has been established as an effective treatment modality for reducing mental health symptoms (Boydell et al., 2013). These interventions are largely based on face-to-

face therapies and can be delivered to youth with or without the aid of a clinician; however, oversight by a mental health professional has been associated with improved user outcomes (MHCC, 2014). Web-based programming can provide educational information, diagnostic screening tools, self-directed therapy, and online peer support groups (Ybarra & Eaton, 2005).

There are a number of web-based mental health programs currently available (see Appendix A). For example, Teenmentalhealth.org provides information on mental health disorders for adolescents, training programs (both face-to-face and web-based), and guidelines and books targeting specific audiences (e.g., youth, parents, teachers and healthcare providers). Similarly, Mindyourmind (2005) is an award winning interactive website for youth and young adults that provides information, resources, and tools to develop coping strategies for managing stress and mental health concerns. It also provides resources to help reduce stigma and connect youth with both formal and informal community supports, which can support positive development and overall recovery (Zinck et al., 2013).

Some web-based programming can help youth identify and understand addictions. For example, Down your Drink is an interactive website that provides detailed information about the nature and impact of problematic alcohol use (Linke, McCambridge, Khadjesari, Wallace, & Murray, 2007). Some of the tools included on this website are an alcohol units counter, drinking diary, and blood alcohol calculator; topics such as alcohol and relationships, understanding alcohol dependence, and relapse prevention are also addressed.

Several mental health websites provide self-directed therapy using the principles of CBT to treat depression, substance use, and anxiety (Ybarra & Eaton, 2005). For example, one such program is MoodGym, which targets depression (National Institute for Mental Health Research, 2009). It consists of five modules to help youth identify and overcome problems with emotional regulation and develop coping skills. Beating the Blues is another example that provides self-directed therapy for people experiencing stress, depression, or anxiety (365 Health and Wellbeing limited, 2015). This program provides eight online modules that teach individuals short- and long-term coping strategies and techniques for modifying their thinking. A third example is Fear Fighter, which helps reduce anxiety symptoms (e.g., fear, panic, phobias; CCBT Limited, 2005). It consists of four modules that provide information, coping strategies, and opportunities to share personal experiences with other users. At the end of each module, youth can monitor their progress, receive additional tips via email, and print worksheets for activities designed to challenge avoidance behaviours.

For Saskatchewan residents who are 18 years or older, the online therapy Unit for Service, Education and Research (USER) offers free online CBT therapy for symptoms of depression, anxiety, and pain (Online Therapy Unit for Service, Education, and Research, n.d.). Based out of the University of Regina, therapists provide online support through an eight-week wellbeing course. The course includes topics on how to identify and challenge unhelpful thoughts, manage physical symptoms, increase physical and social activities, and maintain long-term wellbeing.

Some mental health programs are available both as mobile apps and web-based interventions. For example, Breathing Room is an award winning eight-module program that helps youth (13-24 years) develop and strengthen coping strategies for managing stress, depression, and anxiety (Canadian Institute of Natural and Integrative Medicine, 2009; MHCC, 2014). Breathing room offers off-line activities and a variety of videos, music, and comedy clips to engage youth.

Similarly, Big White Wall is both a mobile app and web-based intervention that provides tools to monitor wellbeing, improve mood, and address anxiety, depression, smoking cessation, and weight management (Big White Wall, 2014). It offers anonymous, 24-hour support for anyone struggling with mental health issues.

Finally, Whatworks4u is an example of an online peer support network that allows youth and young adults to share information on their treatment preferences. Drop-down menus allow youth to search by specific diagnosis, age range, and geographic location (Melbourne School of Population and Global Health, n.d.).

Web-based Educational and Employment Programs

Web-based educational programming is well established. There are several options available for both secondary and postsecondary students. For example, Edcentre.ca provides online courses at the grade 10, 11, and 12 levels for youth and young adults based in northern Saskatchewan (Edcentre.ca, 2015). It also provides access to tutors. Other online tutoring resources are also available—Frontier College’s Virtual Learning Portal matches tutors and learners based anywhere in Canada (Frontier College, 2012). At the postsecondary level, youth in northern Saskatchewan may access the Technology Enhanced Learning (TEL) program, which offers a variety of credit and non-credit courses (Northlands College, 2016). Informal educational options are also plentiful. For example, the Khan Academy provides free web-based and mobile phone access to educational programming in math, science, economics, and the humanities (Khan Academy, 2016). Many other web-based educational programs are available throughout Canada and internationally.

With respect to web-based employment programming, there is a multitude of web-based employment sites available to all Canadians that offer job listings and support in the job application process. For example, Saskjobs.ca provides employment listings and career resources specific to Saskatchewan (Government of Saskatchewan, 2016). Some web-based programs also have been developed to support youth in enhancing skills required to be successful in the workplace. For instance, Community Learning Hub (highlighted below) is an evidence-informed collection of online interactive activities that teaches youth various life skills and assists them with resume building.

Community Learning Hub is an online one-on-one training program designed to enhance the delivery of life skills training among youth and adults. There are over 300 hours of skills training programming accessible via the Hub. Programming can range from anger management to financial literacy. The Hub provides interactive content geared towards youth and adults who do not respond well to traditional teaching methods.

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2.5.3 Videoconferencing

Videoconferencing is a telecommunication technology that allows two or more locations to communicate in real-time (Smillie-Adjarkwa, 2005). Depending on the context, it is also referred to as telehealth, telemental health, telepsychiatry, and telepsychology. This technology involves the use of audiovisual systems over high-capacity, high-bandwidth networks, which provide more secure and encrypted connections than typical networks (Antonacci, Bloch, Saeed, Yildirim, & Talley, 2008). Thus, this technology generally allows for confidential interactions between service providers and clients from a distance. In fact, one of the major strengths of videoconferencing is that it can provide access to programming in locations in which service providers cannot be physically present, such as in rural and remote communities (Brown, 2008; Gibson, Coulson et al., 2011; Nuffield, 2003; Smillie-Adjarkwa, 2005). Since clients can remain in their community while accessing these services, it also limits the costs and life disruption associated with travelling to other locations for such programs (Gibson, O'Donnell et al., 2011).

Further, videoconferencing allows for continuity and consistency in the client-professional relationship (Gibson, O'Donnell et al., 2011). This strength is especially important to note given the previously described limitations of rotational schedules for travelling professionals (i.e., service provision by multiple health professionals). In addition, videoconferencing clients have noted the benefit of the interpersonal distance provided by the technology, which allows them to more easily disclose sensitive information to people who do not reside in their community. (Gibson, O'Donnell et al., 2011). Moreover, a strong therapeutic alliance has been perceived by both patients and providers of mental health services offered over videoconferencing that is comparable in strength to therapeutic alliances established during face-to-face sessions (Backhaus et al., 2012). Videoconferencing may also facilitate networking and support among mental health workers within and outside of the community (Gibson, Coulson et al., 2011).

One of more well-researched applications of videoconferencing is the delivery of telemental health. This technology has allowed individuals to connect with mental health services from a distance, including support groups and group therapy, assessments, individual therapy, and psycho-education (Gibson, Coulson, et al., 2011). Some research has demonstrated that these services are just as effective as face-to-face interventions in general psychiatric populations (Frueh, Monnier, Elhani, Grubaugh, & Knapp, 2004; O'Reilly et al., 2007). Other studies have found positive outcomes for videoconference interventions for panic disorder (Bouchard et al., 2004), depression or adjustment issues in cancer patients (Cluver, Schuyler, Frueh, Brescia, & Arana, 2005), victims of domestic violence (Thomas, Miller, Hartshorn, Speck, & Walker, 2005), post-traumatic stress disorder, (Shore & Manson, 2004), insomnia (Holmqvist, Vincent, & Walsh, 2014), and anxiety (Shepherd, Goldstein, Whitford, Thewes, Brummell, & Hicks, 2006). Overall, there is some empirical research that provides support for the use of videoconferencing for mental health services (Fatehi, Armfield, Dimitrijevic, & Gray, 2014).

In addition to the general strengths of videoconferencing noted above, mental health videoconference services can facilitate timely decision-making regarding mental health needs, reduce wait times, and increase empowerment in youth accessing services (Brown, 2008; Cameron, Ray, & Sebesan, 2014; Health Canada, 2004). Indeed, benefits of telemental health services that have been noted for Canadian First Nation communities include increased access to

services, client satisfaction, and decreased costs (Gibson, Coulson et al., 2011). O'Reilly et al. (2007) found that telepsychiatry was 10% less expensive than face-to-face services.

Although the use of videoconferencing has many strengths, it is important to note that there are also a number of limitations. For example, the success of such services can be affected by poor equipment quality, a lack of training, and bandwidth issues. In addition, the equipment is quite specialized and an IT technician is required to connect the videoconference on both ends; such support may be limited in rural and remote areas (O'Donnell et al., 2013). There may also be issues with the availability of the equipment, depending on the frequency of use (O'Donnell et al., 2013). Moreover, since the equipment is generally housed in a static location, clinicians' willingness to deliver services in this manner may depend on the convenience of the location. Additional issues may also emerge with respect to the location of telehealth equipment related to privacy (Cameron et al., 2014; Health Canada, 2004; Mendez & Van den Hof, 2013; Smillie-Adjarkwa, 2005). Communities often have a single videoconferencing unit located at a health centre, and clients are required to physically go to this site to access services (Gibson, O'Donnell et al., 2011). Thus, clients may be seen by others in the community when doing so, leaving them vulnerable to the stigma associated with seeking mental health treatment.

Finally, Gibson, Coulson et al. (2011) interviewed First Nations community members who raised concerns about the appropriateness of using videoconferencing to deliver mental health interventions, as opposed to face-to-face services. Their findings suggested that some types of assessments (e.g., suicide risk) and interventions (e.g., exposure therapy for anxiety disorders) would be difficult to deliver through this modality (Gibson, O'Donnell et al., 2011). In addition, a need to develop protocols for crises or emergency situations that occur during the course of videoconference interventions was identified.

Examples of Mental Health and Educational Programs via Videoconferencing

Videoconferencing has been used to provide deliver a range of clinical and health care services to remote and rural communities (CFHCC, 2002; Fatehi et al., 2014). In Saskatchewan, Telehealth is currently being used to deliver health care programming and specialist services (e.g., child and adult psychology and psychiatry; eHealth Saskatchewan, 2016), although the frequency of such service use is unknown. Beyond health care, videoconferencing can be utilized as an educational forum that connects instructors to geographically isolated students (Mason & Davis, 2000). It has also been used to facilitate experiential learning programs to youth (impossible2Possible, 2008; see text box below).

impossible2possible – is an experiential learning educational program that connects traditional curriculum with in field expeditions. i2P uses videoconferencing technology to make this interactive learning opportunity available to students of all ages. This program allows students to follow the team on their expeditions, access the educational resources and encourages experiential learning through tying concrete lessons plans to adventure.

impossible2Possible, 2008



2.5.4 Remote Presence Technology

Remote presence technology (RPT) allows for face-to-face communication through a ‘robot’ with another person (Agarwal et al., 2007; Allen, 2015). RPT uses ordinary cell phone or Internet wireless connections and a high resolution camera to video-link specialists with patients to perform real-time diagnosis and monitoring. Essentially, physicians remotely control a robot and interact via video-link with a patient using either their laptops or a smartphone wherever there is a 3G cellular or Internet connection (Allen, 2015; Mendez, Jong, Keays-White, & Turner, 2013). The robot most commonly takes one of two forms: 1) a mobile robot on wheels that can be directed to move by the remote physician from afar and which rests on a docking station when it is not in use; or 2) a portable, yet stationary, box-like unit that can be transported from location to location by another professional, but cannot be directed to move from afar. With assistance, RPT can be connected to various medical equipment (e.g., ultrasounds, stethoscopes) to assist with health care provision (Agarwal et al., 2007; Mendez et al., 2013).

Remote-presence devices have the potential to be used in a wide range of applications for point-of-care health care delivery, particularly in situations where access to specialized service providers is limited (Mendez, & Van den Hof, 2013). For example, dedicated remote presence devices can potentially be used to increase access to mental health professionals for the purposes of conducting assessments or providing follow-up care (Mendez & Van den Hof, 2013). RPT can also provide real-time images between the client and the professional (e.g., clinician), which allows for direct face-to-face communication (Agarwal et al., 2007). In addition, RPT has been shown to increase staff retention and encourage recruitment. A final strength of using RPT for mental health services is that these devices have encryption protocols for secure communication, thereby ensuring the confidentiality and security of information (Mendez & Van den Hof, 2013).

One potential limitation of RPT implementation is a lack of trained medical professionals at the remote location who can provide onsite care to a patient should they require real-time assistance or who can transport and set-up the equipment in the event that a portable device is used (Mendez & Van den Hof, 2013). Telementoring can be employed to provide training to non-experts to develop their knowledge of how to use the equipment; however, with respect to mental health treatment, the availability of supports in the community may influence the types of interventions employed via RPT. Another limitation of RPT may be the amount of healthcare resources required to refine policy, provide oversight, and create practical procedures for administrative tasks (e.g., billing; Allen, 2015; Mendez & Van den Hof, 2013). There are also high costs associated with the purchasing of equipment and the maintenance of connectivity (e.g., cell and Internet service; Agarwal et al., 2007; Mendez & Van den Hof, 2013). Additional barriers include resistance to changing established clinical paradigms, lack of stability of cellular networks, and lack of broadband capacity (Mendez & Van den Hof, 2013).

Examples of Health and Educational Programs via Videoconferencing

Currently, a two-year initiative through the Saskatchewan Ministry of Health has provided Pelican Narrows with RPT to assist in timely medical care, with the ultimate project goal of reducing wait times and distance barriers, and improving access to care in northern Saskatchewan (Allen, 2015; Saskatchewan Ministry of Health, n.d.). While this project is not

specific to providing mental health services via RPT, it does illustrate that this technology is a viable option in northern Saskatchewan (see textbox below).

One example of an educational application of RPT is a University of Michigan pilot project using the technology to provide face-to-face education to persons in remote locations (Hayes, 2015). This project was designed to create a more personal aspect to online courses. *Double Telepresence* is a mobile robot that is controlled by the instructor from a different location. The robot is also connected to Smart TVs to display presentations, documents, and websites, and allows the instructor to teach remotely through the use of a computer, smartphone or tablet. The Double Telepresence robot is currently being tested among post-secondary students in the United States but has the potential to be used for youth in rural and remote communities.

“Doctor in a Box”– is a type of remote presence technology that uses ordinary cell phone connections to video-link specialists with patients so they can perform real-time diagnosis and monitoring. Across the province of Saskatchewan, 12 paramedics and 8 emergency room physicians are trained to use the portable devices, known as ‘doctor in a box’. The portable nature of this remote presence technology allows for service provision to rural and remote communities. As such, ‘Doctor in a box’ could help connect youth and young adults in rural and remote communities with psychiatric consultations for general mental health treatment, psychological assessments, and violent and sex offending treatment.

Allen, 2015; Mendez et al., 2013



2.6 Summary and Discussion

Rural and remote communities face a multitude of barriers that can impede both delivery and access to programs and services (Hall & Olfert, 2015). From the service provider perspective, barriers to program delivery in rural and remote communities include: chronic understaffing; heavy workloads; working in isolation; and lack of staff training opportunities (Allison & Kyle, 2005; MacLeod, et al., n.d.; Oosterveer & Young, 2015). All of these factors place strain on service providers and may result in burnout and compromised program delivery (Nuffield, 2003).

From the youth program participant perspective, a lack of programming and services available directly in rural and remote communities was identified as being problematic (Nuffield, 2003). Consequently, to access the services they require, youth may have to seek options available in other communities, which presents issues surrounding transportation and travel costs (Allison & Kyle, 2005; CFHCC, 2002; Jeffery et al., 2009b; Larson & Corrigan, 2010). In addition, lengthy wait times may be required before youth can access a given service, which may mean they are left at risk in the community or lose motivation to introduce changes to their lives before their turn arrives (Badry & Felske, 2013). Wait times were especially problematic for youth with specialized problems (Badry & Felske, 2013). Further, even when services are available within a community, there may be obstacles to accessing programs. For instance, stigma can be an issue for youth if they do not wish to be seen accessing services in their community, they feel

uncomfortable receiving services from a local service provider or, in the case of young offenders, service providers do not want to work with them due to their criminal history settings (Allison & Kyle, 2005; Larson & Corrigan, 2010). Indeed, the obstacles that youth may face in accessing services may be further compounded for youth involved in the criminal justice system.

Fortunately, several of the difficulties associated with providing programming in rural and remote communities can be mitigated by using technology to support the programming needs of youth in these communities. Specifically, through our review of the literature, four types of technology were identified as being particularly well-suited for addressing the mental health, education, and employment needs of youth in rural and remote locations: mobile apps, web-based programs, videoconferencing, and remote presence technology. Moreover, the use of technology to facilitate programming in rural and remote communities was seen as a benefit among both service providers and program participants (Gibson et al, 2011; Jeffery et al., 2009b; O'Reilly, 2007; Turner,). Technology may be especially relevant for enhancing youth programming, as the literature suggests youth are likely to respond positively to alternative service delivery strategies, such as mobile apps, web-based applications, and videoconferencing (Boydell et al., 2014).

Mobile apps and smartphones seemed to best lend themselves to increasing youth's access to mental health programs (Mendez & Van den Hof, 2013). For example, mobile apps can support the self-management of mental health symptoms and offer the youth programming options they can utilize while waiting for specialized services (e.g. A-CHESS). Alternatively, mobile apps may be used in isolation from, or instead of, other types of programs. The flexibility of accessing programs via mobile apps and smartphones has been associated with increased engagement and level of participation in programming among youth (Seko, Kidd, Wiljer, & McKenzie, 2014).

Web-based programs were found to be an effective method for providing youth with secondary and postsecondary educational options. This type of technology also appeared to be well-suited for providing youth with opportunities for social support, which has been identified as a key component of successful program outcomes (Health Canada, 2008; Maslany et al., 2005). Specifically, web-based mental health interventions may help youth connect to other youth outside of their community who are dealing with similar concerns. For example, Mindyourmind connects youth with both formal and informal supports to foster positive development and overall recovery (Mindyourmind 2005; Zink et al., 2013), while Whatworks4u provides youth with access to information about treatment interventions that have worked for others. However, one study found that, for some youth, disclosure through web-based mental health programs can be difficult, which can have a negative effect on therapeutic rapport (Boydell et al., 2014). Finally, while less common, some web-based programs are also available to support youth in developing the skills they require to find and maintain employment (e.g., Community Hub).

Both videoconferencing and remote-presence technology are strong technological options for any type of programming that involves face-to-face delivery. Most commonly these technologies have been used for mental health treatment; however, they have also been used to offer educational courses. These technologies share several of the same strengths. For instance, since both allow for direct face-to-face communication, there is a greater chance of achieving a stronger therapeutic alliance when using these modalities (Agarwal et al., 2007). In addition,

both have encryption protocols for secure communication, thereby ensuring the confidentiality and security of information (Mendez & Van den Hof, 2013). However, videoconferencing requires a special encrypted Internet connection, while remote presence technology is able to operate through a normal cellular or Internet connection. Another key difference is that videoconferencing equipment is often static and housed in a single location, while remote presence technology primarily consists of robots that can be activated by a clinician and moved throughout a building by remote access. There is also a portable version available that allows the equipment to be used wherever there is an Internet or cellular connection. One issue to consider when using both videoconferencing and remote presence technology is the privacy of the location where the intervention is being delivered. Specifically, individuals may be hesitant to disclose information to service providers if there is limited privacy from family members or others in the health centre or in their house during the home visit (Allison & Kyle, 2005). Therefore, it is important to be mindful of where the participants access the programming.

In conclusion, the various technologies identified through the literature review (i.e., mobile apps, web-based programming, videoconferencing, and remote presence technology) are potential mechanisms for increasing the access that youth in rural and remote communities have to mental health, education, and employment programming. In particular, these technologies seem most adept at increasing accessing to mental health and educational programs; aside from skill building, there does not appear to be many opportunities for technology-enhanced employment programming, suggesting that this service may be best delivered in-person. While limited research was available on the delivery of programming specific to high risk violent youth with mental disorders, such as IRCS youth, it seems that many of the existing resources identified through this review would meet the needs of this population nonetheless. In closing, technology offers a promising alternative for providing IRCS youth in northern Saskatchewan with the programming they require to support their successful reintegration into the community.

3. INTERVIEWS WITH CORRECTIONS AND MENTAL HEALTH PROFESSIONALS

Interviews were conducted with corrections and mental health professionals directly involved in IRCS to obtain a more comprehensive understanding of the strengths and challenges of delivering mental health, education, and employment programs to IRCS youth in rural and remote communities. The majority of interviews were held with professionals based in Saskatchewan and explored:

- a) the *types* of mental health, education, and employment programs IRCS youth being released to northern Saskatchewan can access;
- b) the *strengths* of existing mental health, education, and employment program delivery in northern Saskatchewan;
- c) *challenges (i.e., barriers and gaps)* encountered in providing mental health, employment, and education programs to IRCS youth in northern Saskatchewan;
- d) *possible opportunities* for enhancing, or increasing access to, programming for IRCS youth located in rural and remote communities.

Interviews also were conducted with IRCS coordinators (or their counterparts) from other provinces to understand the types of mental health, education, and employment services IRCS youth have access to in those provinces and the strengths and challenges other jurisdictions face in delivering services to youth located in rural and remote locations. In addition, these interviews were used to identify innovations that the other provinces have introduced to increase the access that IRCS youth have to mental health, education, and employment programming.

3.1 Method

3.1.1 Participants

Interviews were conducted with a total of 12 key informants. Six staff members from the Saskatchewan Ministry of Justice who work with IRCS youth were interviewed, including the IRCS Coordinator (who coordinates the program across the province of Saskatchewan), four community youth workers, and one supervisor. Three of the youth workers/supervisors were based in the north region, one was located in the central region, and one was situated in the south.¹ In addition, three interviews were conducted with psychologists who provide services to IRCS youth in Saskatchewan. Finally, three interviews were conducted with IRCS Coordinators (or individuals in equivalent positions) from Alberta, British Columbia, and Manitoba.

¹ Originally, eight corrections staff were invited to participate in the study. However, one declined the invitation due to a lack of direct experience with reintegrating IRCS youth into the community and one was unavailable during the study period.

A list of potential interviewees was originally identified by the Saskatchewan IRCS Coordinator. From this list, Saskatchewan mental health and corrections professionals were invited to participate in the study on the basis of either having firsthand experience working with IRCS youth who are reintegrating into the community or being involved with IRCS youth returning to rural and remote communities in northern Saskatchewan. IRCS Coordinators were selected from other Western provinces, as those jurisdictions were anticipated to experience similar challenges as Saskatchewan when delivering programming to rural and remote locations.

3.1.2 Procedures

The majority of interviews were conducted by telephone, except for one which was conducted in person. All respondents were originally invited to participate in the study by email (see Appendix B and C for a copy of the invitation letter and an information sheet about the study). Any follow-up contact attempts occurred by telephone. The interviews were semi-structured and lasted approximately one hour. During the interviews, notes were taken that were as close to verbatim as possible. See Appendix D for a copy of the interview guide used with Saskatchewan-based mental health and corrections professionals and Appendix E for the interview guide used with IRCS Coordinators from other provinces.

3.1.3 Data Analysis

All data collected through the interviews were qualitative in nature and were analyzed using thematic analysis (Braun & Clark, 2006). Thematic analysis involves the systematic identification of recurring themes and patterns in the responses of the interviewees (Boyatzis, 1998), which emerge when similar words or content is expressed within and across interviews. To analyze and identify these themes systematically, each transcript was read by the researcher primarily responsible for analyzing the data (LJ) and coded for emerging themes. Specifically, interview extracts from each interview expressing similar content were grouped together. The data were then reviewed again and higher order themes were extracted; these are presented in the results section. The original questions asked to participants served as a major organizing feature of the data. To ensure the trustworthiness and rigour (i.e., reliability and validity) of the findings, a peer review process was employed wherein a second team member (KLM) reviewed the analysis conducted by LJ. Any discrepancies in interpretation were resolved through discussion. In addition, extracts of the participants' words were included as much as possible to allow others to assess the accuracy of the interpretations made of the data.

3.1.4 Limitations

As with any evaluation, there are a number of limitations that must be taken into account when reviewing the current findings. Perhaps most notably, several Saskatchewan-based interview participants did not have direct experience with delivering programming to IRCS youth who had returned to rural and remote communities in northern Saskatchewan. Many of the participants who were interviewed were concentrated in more urban centres and, as such, it is possible some aspects of delivering services to IRCS youth returning to rural communities may have been overlooked. Further, several of the potential youth workers with IRCS youth casefiles who could have been invited to participate in this study have yet to supervise IRCS youth released to the

community. Therefore, in some cases, the research team prioritized contacting youth workers who had experience with community reintegration over youth workers assigned to IRCS youth returning to northern communities. Our decision seemed justified given that one interviewee declined participation in the study due to a lack of firsthand experience with IRCS community reintegration. We also suspect the limitations associated with interviewees' knowledge of IRCS in northern Saskatchewan were minimal as the themes that emerged across all interviews were similar and consistent.

The interviews with the out-of-province participants faced comparable limitations. For instance, IRCS youth rarely return to rural and remote communities in Alberta, British Columbia, and Manitoba; thus, the extent to which participants could discuss the delivery of mental health, education, and employment programming to IRCS youth in these types of locations was limited. In addition, each province was represented by a single participant, which limits the extent to which practices in each jurisdiction could be comprehensively explored. Even so, the interviewees who participated in the study had been in their positions for long periods of time and were intimately familiar with IRCS programming in their provinces. Moreover, in one case, the interviewee had solicited information from other colleagues prior to the interview to ensure that the types of programming available to IRCS youth released to the community in that province were accurately reflected.

The way in which IRCS was discussed in interviews may also pose as a limitation. Oftentimes participants described programs and services available to IRCS youth in general. However, the level of support available to IRCS youth may be influenced by their designation as either Part B or C. Finally, the reliance on interviews with key stakeholders who have a vested interest in the program may have allowed for a social desirability bias to emerge (i.e., a desire to present IRCS and the Saskatchewan Ministry of Justice in a positive light). This may have been a factor in one or two of the interviews conducted; however, the remaining interviews presented a balanced picture of IRCS and discussed both the strengths and weaknesses of delivering programming in the north.

3.2 Interview Findings

The following results section describes in detail: 1) the various types of mental health, education, and employment programming available to IRCS youth returning to rural and remote communities located in the northern parts of their respective provinces; and 2) the strengths and challenges associated with delivering services to these youth, as well as possible solutions that may be implemented to overcome any observed barriers or gaps. In some cases, the results of Saskatchewan-based participants are presented separately from participants based in other provinces to allow for a more comprehensive understanding of how IRCS is implemented in Saskatchewan compared to other jurisdictions. For instance, with respect to the various types of mental health, education, and employment programs available to IRCS youth, variations in how IRCS is structured provincially, combined with unique opportunities in each province, limited the extent to which data could be collapsed. Table 2 highlights some key features of how IRCS is structured in the provinces included in this jurisdictional scan.

Table 2: Structure of IRCS in Alberta, British Columbia, Manitoba, and Saskatchewan

Province	Key Features of IRCS
Alberta	<ul style="list-style-type: none"> • There are two teams of two IRCS co-case coordinators: one for southern Alberta and one for northern Alberta. One co-case coordinator is employed by Alberta Solicitor General and Public Security (ASG&PS) and the other is employed by Alberta Health Services (AHS). The ASG&PS staff focus on community safety, while the AHS staff focus on rehabilitation. Probation officers are responsible for the supervision of the legal order. • IRCS coordinators report to the Manager of Mental Health Initiatives (ASG&PS). • IRCS Part B youth undergo four phases in their sentences: 1) stabilization in custody; 2) intensive treatment as an inpatient at Alberta Hospital—Edmonton (a provincial forensic psychiatry facility); 3) re-integration at a designated open custody placement in Edmonton or Calgary; and 4) conditional supervision during the transition to the community where the young person will be residing. • Have experienced great success in receiving funding for Part C. Their strategy has been to use their correctional database to generate a monthly report that flags all young offenders who meet Part C criteria. They have also encouraged the IRCS coordinators to focus on Part C applications and are raising awareness of Part C (and Part B) among probation offices throughout the province by giving presentations on this option.
British Columbia	<ul style="list-style-type: none"> • IRCS coordinator is not a standalone position; it is one of the roles occupied by a more general youth justice consultant. • Five regional justice consultants provide day-to-day support for youth justice practice to managers and probation officers; they act as regional IRCS coordinators. • Youth Forensic Psychiatric Services provides IRCS youth with access to psychologists, social workers, and psychiatric nurses. There are seven clinics located throughout British Columbia where youth can access services.
Manitoba	<ul style="list-style-type: none"> • IRCS coordinator position is in place. • IRCS coordinator is not responsible for case management. • Staff bring possible IRCS cases to the coordinator; coordinator arranges treatment team meetings, brings the case forward to the court, explains how IRCS is appropriate, and describes services that can be implemented to aid rehabilitation.
Saskatchewan	<ul style="list-style-type: none"> • Has a dedicated IRCS Coordinator position. • Two psychologists are contracted through the health region to provide psychological services (one is based in Saskatoon, the other is based in Regina), including presentence assessments and treatment. • A psychologist is available in North Battleford to provide treatment for violent and sexual offending. • Community youth workers play a key role in linking IRCS youth to supports in the community to facilitate their reintegration. • Strategy for allocating IRCS cases to youth workers varies by region. There is a dedicated IRCS caseload in the south; IRCS youth are divided among youth workers in the Central region; and, in the north, they are allocated to the youth worker assigned to the community to which they will be returning. • Service providers can be contracted to transport youth to appointments and provide them with mentorship. • Identifies Part C cases by screening for eligible charges incurred by youth on a monthly basis.

3.2.1 Factors Influencing the Return of IRCS Youth to Northern Communities

Before discussing the various types of mental health, education, and employment programming that may be used to support the reintegration of IRCS youth returning to northern communities, it is important to note the frequency at which IRCS youth are being released to rural and remote locations. Across all four provinces (i.e., Saskatchewan, Alberta, British Columbia, and Manitoba), all IRCS coordinators indicated that few IRCS youth return to rural or remote communities, including those located in the northern parts of their respective provinces. Moreover, two provinces (i.e., British Columbia and Alberta) indicated that they rarely have IRCS youth who originate from the north. All coordinators also commented that, in cases where IRCS youth do come from more northern, remote areas, the youth tend to complete their IRCS sentences in larger communities (i.e., they do not return home). For instance, in Manitoba, nearly all IRCS youth remain in Winnipeg while completing the community portion of their sentence and, in British Columbia, youth from outlying areas may return to smaller cities, such as Prince George, rather than return to their home communities. Saskatchewan seemed to be unique in that, even though many IRCS youth choose to be released to urban centres, some did choose to return to rural and remote locations.

A number of reasons were cited as why IRCS youth may not return to their home community, and these reasons were consistent across all four provinces. For some youth, their home communities were perceived to be unsafe or unhealthy environments for the youth and simply living there may put them at risk for re-offending. For instance, youth may be concerned about re-entering a situation where others may want to resume violence.

“When he [committed his crime], it was a big gang war. Going home is still dangerous for him. There are lots of violent people who would still love to resume the war.”

In other cases, it was noted that, due to the severity of the youth’s offenses, victims’ families and other community members are often angry and not welcoming of the youth’s return. This may also result in a lack of employment opportunities for the youth.

“A lot of youth we have do not go back to remote communities because the offense typically takes place in their home community, so they leave on bad terms and it’s not safe to return.”

“He had negative relationships [on the reserve]. His ex-girlfriend was afraid of him and didn’t want him back there.”

“There no place for them to work in the communities or they have a bad reputation in these communities so no one wants to hire them.”

There was also some concern that the youth may be returning to unhealthy support networks and unsafe living arrangements, such as anti-social peers and overcrowded housing.

“No amount of money can get you a safe place to live.”

“The kids go back to no supports, the same family life, the same environment”

In some cases, the youth posed a risk to others living in the households to which they would be returning.

“His mom and dad are prosocial, but couldn’t manage his behaviour in the house. They had six younger children in the home that he did pose a risk to.”

In addition, many of the communities youth considered home were characterized by systemic issues not conducive to rehabilitation.

“Often the entire community may have challenges with mental health, addictions, poverty, lack of employment, educational challenges, gangs. That can be a challenge if the entire community is like that. What risk does that pose for the youth? The risk factor of the community is going to be strong.”

Aside from issues associated with safety, the availability of mental health services, education, and employment may influence youth’s reluctance to return to rural and remote communities. Several interviewees reported that many IRCS youth choose to stay in urban centres to ensure they have access to the programs, services, and resources required to support their treatment plans. It was observed that the treatment supports IRCS youth require are often unavailable in their home communities. According to one participant, *“typically youth need to be in one of the more popular cities to benefit from the resources that IRCS can provide.”* In addition, there may be a lack of employment opportunities for the youth who originate from small rural and remote locations or First Nation communities because there can be few employment opportunities in these communities in general. Other participants suggested that once the youth are released to the community, they may be at a developmental stage where they wish to be more independent and seek the opportunities that larger urban centres offer.

“[IRCS youth who are 20 years old], they’re sort of an adult now. They may not choose to go back to their home community. They may prefer to stay in the city where the supports are available—schooling, employment, residential supports.”

Thus, numerous reasons may limit the extent to which IRCS youth wish to return to their home communities ranging from feelings of safety, limited services to support their treatment, and a lack of opportunities for their education and employment.

3.2.2 Community Mental Health Resources Available to IRCS Youth

Mental Health Services Available in Saskatchewan

Three major categories of mental health services are available to IRCS youth returning to communities in Saskatchewan: psychological services, psychiatric services, and addictions services. Participants indicated that these services tend to be concentrated in three major urban centres (i.e., North Battleford, Saskatoon, and Regina), but that some rural communities do have general mental health and addictions services. However, highly trained professionals, such as psychologists and psychiatrists, are rarely available in these locations. In addition, the availability of services may vary based on the ability to staff positions. According to one interviewee, *“mental health services in northern Saskatchewan are spotty and change a lot.”* Mental health services offered to IRCS youth in Saskatchewan are currently carried out through face-to-face delivery.

Psychologist Services

All interviewees consistently noted that the psychological services required by IRCS youth are largely only available in Saskatoon, Regina, and North Battleford. Most participants indicated that IRCS youth require specialized treatment targeting their violent and/or sexual offending and that currently this treatment is only available from the two IRCS psychologists located in Saskatoon and Regina and a third psychologist based on North Battleford. However, one participant indicated that IRCS youth under the age of 18 may receive counselling for violent and sexual offending behaviour in Prince Albert. Regardless, for IRCS youth living in the north, this means that those requiring treatment generally must travel to North Battleford or Saskatoon to receive services. In Regina, the IRCS psychologist delivers an intensive violent intervention program (i.e., the Touchstone program) that is open to all youth in custody, including the IRCS youth.

IRCS youth may also receive psychological services from private psychologists contracted to work with the youth or other mental health professionals (e.g., clinical social workers) depending on the intensity of treatment they require. Again, these professionals tend to be concentrated in Saskatchewan's major urban centres.

Psychiatric Services

IRCS youth in Saskatchewan also have access to psychiatric services; however, the way in which they access these services varies by location. In Regina, the IRCS psychologist can make direct referrals to the psychiatrist and the psychiatrist will follow the youth throughout the custody and community portions of their sentence. In Saskatoon, a psychiatrist will treat IRCS youth while they are in custody; however, when they return to the community, the youth must receive a referral from a general practitioner to open a file with a psychiatrist in the community. Sometimes this referral process is completed while the youth is in custody, while, in other cases, it is not. IRCS youth based in North Battleford may access the services of the local psychiatrist; however, a community file may or may not be opened. Oftentimes, the youth must see a general practitioner for any follow-up related to their psychiatric medications. Finally, there is a psychiatrist in Prince Albert that some IRCS youth have seen. Here, the expectation, even for youth in custody, is for them to attend in-person appointments at the psychiatrist's office. In the other three locations, the psychiatrist will see the youth at the facility where they are being held. Thus, there is a great degree of variation in the way that IRCS youth can access psychiatric services, in part due to how the psychiatrist is paid in each region, with the model in Regina seeming the strongest given that youth can receive services from a single psychiatrist throughout the entirety of their sentence. Youth located in northern Saskatchewan would generally be expected to travel to one of the urban centres where psychiatric services are available.

Addictions Services

IRCS youth may access addictions services while they are in custody or in the community. It is common for the youth to attend inpatient addictions treatment while they are in open custody or during the final months of their sentence. Again, addictions services tend to be accessed in the major urban centres (e.g., Saskatoon, Regina, Prince Albert). Despite their availability in some rural and remote communities, one interviewee noted that IRCS youth often do not access mental health and addictions programming offered in smaller communities. Another noted that when

addictions services are available in rural communities, they are not as comprehensive as services provided in urban centres. For instance, in Meadow Lake, a local addictions worker is able to perform assessments and offer one-on-one addictions counselling; however, no group programming is available.

3.2.3 Mental Health Services Available in Other Provinces

Alberta, British Columbia, and Manitoba each had different models of providing mental health services to IRCS youth, yet similarities exist across all three provinces. Namely, the majority of mental health services are available in each province's major urban centres, with options for services decreasing as the size of communities becomes smaller. As a result, all three interviewees reported that the provision of mental health services to IRCS youth returning to rural communities would be challenging. In terms of the modality of service provision in the three provinces, mental health services are primarily offered face-to-face. The only exception that was noted was in British Columbia where, for one IRCS youth serving his sentence in a more remote location, some phone or video contact was being considered.

Alberta

IRCS youth in Alberta spend a portion of their sentence undergoing intensive treatment at an inpatient provincial forensic psychiatric facility (i.e., Alberta Hospital—Edmonton). Beyond the services received while in the psychiatric facility, IRCS youth may be connected to a host of services including psychiatric intervention, individual psychotherapy, cognitive behaviour therapy, offense specific therapy, trauma-based or trauma-informed mental health programs, anger management, social skills training, occupational therapy, recreational therapy, spiritual supports (Elders), addictions programming, FASD assessments, youth workers or mentors, anti-gang programs, life skills therapists, healthy relationship programming, and speech-language therapists. In Alberta, IRCS youth also have access to government funded programs through Alberta Health Services, including youth-specific offices that provide mental health counselling for young offenders. However, if those offices do not offer the services required by IRCS youth, other professionals may be contracted using IRCS funding.

British Columbia

In British Columbia, a specialized unit within the Ministry of Children and Family Development (i.e., Youth Forensic Psychiatric Services) provides a variety of mental health services to IRCS youth (and other young offenders). For instance, through this unit, the youth have access to psychologists, social workers, and psychiatric nurses who perform assessments and provide treatment for youth in conflict with the law. There are seven clinics located throughout British Columbia where youth can access these services; however, clinics in some of the smaller communities do not necessarily have the full complement of staff that would be available in the larger communities. In situations where clinics lack the requisite staff, the Ministry may contract therapists or clinicians to offer these services. If IRCS youth are not living in a community that has a clinic, IRCS funding can be used to transport the youth to the clinic or it may be used to pay for a clinician to travel to the youth. While in custody, IRCS youth have access to specialized violence and sexual offense treatment, as well as functional family therapy.

Manitoba

In Manitoba, IRCS youth access mental health services both in custody and in the community. While the youth are in custody, psychologists are available to work with them at one of Manitoba's two youth centres. The young persons may receive one-on-one counselling and group therapy sessions. If requested, the psychologists are also able to perform assessments on the youth. All court-ordered forensic assessments, however, are completed at the Manitoba Adolescent Treatment Centre. Through the Manitoba Adolescent Treatment Centre, IRCS youth also have access to psychiatric services, psychologists, and therapists. Typically, staff at the treatment centre do not provide treatment to IRCS youth throughout the duration of their sentence, but will provide referrals to other service providers (e.g., private psychologists) or services the IRCS youth may require in follow-up to the services they receive through the treatment centre, including upon their release to the community.

In addition, IRCS youth may be connected to resources in the community that do not require referrals from the treatment centre. Some notable examples of services that may be accessed in the community are homes that take a wraparound approach to providing care for its residents and who may have specialized staff (e.g., occupational therapists, specialized support workers) working onsite. If appropriate, IRCS youth are encouraged to access provincial programs for adults that will allow them to remain connected to agencies for as long as needed. For example, there are provincial programs available to support individuals with mental disorders or cognitive disabilities.

Mental health services are available throughout the province of Manitoba, including “*a psychologist who is able to travel near and far.*” IRCS youth who choose to return to communities in rural Manitoba would be encouraged to access mental health services in the city, if possible. Otherwise, they would be limited to accessing services available within the community. With respect to mental health services in First Nation communities, these tend to be programs funded by the federal government. Outside of Winnipeg, some of the larger centres have mental health services, but they may not have the same options for specialized services (e.g., music therapy, occupational therapy) that would be available in Winnipeg.

3.2.4 Education Resources Available for IRCS Youth

Education Resources in Saskatchewan

There are a variety of education resources that IRCS youth may access in Saskatchewan. Any education programming directed toward IRCS youth is individualized and dependent on the particular needs and aptitude of a given person. They are also typically required to access the same educational programming available to any other youth in Saskatchewan.

If IRCS youth are still of school-age when they return to the community, they will be encouraged to return to a school that exists in their community. This may include a regular high school or, if necessary (and available), an alternative school program intended to support youth who struggle in mainstream classrooms. The availability of alternative schools in Saskatchewan is dependent on the community. Online courses may also be considered but, in all cases, the modality used to offer academic programming to IRCS youth must match their cognitive ability. One interviewee commented that:

“I’m always hesitant to sign kids up for an online course when they struggle with one-on-one when a teacher’s there. Sometimes it’s a good fit or it’s all that we have. But if you can’t do classwork in a class or by yourself, it’s not going to work.”

Often IRCS funding is used to provide the youth with one-on-one tutoring to support their academic growth. However, tutoring may not offer enough support to some young persons.

If school is deemed a poor fit for the IRCS youth (e.g., due to their cognitive ability/aptitude or functioning below grade level), other options related to vocational training or employment readiness may be considered. One interviewee commented that *“it depends on what youth need and where they are at academically...sometimes their reading and writing level is not the same as their grade level.”* Another participant stated that *“education is not always the answer”* and that approximately 40% of IRCS youth are not interested in pursuing an education program because *“there’s too much pressure to learn and they are not capable of learning or they lack the desire to learn.”* In these cases, the focus will be on teaching the youth skills that may support future employment opportunities.

IRCS youth who have aged out of the school system may consider seeking adult education or post-secondary education. In northern Saskatchewan, there are many community colleges and, in some cases, university programs that IRCS youth can access; however, the availability of these programs is dependent on the community. According to one interviewee, education programs in northern Saskatchewan are *“hit and miss—some communities may have training and education opportunities while others do not.”* Moreover, the training programs that are available may not necessarily be a good fit for, or of interest to, a particular youth. Thus, some youth may choose to relocate to larger centres to access a specific program.

Some youth who have pursued post-secondary education have taken courses for the purposes of obtaining their GED, acquiring a trade, or earning a university degree. IRCS funding may be used to support these educational pursuits; however, youth are encouraged to access funding through other sources first (e.g., student loans, local Band office for First Nation youth). IRCS may also help youth access the educational supports they require to maintain employment. For instance, one interviewee described that *“one youth was working in construction, but having trouble with construction maps. We hired a tutor to teach him feet, angles. That was really helpful to him. It helped him keep his job and stay employed.”* As this anecdote suggests, it can be difficult to tease apart educational resources from employment.

Education Resources Available in Other Provinces

The same array of educational programming and resources available to IRCS youth in Saskatchewan was also available to IRCS youth in the other provinces included in this jurisdictional scan. In all jurisdictions, IRCS youth of secondary school age were encouraged to return either to the regular school system or to an alternative school. Similar to Saskatchewan, alternative school programs were less likely to exist in rural areas than in major urban centres. One participant described: *“We normally have youth involved in whatever school is involved in the community. It might be an alternative school. It might be a youth justice program that includes its own school program. Those are less likely to be in outlying areas.”*

It was also common for IRCS funding to be used to provide one-on-one tutoring or to conduct educational assessments across all three provinces. For instance, one IRCS coordinator indicated that:

“We’ve used [IRCS funding] for some youth to have a psychoeducational assessment done to help assess what are their needs and abilities and help plan what kind of additional education in terms of academics and vocational training may be the best route.”

Manitoba had a notably strong approach to supporting the education of young offenders, including IRCS youth. A Youth Justice Education Intake Initiative (YJEEI) has been established where teachers employed by a school division in Winnipeg work with youth in corrections. They offer the youth various forms of support, such as teaching them education modules, providing them with educational resources, consulting about their academic needs during case conferences, supporting their transition into schools upon their release to the community, and helping them access postsecondary education.

“If the young person is coming out of custody, they will help with the transition out of custody into school in the community. They meet in custody, pull all of their school work, do academic testing, then they make sure they’re not losing all of the work they’re doing in custody...And they will advocate for the kids. They know what’s important for each young person. They know what their limitations and strengths are. They work with schools in the community to get an academic program in place. They’re not just shoving a kid in a mainstream classroom and mainstream school. And the youth always remain connected to the program as long as they want to remain connected. Eventually their involvement will become less and less, but they will always be there to identify education plans. They can also help with postsecondary. They are there as long as the youth needs that academic support.”

Manitoba has also used IRCS funding to purchase a variety of educational resources, including software and games originally designed for younger children to build literacy and math skills, audiobooks for youth who struggle with reading, and Cree music for youth who want to maintain their Cree language skills. Such materials have been well received by some of the youth.

All provinces noted that, if education is not the appropriate path to pursue with a specific individual, the focus will instead turn to encouraging the youth to participate in vocational training. *“Sometimes school is not an option based on level of functioning, so we have to switch gears and look at vocational school instead.”*

Older IRCS youth who are beyond school age are encouraged to access post-secondary education, vocational training, college courses, adult education courses, or high school upgrading. However, one IRCS coordinator commented that any IRCS funding used towards postsecondary education must be strategic, justified and, where possible, supplemented by other sources of funding.

“We have paid for university courses, but it has to be based on an assessment that individual can succeed in university and are taking courses that will lead to employment. The courses they take are usually shorter term and involve practice. It just must be within

reason. Things have to pass the “sniff” test. They have to be sensible. In the end, we also think IRCS shouldn’t be the only source of funding. If they can access funding through the Band, that should be considered. If they want to do a four-year university degree, but is not necessarily that practical, they should look at access to student loans. Just because you are on IRCS, it doesn’t mean you shouldn’t consider those options as well. If there are other means of paying for things or provincial grants, we would ask folks to look at that as well. It’s whatever makes the most sense and helps rehabilitation.”

3.2.5 Employment Resources Available to IRCS Youth

Employment Resources Available in Saskatchewan

IRCS youth who are older or not interested in furthering their education are encouraged to seek employment. Youth who will be pursuing this route are often supported in developing a resume while they are in custody to ensure they are ready to seek employment upon their release to the community. They are generally expected to find jobs the same way anyone seeking employment would (e.g., online employment listings). In the urban centres, however, there are programs that may provide them with additional supports (e.g., the Partners in Employment program offered by the Saskatchewan Abilities Council helps persons with mental health issues as well as other disabilities find and maintain employment). For youth returning to rural communities, their community youth workers play a key role in helping them find employment as they are often familiar with “*what’s available, what’s appropriate, and what’s a good fit*” in the particular community to which youth are returning. Some rural communities also have employment centres that may be accessed by IRCS youth. In some cases, the connections that employment coordinators who work in the youth custody facilities have to certain employers may also be utilized to help IRCS youth find employment. Several interviewees observed that IRCS youth tend to be most successful in maintaining employment when they are transferred to open custody from secure custody.

“We like to finish the sentence in open custody so they can be hooked up with employment before they go out. The ideal route is secure custody, then open custody, to community. We’ve seen it as the best formula for success.”

Another respondent echoed this sentiment:

“They will get transferred to open custody, which is a really good transition into the community from secure custody where you go from having no access to open custody which allows you to work in the community, go home on weekends, go to school, go to any kind of programming in the community, and just keep the facility as your base. So usually they’re linked to education and employment by then, and then it’s a smooth transition.”

However, it should be noted that there are only four open custody facilities in the province (Regina, Prince Albert, North Battleford, and Saskatoon); thus, youth serving open custody would be required to do so in one of these communities.

Finally, mentorship programs and opportunities were identified as being particularly helpful for supporting youth in finding and maintaining employment. Nearly all Saskatchewan-based

participants commented on the importance of mentorship opportunities, and several indicated that more funding should be directed towards providing IRCS youth with mentors. However, one interviewee did note that older IRCS youth tend to be less interested in mentorship opportunities than younger youth. In urban centres (e.g., Regina), several mentorship programs are available for youth to access (e.g., Red Feather, Street Culture Incorporated, Linking Youth's Needs to the Community). For youth in rural communities, service providers who are contracted to work with the youth may provide that mentorship support instead. One interviewee based in the north provided the following description of the role of service providers.

“We have the ability to hire service providers. They are people in the community that are contracted by the government. We do a hiring process and they're paid a fee for service. They are a very helpful, especially with IRCS. We had a service provider that was working with [an IRCS youth] 3 or 4 days a week. They would do things like go out for coffee, talk to them, be like a big brother for them, be that positive role model, take them to get involved in recreational stuff, take them to appointments if they needed to be driven to appointments. They took on a mentorship role.”

Employment Resources Available in Other Provinces

As in Saskatchewan, there were no specialized programs available in Alberta, British Columbia, or Manitoba to support the employment of IRCS youth; however, they may access existing employment readiness programs intended to help youth generally, young offenders, or persons with disabilities. Any specialized employment readiness programs tend to be concentrated in urban centres. Consequently, IRCS youth returning to rural areas typically have fewer employment readiness supports to draw upon. In some cases, IRCS funding may be used to purchase equipment required for particular jobs (e.g., safety boots).

3.2.6 Challenges with Delivering Mental Health, Education, and Employment Programming in Northern Saskatchewan

Numerous challenges were cited by all interview participants with respect to the delivery of mental health, education, and employment programming to IRCS youth in northern communities. However, most of the data for this section was derived from the Saskatchewan-based participants, as IRCS youth in Alberta, British Columbia, and Manitoba largely remained in urban centres. Consequently, this section will focus on Saskatchewan. Where appropriate, information from the interviewees based in other provinces will be incorporated.

Distance, Isolation, Lack of Services, and Transportation

Perhaps the most significant challenges faced by IRCS youth returning to northern Saskatchewan communities were the isolation and remoteness of these communities, the lack of services available within them, and their distance from the specialized resources that IRCS youth require. All three of these issues are intertwined and are difficult to discuss in isolation; hence, they will be discussed together.

Every participant identified isolation and distance as a major challenge in delivering services to IRCS youth in the north. It was generally acknowledged that, with the exception of North

Battleford, there were limited mental health and addictions, employment, and education services available in all communities north of Saskatoon (including Prince Albert).

“Northern youth have been underserved. Supporting education and recreation is hit and miss, but it depends on the community.”

“In some northern communities there is nothing that exists – not even housing exists – much less training. Basic healthcare is a challenge and is not available unless you are willing to travel – nobody has a car – even if there was something accessible – the basic needs are not even place.”

A lack of psychologists, especially those able to provide treatment targeting violent and sexual offending among young offenders, was deemed the most problematic. Participants indicated that this particular type of treatment currently has to be accessed in either North Battleford or Saskatoon and, as a result, IRCS youth are expected to travel to receive the psychological services they require. One participant based in northern Saskatchewan commented,

“We don’t have any psychologists or social workers that work with our violent offending youth. The closest person would be in North Battleford...Basically, the biggest thing is the lack of resources. The biggest thing is not having the psychologists that we can use, unless we want to go all the way to Saskatoon, and the isolation.”

As a result, tied with this barrier is the availability of transportation and any associated costs.

When possible, the Ministry of Justice may contract a service provider to transport the youth to and from their appointments. Alternatively, they may pay the mileage of someone in the community who is willing to transport the youth to their appointments. However, it is not always possible to arrange for a service provider or a community member to transport the youth.

“Through IRCS, we have a contract service provider who helps transport the youth but it often never actually works out.”

“It’s difficult to get the youth to North Battleford or Saskatoon for treatment.”

“They will hire service providers to drive youth back and forth but that is limited.”

The cost of transportation, however, is not the only issue associated with requiring the IRCS youth to travel to an urban centre to receive treatment—the disruption this presents for the youth’s schedule and routine is also problematic. It is common for these trips to take at least five hours of driving time roundtrip, which means that the youth may miss a whole day of work or school just to attend their appointment. In addition, some youth simply do not want to travel such distances for their appointments.

Conversely, several participants noted that mental health professionals also are not willing or able to travel to the youth. In some cases, interviewees suggested that service providers lacked interest in travelling to northern communities. According to one participant, *“none of the psychologists will travel to [a First Nation community] to meet with the youth.”* Other interviewees indicated that government policies prevented health regions from being able to bill

for psychologists' time if they deliver services in another region; as a result, the psychologists were not able to receive approval to travel.

“The psychologist from North Battleford is not allowed to go to Prince Albert because of health region boundaries. They cannot have a psychologist from one health region provide care to youth in another health region, so health region boundaries prevent the psychologists from travelling from North Battleford to Prince Albert to provide treatment.”

“First and foremost, I have a strong impression that there are a lot of people who want to make it work. There are a lot of service providers who really want to do right by these youth and help them succeed but their hands are tied...there is this wall if you are from the northern communities—even Prince Albert.”

Thus, regardless of the interest of a psychologist in travelling to the IRCS youth, such activities are currently not permitted. Several participants commented that it would be more efficient for the North Battleford psychologist to travel to Prince Albert because it would be possible to see several clients in one day rather than individually transporting each youth, or trying to coordinate the travel for multiple IRCS youth at one time, to and from North Battleford for their appointments.

Even when the services the youth require are available within the community, there still may be obstacles that make it difficult for the youth to access those services. Some interviewees noted that the youth are sometimes reluctant to use local mental health services because they do not trust the confidentiality of the service provider. In other cases, youth may want to avoid the stigma associated with accessing certain types of services (e.g., mental health, addictions) in their community.

“[One young person] didn't want to do services with people on reserve – if they're local people, they don't want to work with them that way. Some say: I don't trust the mental health worker. There's also the stigma of walking into the mental health building.”

Finally, for some Aboriginal youth who wish to return to a First Nation community, their ability to access programming in that community may depend on whether they are a member of that Band.

“There may be a rule about who can access the health centre on the reserve. [One reserve] has strict rules about such things because of an influx of people there. They only get funded for their own members.”

Lower Service Provision Standards

Another challenge identified with respect to providing services to IRCS youth in northern communities is that, at times, it is necessary to accept lower service provision standards. For instance, youth are often unable to attend appointments with their psychologists as regularly as is recommended. When asked how often IRCS youth in one northern community would be able to see the psychologist, the interviewee responded, “we would like to say once a week, but it's not realistic. We probably would be happy with once a month.” Another participant commented, “the

farther you are away from a larger centre, the more challenging that can become. Youth can fall in between the cracks and not be followed up.”

Sometimes safety concerns about staff members may also change the service provision standards in certain communities. Community youth workers may be limited to making contact with their clients during daylight hours and in public locations due to the risk they may face by being in the community after dark or visiting the young person at his/her home. This limited contact with youth may, in turn, have a detrimental effect on the youth’s rehabilitation.

“There’s a lack of cell service on a lot of the reserves. There’s cultural issues. If you’re white, it has an impact. Being lost, getting lost, can be really dangerous. A lot of workers would say, ‘I would never stay in some of my centres overnight.’ For the part of the year where it gets darker by 5:00 pm, they say they need to make sure they’re gone by then because it’s unsafe. We worry about sending people to do the reintegration work or hiring a service provider to go to the home and pick them up or having someone do curfew checks. Regions have different rules based on the needs of the community. Some places you can only call to.”

“Wherever the kids are, they need someone they can contact and that they know someone is there keeping an eye on them. If a kid is sent up north and they have an IRCS sentence, who is there to provide supervision? They may turn to old habits if no one is keeping an eye on them.”

Aside from safety concerns, community youth workers who are employed in rural and remote communities may have less time available to spend with IRCS youth because of the distances they must travel to reach their clientele.

Service provision standards may also be compromised by the limited training of workers taking on mental health and additions positions in rural and remote communities. According to one participant, *“Bachelor of Social Works (BSWs) do not even exist in a lot of these communities.”* To overcome some of these issues, mentorship opportunities are often used.

“In smaller communities, that’s where we get into the more creative social work type of stuff. We have to make those non-official mentorship opportunities. We also have to have lower standards sometimes. This is better than nothing, but it’s not perfect.”

Finally, a lack of knowledge about the available resources in a given community on the behalf of the various parties involved in shaping the youth’s treatment plan may limit how detailed and in-depth it can be. Often community youth workers play an important role in mitigating this issue by informing the case conference team about the available supports and resources in a particular community. Collaboration among service providers involved in case conferences for IRCS youth may also be compromised if the team is fragmented geographically.

“I do not know what is available in the northern communities, so I rely on the youth workers to provide context about what the community has available.”

“We can have case calls, but I really do not know about the local community and would not have the relationships with community members to provide support for them.”

“It’s hard to provide support to the northern communities from the major centres—you need someone on the ground.”

Staffing in Northern Communities

A number of challenges emerged across interviews regarding the availability of staff in northern Saskatchewan. Several participants commented that there are not enough staff available to meet the demand for services and that it can be difficult to recruit staff to take on positions in rural and remote locations. For instance, contracting service providers (i.e., who may transport the youth or offer them mentorship) was identified as a challenge. In some northern communities, contracting service providers is not a priority. In others, finding qualified persons to be hired as service providers is difficult.

“We will ask, are there any contract workers in La Loche? They will say no, we’ve been advertising and looking. Any good people are already doing a lot of good things. There’s just not the people there who want to take on the responsibility...Even in Saskatoon, we hire someone from Rosthern to do a lot of the work. There’s not a lot of people who want to contract.”

One interviewee suggested that prioritizing the hiring of service providers would be beneficial to IRCS and suggested that younger, responsible adults may be a potential resource pool for recruiting service providers.

“We need to hire more service providers to transport people. We should have it so people could apply for these types of jobs...there is the opportunity for hiring younger mature individuals (for example, upper year undergraduate students) to transport IRCS youth.”

Beyond service providers, several participants noted that it has also been difficult to recruit mental health specialists to work in northern communities. One participant commented that, *“There are no mental health specialists in northern Saskatchewan. The health region cannot find anybody, so they have given up.”* Similar issues are faced in British Columbia, where it was observed that even if IRCS funding is available to hire specialized services, there may simply not be anyone to hire.

“We have one client now where one of the services they want to apply is tutoring, but they can’t find a tutor available and willing to work with that youth. It’s generally in smaller communities where this a problem, and they don’t have to be super isolated, but it’s going to be in smaller communities. Sometimes it’s just that, despite having the money available, the personnel just aren’t there. It’s no different than nursing shortages and doctor shortages.”

Compounding the issue of not being able to recruit staff is that persons who do take on positions in northern communities experience a high burnout rate, which makes staff retention difficult. In particular, high turnover rates in community youth worker positions in the north may affect the rapport workers are able to have with IRCS youth.

“Another obstacle up north is the high turnover rate. Consistency of workers is important. You can have multiple youth workers or whatever workers, but the less we switch workers the better. If you get a new worker every 6 months, that’s way too much.”

A final challenge that emerged with respect to staffing is that there may only be one person offering a particular type of service in a given community. Thus, if there is a mismatch between the youth and the service provider, treatment provision may be hampered.

“In Regina, there’s a lot of options. Even in employment, I can easily go to five different agencies. If they don’t like one, let’s find another. In smaller communities, you might not have that option. There may only be one worker, one agency.”

General Challenges with IRCS Community Reintegration

Some additional challenges were observed by interview participants that were not specific to IRCS youth returning to northern communities. For instance, there was some concern that sometimes *“kids and parents or caregivers sometimes start to see IRCS as their personal bank account.”* Another respondent cautioned that IRCS funding should not be used in such a way that it seems *“like these kids are being rewarded for their violent behaviour.”* Thus, interviewees emphasized that any programs or activities funded through IRCS should be clearly tied to the youth’s rehabilitation. Other participants perceived that they were limited in what they can fund through IRCS and suggested that IRCS funding could be used more effectively; however, specific ideas around what they would like to have funded were not shared.

Given that Aboriginal youth comprise a large number of the IRCS casefiles, several interviewees commented that more culturally-informed interventions are needed. They also noted that language barriers are sometimes encountered either when communicating with the youth or their families. Additional programming related to communication skills, gang involvement, substance abuse, prosocial peers, recreation, and mentorship was also identified as lacking.

Several participants were concerned about the caseloads being carried by the IRCS psychologists and commented that an additional psychologist position would result in more manageable workloads, especially with respect to completing assessments for IRCS youth. Finally, some participants believed that the IRCS youth spend too much of their sentence in secure custody and would be better served by spending a greater portion of their sentence in the community. Such a structure would allow youth to receive the intensive supports initially required to be successful in the community and then be weaned off those supports before their sentence ends.

3.2.7 Solutions to Challenges Faced in Providing Mental Health, Education, and Employment Services to IRCS Youth in Northern Communities

Given the many challenges faced in providing mental health, education, and employment services to IRCS youth returning to communities in northern Saskatchewan, interview participants were also asked about possible solutions that could be implemented to overcome the barriers and gaps they identified. In addition, interviewees from other provinces were asked to identify innovations that have been introduced in their own provinces to enhance IRCS youth’s access to services. Since few IRCS youth in other provinces return to rural and remote locations, few innovations were identified. Therefore, the focus of this section will be on the proposed solutions put forward by Saskatchewan participants.

The most common suggestion across participants was to find a way to bring services to the IRCS youth rather than the current practice of bringing IRCS youth to the services. For instance, one participant commented, *“I would love to see us taking resources and services to the youth in whatever way to meet their needs at their home, at their level.”* A number of ideas were put forward for bringing services to the youth. For instance, one participant recommended introducing provisions into the IRCS program to pay for the travel expenses of clinicians who want to provide services to youth located outside their health region. Another suggestion was to establish a rural mobile crisis unit that could temporarily provide services to rural communities.

“There is a need for a mobile mental health, employment, and education unit that parks in the remote locations to help provide these services to help take some of the pressure off the community and set the youth up with these supports.”

The participant from Alberta commented that Alberta Health Services has introduced such a service in their province known as community geographic teams. It should be noted, however, that one challenge that has been faced by the community geographic teams is finding staff to fill the positions.

“We have something called community geographic teams. They are Alberta Health Services staff, counselling type staff, that go out into rural communities and they provide the counselling services in those communities. That is what we use in Alberta to provide those services in rural and remote communities. The team will travel to various communities and be in one community next Tuesday and in another place on Wednesday, and so forth. It was the best way they could come up with in providing services.”

Another participant thought the emphasis should be on bringing forensic psychologists to the IRCS youth in their home communities and that perhaps IRCS funding could be leveraged to provide other youth in those communities with treatment.

“How do we bring services to them and meet the needs of those communities? How do we provide services to one kid there and not to all of them? If we had an IRCS youth out in La Loche, we could contract the travel time and transportation of a contracted psychologist to go to La Loche once a month and have a session. IRCS could pay for all expenses of getting that psychologist there. They could spend one or two hours with the young person, but once they’re there, the Ministry could kick in a few dollars to pay for the rest of the day to see other kids to get the services they need. I see IRCS as meeting the needs of the whole community by serving one.”

This participant also suggested that remote presence technology, such as “doc in a box,” could be an option to help youth access mental health services. However, it was uncertain whether such a capital expense would be an allowable IRCS expenditure.

“We could set up doc in a box. If we had the resources and infrastructure there to do that, then we could use it for other people. That will take some contemplating though since purchasing of equipment is a capital cost. We just have to make sure we are buying things we can legally bill for.”

Other participants identified that other forms of technology may be used to provide treatment for the IRCS youth. For instance, videoconferencing or telemental health could be used to connect IRCS youth to psychologists located in North Battleford, Saskatoon, or Regina. However, in implementing such an approach, a number of factors would have to be considered, such as the availability of Internet and cell service in a given community, the security of the Internet connection, the privacy of the location where IRCS youth would be accessing the equipment, and whether there will be any necessary capital costs to purchase equipment or software and their eligibility under IRCS. In addition, some clinicians indicated that, while technology can be used to support continuity between treatment sessions, it should not completely replace face-to-face contact. Other participants have previously had negative experiences when using technology in the past.

“I do not think that telehealth replaces face-to-face. Trust is hard to build with this group in general, and telehealth does not facilitate that trust. It affects that ability to make a change in the therapeutic relationship. Technology is okay for individual treatment or therapy, and it’s okay if there are long periods between visits/appointments. It can support the continuity but does not replace face-to-face treatment.”

“Last time we tried, there were delays. The kids would go into slow motion. If it’s not a good connection, it’s not going to work.”

In addition to being a possible modality for providing treatment to IRCS youth, some participants noted that using videoconferencing technology for case conferences could help build stronger relationships between professionals who are geographically dispersed.

Cell phones were also identified by several participants as another form of technology that can potentially be used to enhance service provision and increase IRCS youth’s access to the resources they require. One youth worker found that using a cellphone to communicate with an IRCS youth assisted with case management and has increased contact with the youth’s family. However, the feasibility of using cell phones in northern Saskatchewan will be determined by the availability of cell coverage in a given community.

“We have used IRCS money to buy people cellphones or get minutes on a monthly basis in order to keep in touch with parents, clients, and mentors. It’s really awesome. We need to get with the times. I think all youth workers should have their own cellphone. Given that we are field workers—being out and able to spontaneously call someone, it’s really helpful. For lots of parents and youth, texting is the only communication tool they have. I text a lot with parents from out of town and in town. They don’t have calling capacity, but they can text or use a free app or email, but texting is the most common, and then phone calls after that. I think sometimes parents, whoever they are, are much more likely to respond to texts than return a phone call. It’s a lot easier and less intrusive, and it can build into a phone call and in-person meeting. It can facilitate more in-person involvement. It definitely helps. And low functioning youth can usually handle texting.”

Another participant commented that apps that would allow IRCS youth to connect with mobile crisis services could be beneficial to youth in northern communities that may not otherwise have immediate access to some form of support.

The development of an online resource centre was also proposed by one participant. For instance, this interviewee suggested that a website be created that houses a collection of evidence-based resources, such as videos and workbooks, that youth could access to support their programming needs. Such a resource site could also support professionals who work with IRCS youth by maintaining an electronic list of the programs and services available in each community in Saskatchewan.

Finally, beyond the use of technology, a handful of participants indicated that, in an ideal world, more residential facilities akin to halfway houses or group homes could be opened in northern communities to support IRCS youth's transition back to the community.

“Why don't we have a 12 bed facility to help them live independently in Prince Albert where there are supports in the community for these youth to help encourage them with positive supports and interventions?”

3.2.8 Strengths of Delivering Mental Health, Education, and Employment Programs to IRCS Youth in Northern Communities

Strengths of IRCS in Saskatchewan

Despite the various obstacles that can make it difficult to deliver mental health, education, and employment programming to IRCS youth in northern Saskatchewan, a handful of strengths were identified. One of the key strengths identified in terms of how the IRCS program is implemented for youth returning to northern communities is that the supports and programming they require can be made available to them. The programming may not be located in the youth's home community, but IRCS funding can be used to pay for transportation costs associated with accessing programming in other communities. In fact, service providers were seen as another key strength of IRCS. Youth without an IRCS designation do not have access to funding to supplement their travel costs and would consequently only be able to receive programming offered directly within their community (unless they could privately cover the cost of transportation). IRCS funding can also be used to ensure that youth are returning to safe housing and able to meet their basic necessities by putting it towards rent and food. Thus, even if the solution is not necessarily ideal, IRCS funding can be used to overcome some of the obstacles that exist for youth living in northern communities.

“They're getting programming. That is a strength. We have a program available to them and their workers work really hard to get them services, even if they are not in their home community and not perfect. People are trying. There is energy going into it and there is usually an outcome in them getting something. And it's not nothing. Lots of kids get nothing. Is it best practice and really meeting their needs and having the effect we want? I don't know, but it's not nothing.”

“Because IRCS has extra funding, we're able to do a little more. We are able to pay for transportation and hotels. The extra funding allows us to be able to hire a service

provider for that person alone. There's just a little extra funding to help out even with rent if the youth wants to live on their own. IRCS has the capacity to help pay for partial rent, food, that kind of stuff. In the far north, everything is more expensive..."

A handful of other strengths were also identified with respect to the program delivery of IRCS in northern Saskatchewan. Two interviewees indicated that it can be easier to find cultural or familial supports in smaller communities. In addition, cultural programming is more likely to be available to youth in First Nation communities. One respondent thought it was beneficial for youth to have the option of being able to live in their own community. Finally, the service providers that are connected with the IRCS youth seem to have a strong degree of commitment to offering whatever support they can. For instance, IRCS psychologists will act as a consultant to IRCS youth who return to northern communities, even if they are no longer directly providing treatment to that youth.

Some additional strengths of IRCS were also mentioned that were not specific to IRCS youth returning to northern Saskatchewan. First, it was perceived that the mental health, education, and employment needs of IRCS youth in urban communities were being adequately addressed and that it was a strength that services in these locations could be offered in a face-to-face manner. Second, it was deemed to be beneficial that decisions about the types of programming and services directed toward IRCS youth are made on a case-by-case basis. Third, one participant perceived that there is a strong degree of collaboration among professionals involved in IRCS case files and that case conferencing is effective for case planning. Finally, the support provided by the IRCS coordinator was valued by some of the youth workers and was seen as a key support for their own role.

"She is a sounding board and great at generating ideas and thinking outside the box and how to creatively access resources and set up networks and case plans to make things work."

Strengths of IRCS in Other Provinces

Interviewees from Alberta, British Columbia, and Manitoba were not able to speak specifically about the strengths of providing mental health, education, and employment services to IRCS youth returning to northern or rural and remote communities, largely because they had few youth who returned to these types of communities. However, they did identify some general strengths of the way that IRCS is delivered in their provinces. For instance, interviewees from British Columbia and Manitoba valued that IRCS funding can be used to help maintain services for youth once they reach an age where they must be transitioned to the adult supervision system. IRCS funding ensured the youth could continue to receive the intensive support and supervision they required (even though such supports are not typically available in the adult system).

"We know mental health is available, but there are long waitlists. When they turn 18 and age out of the system, it becomes sticky who provides those services. Under IRCS, we don't worry about that because they're privately funded people and they follow the person through their sentence."

Similarly, the continuity of service that IRCS funding allows through the custody and community portions of a youth's IRCS sentence was also considered to be a strength.

“I like the continuity of service. I like the option of being able to implement whatever the young person needs, start off early, and then transition it to the community...Even if they reoffend, and go back to custody, the services continue. It doesn't mean it's done, you're in jail again. That's one of the benefits. The kids can still get what they need wherever they are throughout the duration of their sentence and those relationships can be long if the sentence is long.”

In general, the ability of IRCS to supplement any gaps that existing programming does not fill was seen across all three provinces to be a benefit of the program.

“Anything's that's not offered by the government, we can reach out and hire people for fee for service. For the regular program, we couldn't do that. For IRCS, we can go above and beyond to find those extra things targeting the areas of risk.”

Alberta also highlighted additional areas in which they thought their implementation of the IRCS program was particularly strong. Namely, the strong degree of collaboration they have achieved within the court system and through the case management process were both perceived to be strengths. Alberta considered their greatest strength, however, to be their success with receiving funding for Part C by monitoring potential IRCS cases on a monthly basis and raising awareness about Part C among their probation officers.

Alberta, British Columbia, and Manitoba did not believe that there were any significant gaps when it came to serving the IRCS youth in their provinces. They also thought that the individualized nature of the IRCS program contributed to the success of their youth.

3.3 Summary and Discussion of Findings

Interviews with corrections and mental health professionals who support the reintegration of IRCS youth into northern, rural and remote communities provided insight into the types of mental health, education, and employment resources available to support the youth's rehabilitation. In addition, several challenges that may influence the success of delivering programming to IRCS youth in northern Saskatchewan were identified. The key findings that emerged from the interviews will be reviewed below; however, before doing so, it is important to note that, overall, relatively few IRCS youth choose to return to northern communities. Participants from Alberta, British Columbia, and Manitoba indicated that they rarely have IRCS youth who return to rural and remote areas within their provinces. Saskatchewan was unique in that some IRCS youth do return to northern communities; however, even in Saskatchewan, many youth choose to return to more urban centres. Myriad reasons influence IRCS youth's decisions to relocate, including a desire to avoid an unsafe or unhealthy environment characterized by anti-social peers, overcrowded housing, poverty, poor mental health, and addictions; not being welcomed back to the community due to the nature of their offense; a lack of mental health services and supports required for their treatment; and a lack of education and employment opportunities.

3.3.1 Mental Health Services Available to IRCS Youth in Saskatchewan

It is challenging to tease apart the availability of mental health services for IRCS youth in northern Saskatchewan from the challenges associated with providing these types of services to

the youth and, as such, they will be discussed together. All participants noted that the availability of mental health services in rural and remote communities was problematic. Many communities have some form of mental health and addictions services, but the extent to which they are able to offer services is dependent on the availability of resources and their ability to recruit and retain staff. When mental health and addictions positions are filled, it is generally by persons who lack advanced training, which limits the types of interventions that can be offered. Thus, few communities have psychological and psychiatric services available for the youth. In fact, access to psychologists, especially treatment for violent and sexual offending, was identified as most problematic for IRCS youth returning to northern Saskatchewan. Currently, youth are only able to access treatment in North Battleford, Saskatoon, or Regina, and the youth must attend their psychologist appointments in person. As a result, IRCS youth in rural communities are expected to travel to and from these appointments (and, depending on where the youth live, such trips may require hours of travel time). Consequently, transportation cost and availability were identified as barriers to accessing these psychological services. Service providers may be contracted to transport the youth; however, shortages of services providers can limit the utility of this option. In addition, the requirement to travel for psychological services disrupts the youth's schedule and may be a detriment in other areas of life (e.g., attendance at school, maintaining employment).

Access to psychiatric services was raised less often by interviewees as an obstacle; however, the ease at which IRCS youth can access psychiatric services appears to be dependent upon the protocols established in the particular region where they are accessing services. In Regina, the same psychiatrist is able to follow the youth throughout the custody and community portions of the sentence. However, in North Battleford and Saskatoon, youth typically require a separate referral to obtain psychiatric services in the community.

Other challenges also were identified as being associated with the limited availability of mental health services in northern Saskatchewan. For instance, it may be necessary to accept lower service provision standards because it is unrealistic for youth to see their psychologists weekly. A lack of option among service providers within a given community may also compromise the integrity of any treatment that is available if the IRCS youth have a conflict with that particular service provider. In fact, IRCS youth may be uninterested in receiving treatment within their community out of concern that services offered to them may not be confidential or that they may be stigmatized for accessing mental health and addictions services. Further, youth workers may not have as much contact with IRCS youth as would typically be desired due to the workers' concerns about their own safety within certain communities. Youth workers in northern communities often limit their visits to daytime hours and public locations, which can translate into a lack of supervision for the youth. Finally, the ability of professionals to plan in-depth treatment plans for IRCS youth returning to northern Saskatchewan may be compromised by their lack of knowledge of the mental health and addictions services available in a given community.

3.3.2 Mental Health Services Available to IRCS Youth in Other Provinces

Alberta, British Columbia, and Manitoba all provide IRCS youth with a variety of mental health services. Notably, Alberta requires Part B IRCS youth to receive intensive treatment at a provincial psychiatric facility during their sentence. In the community, Alberta makes a wide variety of treatment available to IRCS youth, including various forms of therapy, life skills

training, spiritual supports, addictions programming, and mentors. In British Columbia, mental health services for IRCS youth are primarily offered through Youth Forensic Psychiatric Services, a division of the Ministry of Children and Family Development. Through this unit, IRCS youth have access to psychologists, social workers, and psychiatric nurses, and they may access these services from one of seven clinics located throughout the province. However, the availability of certain services is limited in clinics situated in smaller communities. Therefore, any additional services required by IRCS youth will be contracted using IRCS funding. In Manitoba, IRCS youth initially receive services through the Manitoba Adolescent Treatment Centre while they are in custody and the treatment centre will make referrals, as appropriate, to service providers in the community for IRCS youth to access. Otherwise, IRCS youth are connected to a variety of mental health resources that are available in the community (which, for most youth in Manitoba, is Winnipeg).

3.3.3 Education and Employment Resources for IRCS Youth in Saskatchewan

IRCS youth returning to communities in northern Saskatchewan are encouraged to access the same resources available to all youth in Saskatchewan. For example, IRCS youth who are of school-age will be encouraged to return to school. Some youth may return to a regular high school, while others may return to alternative school programs or be encouraged to take online courses. Some rural communities in Saskatchewan have alternative school programs, while others do not; thus, options are dependent on the particular community where youth are returning. In some cases, IRCS funding may be used to hire tutors to provide one-on-one support. In other situations, school may not be the best option for youth (e.g., due to their cognitive ability or aptitude or because they are behind academically). Here, IRCS youth will be encouraged to consider vocational training to support their employment readiness. In fact, IRCS youth are frequently uninterested in education and would rather focus on employment.

Older IRCS youth who wish to pursue their education may take adult education courses or enroll in postsecondary courses. Several communities in northern Saskatchewan offer courses through community colleges. However, the availability of such courses is completely dependent on the community to which youth are returning. Moreover, when courses are offered in these communities, there are typically only a limited number of topics. Therefore, course offerings may not align with the young person's interests.

For youth interested in finding employment, the community youth worker in rural and remote communities often plays a key role in helping youth find a job in a specific community. Sometimes community members' knowledge of the youth's crime limits their willingness to hire IRCS youth. In these cases, youth workers may assist the youth with finding employment in nearby communities. Mentorship opportunities (which may be facilitated by contracting service providers) were also identified as being helpful for supporting youth in finding and maintaining employment. Finally, if available in their communities, youth may access employment centres.

In sum, the availability of education and employment resources must be considered on a community-by-community basis in northern Saskatchewan. In some communities, there may be multiple resources available to youth and, in others, there may be none. Youth interested in particular education and employment options may choose not to return to their home community due to the limited options available.

3.3.4 Education and Employment Resources Available to IRCS Youth in Other Provinces

The education and employment resources available to IRCS youth in Alberta, British Columbia, and Manitoba largely mirrored the resources available in Saskatchewan. Youth of school age are encouraged to continue their education in either the regular school system or any alternative schools that may be available in the community to which they are returning. Those who are uninterested in, or not well-suited for, school are encouraged to pursue vocational training. Conversely, older youth interested in education are encouraged to consider postsecondary options, such as technical school, community colleges, and university courses. When accessing educational resources, IRCS youth are encouraged to find additional sources of funding (besides IRCS) to pay for these opportunities.

Notably, Manitoba has a particularly strong approach to supporting the education of young offenders. There, a Youth Justice Education Intake Initiative (YJEII) has been established where teachers employed by a school division in Winnipeg work with young offenders by teaching academic modules, providing educational resources, consulting on the youth's academic needs during case conferences, supporting the youth's transition into community schools, and helping youth access postsecondary education. Manitoba has also used IRCS funding to purchase software and games originally designed for younger children to build literacy and math skills, as well as audiobooks for youth who struggle with reading.

No specialized employment programs were identified to specifically support IRCS youth in Alberta, British Columbia and Manitoba. However, it was acknowledged that any specialized employment readiness programs tend to be concentrated in urban centres.

3.3.5 Strengths of Providing Services to IRCS Youth in Northern Saskatchewan

Despite the many challenges associated with connecting IRCS youth returning to northern Saskatchewan to the mental health, employment, and education services they require, a handful of strengths were identified. For instance, many interviewees commented that the mere ability to offer services to IRCS youth, even if they are not located in their community, is a strength. IRCS funding can be used to cover the transportation costs associated with transporting youth to and from services, which would not be available to the youth if they were in the regular youth corrections system. In addition, some participants noted that it can be easier to find familial and cultural supports in the youth's home community. Finally, many interviewees commented that many of the service providers who do work with IRCS youth are motivated to connect the youth with whatever resources are available and to support the youth in the best way they can.

3.3.6 Suggestions for Increasing Access to Services in Northern Saskatchewan

Many possible solutions for increasing IRCS youth's access to services in northern Saskatchewan were offered in the study. There was agreement across respondents that some measures need to be introduced in Saskatchewan to bring psychological services (especially treatment for violent and sexual offending) to IRCS youth rather than expecting the youth to travel to the services. Two suggestions to accomplish this vision included: 1) introducing provisions to allow IRCS funding to more easily cover the travel expenses of clinicians who wish to provide services to youth in their home communities; or 2) establishing a team of professionals to travel to rural and remote locations to provide mental health, education, and

employment services. Alberta has introduced a travelling team of mental health professionals, which may serve as a model should this suggestion be considered.

Some participants also proposed that various technologies could be used to support treatment. For instance, it was suggested that videoconferencing or telemental health could be used to supplement (but not replace) in person treatment. Similarly, remote presence technology was identified as an innovation that could be used to provide treatment as well. In addition, cellphones were identified as a modality that could be used to increase contact with IRCS youth and, potentially, allow them to have access to apps and resources that could support them during periods of crisis. Finally, an online resource centre was proposed that could support IRCS youth and the professionals serving them. Specifically, IRCS youth could access a web-based platform that houses various materials to support their programming needs, while professionals could access an online listing of the programs and services available in communities throughout Saskatchewan. If technology is pursued as means of increasing IRCS youth's access to programming, it will be necessary to consider the availability of Internet and cell service in a given community, the security of the connection, the privacy of the location where IRCS youth would be accessing the equipment, the willingness of clinicians to provide services using technology, and whether there will be any capital costs to purchase equipment or software and their eligibility under IRCS.

3.3.7 Conclusion

Overall, the availability of mental health, education, and employment resources in northern Saskatchewan must be determined on a community-by-community basis. The greatest gap facing IRCS youth in returning to these communities is the lack of psychological services, which necessitates the frequent travel of these youth to either North Battleford or Saskatoon for the treatment they require. Alberta, British Columbia, and Manitoba are not faced with as much demand to provide services to IRCS youth in northern communities. As a result, they have limited lessons to be shared with Saskatchewan. Thus, Saskatchewan may be uniquely positioned to be a leader in introducing innovations to enhance IRCS youth's access to services in rural and remote communities.

4. ENVIRONMENTAL SCAN

An environmental scan was conducted to develop a detailed inventory of the mental health, education, and employment programs and technology resources available in a sample of communities located in northern Saskatchewan. The purpose of this inventory was twofold. First, the listing of mental health, education, and employment programs was intended to be a resource that corrections and mental health professionals can use to connect IRCS youth with the services they require within the selected communities. Second, the inventory of technology resources was intended to inform the feasibility of using technology to enhance programming for IRCS youth in a given community.

4.1 Method

4.1.1 Sample

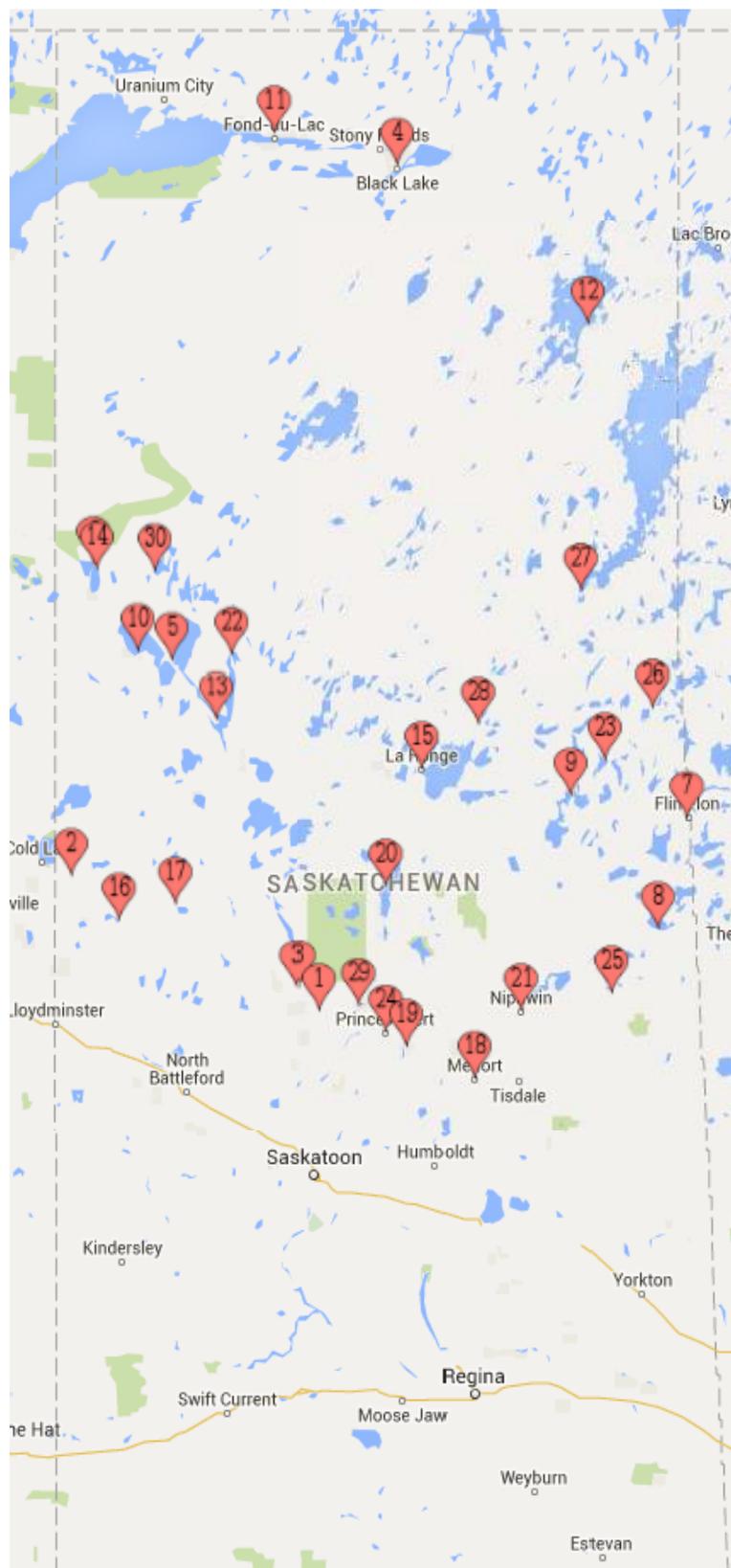
A purposive sample of 30 northern Saskatchewan communities was identified for inclusion in the environmental scan. The communities selected for the study were those that had the highest violent crime rates, were locations where IRCS youth typically originate, or were service hubs for surrounding rural areas (i.e., programs and services tended to be concentrated in certain communities). Both municipalities and First Nation communities were included in the sample. In fact, twenty of the communities were First Nations, while many of the remaining communities had large Aboriginal populations. In some cases, the First Nation communities were located adjacent to municipalities—in these situations, the communities were considered together as the municipality typically served as the administrative centre for the First Nation.

The communities included in the environmental scan were:

- Ahtahkakoop Cree Nation
- Big Island Lake Cree Nation
- Big River First Nation
- Black Lake
- Buffalo Narrows
- Clearwater River Dene Nation
- Creighton
- Cumberland House
- Deschambault Lake
- Dillon/Buffalo River Dene Nation
- Fond-du-Lac
- Hatchet Lake First Nation/Wollaston Lake
- Ile-a-la-Crosse
- La Loche
- La Ronge
- Makwa Sahgaiehcan First Nation
- Meadow Lake
- Melfort
- Montreal Lake Cree Nation
- Muskoday First Nation
- Nipawin
- Patuanak/English River First Nation
- Pelican Narrows
- Prince Albert
- Red Earth Cree Nation
- Sandy Bay
- Southend
- Stanley Mission First Nation
- Sturgeon Lake First Nation
- Turnor Lake/Birch Narrows Dene Nation

Figure 1 presents each of these communities on a map of Saskatchewan.

Figure 1: Locations of Communities included in the Environmental Scan



Legend	
1	Ahtahkakoop Cree Nation
2	Big Island Lake Cree Nation
3	Big River First Nation
4	Black Lake
5	Buffalo Narrows
7	Creighton
8	Cumberland House
9	Deschambault Lake
10	Dillon/Buffalo River Dene Nation
11	Fond-du-Lac
12	Hatchet Lake First Nation/Wollaston Lake
13	Ile-a-la-Crosse
14*	La Loche
14*	Clearwater River Dene Nation
15	La Ronge
16	Makwa Sahgaiehcan First Nation
17	Meadow Lake
18	Melfort
19	Muskoday First Nation
20	Montreal Lake Cree Nation
21	Nipawin
22	Patuanak/English River First Nation
23	Pelican Narrows
24	Prince Albert
25	Red Earth Cree Nation
26	Sandy Bay
27	Southend
28	Stanley Mission
29	Sturgeon Lake First Nation
30	Turnor Lake/Birch Narrows Dene Nation

* Clearwater River Dene Nation and La Loche are in close geographic proximity; therefore, both are identified by number "14"

4.1.2 Inventory of Mental Health, Education, and Employment Programs Procedures

A number of steps were taken to compile the inventory of mental health, education, and employment programs. Initially, an Internet search was used to identify programs available in each community. This search typically began by exploring Band, Tribal Council or community websites; health region websites; and postsecondary institution websites. Resources such as annual reports and community plans were also reviewed to identify services and programs located in the community. In addition, several websites that acted as repositories for information on multiple communities were reviewed (see Appendix F for a list of key resources that were accessed). Finally, follow-up telephone calls were made to service providers to clarify any program information that was missing or unclear from the Internet search. To increase the comprehensiveness and reliability of the data obtained for each community, at least two members of the research team searched for information about each community.

In general, the mental health, education, and employment programs included in the inventory were those that could be accessed by youth (12-17 years) or young adults (18-30 years). In terms of the specific types of programs captured by the scan, broad definitions of mental health, education, and employment services were employed to capture as many of the available programs in a given community as possible. With respect to mental health, any programs that aided in the emotional or mental wellbeing of an individual were tracked. For instance, addictions, mental health, and psychiatry services were most commonly recorded in the inventory; however, therapeutic group homes and programs targeting life skills, parenting skills, and healing from various forms of violence (e.g., family violence, sexual assault) were also included. It should be noted that some of the programs included in the inventory may be more suitable for female youth.

For education programs, both traditional and alternative educational offerings were documented in the inventory at both the secondary and postsecondary levels. Given our focus on youth, all schools that offered education to students in grades 7 or higher were tracked as this approximately corresponds to youth who are 12 years or older. The inventory also includes any literacy, adult education, and postsecondary programs available in a community.

The employment services captured within the inventory included any career and employment offices that offered services directly within the community, as well as any job coaching or vocational training programs available to residents. Notably, Service Canada offices were not identified in the scan as the extent to which these offices provided dedicated assistance to those seeking employment over and above filing paperwork with the government (e.g., Employment Insurance) appeared to be limited.

For each program offered in a community, the following pieces of information were collected:

- Type of program (i.e., mental health, education, or employment)
- Name of program
- Program description
- Service provider
- Service delivery site(s)
- Service delivery mode (i.e., face-to-face, telehealth, online, phone)

- Ages of youth served
- Frequency service is offered
- Service referral requirements (or eligibility criteria for accessing program)
- Information source and date it was last updated

Organization of the Mental Health, Education, and Employment Inventory

All information tracked for each community was collated into tables and placed in Appendix G. Each row in the table reflects a distinct program. Thus, if a single service provider offered more than one program, it is possible for them to appear in the table multiple times. Further, the table is organized according to the following structure: 1) all entries for a given community are grouped together and presented in a table (i.e., there is one table for each community); 2) within each community table, all mental health programs are presented first, followed by addictions, education, and employment programs; and 3) within each type of program (i.e., mental health, addictions, education, and employment), entries are sorted by alphabetical order according to the name of the program.

4.1.3 Inventory of Technology Resources Procedures

The inventory of various technology resources available in each community was largely developed by completing an Internet search. Specifically, an Internet search was used to identify the availability of telehealth, remote presence technology, high speed Internet, and cellular coverage in the 30 communities (see Appendix F for the key resources consulted for this aspect of the environmental scan). Follow-up telephone calls with IT specialists were also made to clarify any information that was unclear from the Internet search. Since the information pertinent to record for each type of technology varied, separate tables were prepared to highlight the availability of: a) telehealth and remote presence technology and b) Internet and cellular coverage. Generally, each table includes whether a given technology was available in a community and its relevant features (e.g., speed of service, service delivery site). All information in the technology inventory is organized by community and presented in alphabetical order.

4.1.4 Limitations of the Environmental Scan

Efforts were made to ensure that the environmental scan of the mental health, education, and employment programs and technology resources available in each community was as comprehensive as possible. However, it is possible that resources that do exist in a community were not identified through the search procedures employed and, consequently, were not included in the inventory. In addition, the specific nature of the services offered in individual communities may differ slightly from the descriptions provided, as the descriptions were sometimes based solely on information posted on the Internet. Similarly, some mental health, education, and employment programs may have criteria pertaining to their eligibility criteria that are not reflected in the table. For instance, some programs may only be available to individuals who live on-reserve or off-reserve or who are members of the First Nation that provides a particular service. Further, the available mental health, education, and employment programming in a community is subject to a number of factors, including available funding and resources,

staffing and staff turnover, and interest among community members. Thus, programs that were in operation at the time of the environmental scan may not be in operation in the future.

With respect to the inventory of technology resources, it was only possible to provide global data about the availability of Internet and cellular coverage in each community. Even in communities that were identified as having certain forms of technology, specific households where IRCS youth may be returning may not be able to access the Internet or cellular coverage due to the presence of geographic barriers (e.g., hills, low areas) or other barriers that prevent connectivity. In addition, technology resources available in communities will change as technological advances are made in the province. Consequently, the accuracy of the environmental scan will be influenced by dynamic factors that are not possible to take into account in a static inventory.

4.2 Environmental Scan Results

In the following section, the major trends that emerged from both the mental health, education, and employment programs inventory, as well as the technology resources inventory, are presented. Both inventories revealed that there are disparities in the services and resources available across communities, with larger centres tending to have a greater variety of mental health, education, and employment programs and better technology resources than the smaller, more remote communities. In fact, the communities with the fewest number of programs and technology resources available to their residents tended to be First Nation communities. Even so, all communities had at least some programming and some forms of technology available to their residents.

4.2.1 Mental Health, Education, and Employment Inventory

The inventory of mental health, education, and employment programs revealed that only six communities had the complete range of services that were considered in the environmental scan, including mental health, psychiatry, addictions, primary and secondary education, adult education, post-secondary education, and employment services. The overarching themes pertaining to the nature of these services are discussed below. Detailed information about the specific mental health, education, and employment program available in each community can be found in Appendix G. In addition, a list of resources available across the province and not specific to any community is presented in Appendix H. Table 3 provides a summary of the types of services available in the communities.

Table 3: Summary of Mental Health, Education, and Employment Services by Community

Community	Mental Health	Psychiatry	Addictions	Schools Offering Grades 7-12	Adult Education/ GED Training	Post-secondary Education	Career and Employment Services
Ahtahkakoop Cree Nation	X	----	X	X	X	X	X
Big Island Lake Cree Territory	X	----	X	X	X	X	----
Big River First Nation	X	----	X	X	X	X	X
Black Lake	X	----	X	X	----	----	----
Buffalo Narrows	X	----	X	X	X	X	X
Clearwater River Dene Nation	X	----	X	X	X	X	X
Creighton	X	X	X	X	X	X	X
Cumberland House	X	----	X	X	X	X	----
Deschambault Lake	X	----	X	X	----	----	X
Dillon/Buffalo River Dene Nation	X	----	X	X	X	X	X
Fond-du-Lac	X	----	X	X	----	----	----
Hatchet Lake First Nation/Wollaston Lake	X	----	X	X	----	----	X
Ile-a-la-Crosse	X	----	X	X	X	X	X
La Loche	X	X	X	X	X	X	----
La Ronge	X	X	X	X	X	X	X
Makwa Sahgaiehcan First Nation	X	----	X	X	X	X	X
Meadow Lake	X	X	X	X	X	X	X
Melfort	X	X	X	X	X	X	X
Muskoday First Nation	X	----	X	Grades 7-9	X	----	X
Montreal Lake Cree Nation	X	----	X	X	----	----	X
Nipawin	X	X	X	X	X	X	X
Patuanak/English River First Nation	X	----	X	X	----	----	X
Pelican Narrows	X	----	X	X	----	----	X
Prince Albert	X	X	X	X	X	X	X
Red Earth Cree Nation	X	----	X	X	X	----	----
Sandy Bay	X	X	X	X	----	----	X
Southend	X	----	X	X	----	----	X
Stanley Mission First Nation	X	----	X	X	----	----	X
Sturgeon Lake First Nation	X	----	X	X	X	----	X
Turnor Lake/Birch Narrows	X	----	X	X	----	----	X

Note: X: service is present in community; ----: service is absent in community

Mental Health, Addictions, and Psychiatry Services

All 30 communities had some form of mental health and addictions services available to their residents. However, the specific nature of the services offered, the types of professionals offering these programs, and the availability of these services varied across communities. Most of the mental health and addictions services in each community were available on an outpatient basis and included screening, assessments, counselling, referrals, and consultative services. However, inpatient mental health services for both youth and adults were available in Prince Albert, while inpatient addictions services were available in (or near) Ahtahkakoop First Nation (for persons

17 years and older), Clearwater Dene Nation (20 years and older), Makwa Sahgaeihcan First Nation (18 years and older), Prince Albert (12-17 years; 18 years and older), and Sturgeon Lake First Nation (12-17 years). The counselling services offered in the smaller communities tended to be in-person and provided on a one-on-one basis. However, several communities provided couples, group, or family counselling services (e.g., Buffalo River Dene Nation, English River Dene Nation, Ile-a-la-Crosse, La Loche, La Ronge, Melfort, Prince Albert, Sturgeon Lake First Nation, and Turnor Lake).

In the more urban centres and larger municipalities (e.g., Prince Albert, Melfort), mental health and addictions services were typically provided by psychologists, community health nurses, social workers, and mental health therapists (Prince Albert Parkland Health Region, 2016). In contrast, in many of the First Nation communities, mental health and addictions services were provided by mental health therapists, community wellness workers, holistic health workers, addictions workers, and National Native Alcohol and Drug Addictions Program (NNADAP) workers. Thus, it appeared that mental health and addictions services were more likely to be provided by paraprofessionals in these communities, while in larger centres, these services were more likely to be provided by licensed professionals.

In several of the communities (e.g., Big River, Buffalo River Dene Nation, Cumberland House, Pelican Narrows, Sturgeon Lake First Nation) that received mental health services from a mental health therapist, it was common for the therapist to only be available for a limited number of days each month. In some cases (e.g., Black Lake, Deschambault Lake, Fond-du-Lac, Hatchet Lake First Nation, Southend), the mental health therapist was only available one day a month. Consequently, the frequency at which services can be accessed within a given community must be considered on a community-by-community basis. In general, the more remote a community was, the more limited their access to specialized services became. In fact, only eight communities had access to psychiatric services and, in the majority of these cases, a psychiatrist either visited the community periodically or provided services via telehealth. Of the communities included in the scan, only Prince Albert had a psychiatrist located directly within the community.

Education Services

Primary and secondary education was widely available in the communities included in the scan. One community (i.e., Muskoday First Nation) offered education only up to grade 9; all other communities had schools that taught grades 7 through 12. Post-secondary educational programs were not as readily available in the selected locations. In total, 19 communities offered some form of in-person adult education, while 16 provided postsecondary educational opportunities directly within their community. A handful of regional community colleges were primarily responsible for providing these educational opportunities and, with a few exceptions, these colleges generally provided both basic adult and postsecondary education programs. Consistent with the inventory of mental health programs, the larger communities (e.g., Ile-a-la-Crosse, Meadow Lake, La Ronge, Prince Albert) tended to have more educational services available to their residents, including more than one postsecondary institution. The institutions that were primarily responsible for offering the education programs identified through the environmental scan and the communities they served are listed in Table 4.

Generally, educational programs were offered in a face-to-face manner; however, online courses were also available. Notably, the Northern Lights School Division and Northlands College have partnered to offer online high school and adult education courses to any youth or adults living within their jurisdictions through Edcentre.ca. Individuals living outside these jurisdictions are also eligible to enroll in these online courses as long as space permits. Typically, the adult education courses provided in the communities are designed to increase basic literacy skills, help students obtain grades 10 to 12, and prepare them for the general education development (GED) test. Conversely, the postsecondary programs offered in the communities tended to focus on skills for the workplace; technical and vocational training; and training pertinent to working in the trades, mining, business, technology, health, or community contexts.

Finally, the number and type of course offerings in a given community varied across locations. Most communities tended to have only one or two courses available to residents in a given year. In fact, some communities only had courses available from postsecondary institutions on an “as requested” basis. Therefore, programs and courses may be offered at irregular intervals depending upon the level of interest in the community and the availability of teachers. However, the larger communities or communities that acted as service hubs (e.g., Ile-a-la-Crosse, La Ronge, Meadow Lake, Prince Albert) did have multiple postsecondary institutions and, consequently, multiple course offerings each year.

Table 4: Postsecondary Institutions and the Communities Served

Institution	Communities Served
Cumberland College	<ul style="list-style-type: none"> • Nipawin • Melfort • Muskoday First Nation • Red Earth Cree Nation
First Nations University of Canada	<ul style="list-style-type: none"> • Prince Albert
Gabriel Dumont Institute	<ul style="list-style-type: none"> • Cumberland House • Ile-a-la-Crosse • La Loche • Meadow Lake • Nipawin • Prince Albert
Northlands College	<ul style="list-style-type: none"> • Buffalo Narrows • Buffalo River Dene Nation • Clearwater River Dene Nation • Creighton • Ile-a-la-Crosse • La Ronge
Northwest College	<ul style="list-style-type: none"> • Meadow Lake • Offers services on request in: <ul style="list-style-type: none"> ○ Big Island Lake First Nation ○ Big River First Nation ○ Makwa Sahgaihcan First Nation
Saskatchewan Indian Institute of Technologies	<ul style="list-style-type: none"> • Ahtakakoop Cree Nation • Big River First Nation • Creighton • La Ronge • Prince Albert • Sturgeon Lake First Nation
Saskatchewan Polytechnic	<ul style="list-style-type: none"> • Prince Albert
Sylvan Learning Centre	<ul style="list-style-type: none"> • Melfort

	<ul style="list-style-type: none"> • Prince Albert
University of Saskatchewan	<ul style="list-style-type: none"> • Big River First Nation • Ile-a-la-Crosse • La Ronge • Prince Albert

Employment Services

The vast majority of communities had some form of career and employment services available to their residents. In fact, to our knowledge, only four communities did not have any career and employment services: Big Island Lake Cree Territory, Black Lake, Fond-du-Lac, and Red Earth First Nation. Two additional communities only had access to career and employment services by telephone: Cumberland House and La Loche. Otherwise, the remaining 24 communities had direct access to in-person career and employment services. In fact, several communities had multiple employment programs available to their residents. Table 5 provides an overview of the most common employment programs and services available in the communities.

Table 5: Employment Services by Community Served

Program/Service Provider	Communities Served
Aboriginal Skills and Employment Training Strategy (ASETS)	<ul style="list-style-type: none"> • Big River First Nation • Birch Narrows Dene Nation • Buffalo River Dene Nation • Clearwater River Dene Nation • English River First Nation • La Ronge • Makwa Sahgaiehcan First Nation
Active Measures	<ul style="list-style-type: none"> • Muskoday First Nation • Sturgeon Lake First Nation
CanSask Employment and Development Services	<ul style="list-style-type: none"> • Creighton • Ile-a-la-Crosse • La Ronge • Meadow Lake • Melfort • Nipawin • Prince Albert • Offers services from Ile-a-la-Crosse to: <ul style="list-style-type: none"> ○ Birch Narrows Dene Nation ○ Buffalo Narrows ○ Buffalo River Dene Nation ○ English River First Nation ○ La Loche • Offers services from La Ronge to: <ul style="list-style-type: none"> ○ Cumberland House

Enhanced Service Delivery (ESD)/First Nations Job Fund (FNJF) Program	<ul style="list-style-type: none"> • Birch Narrows Dene Nation • Buffalo River Dene Nation • Clearwater River Dene Nation • English River First Nation • La Ronge • Makwa Sahgaiehcan First Nation • Stanley Mission First Nation
Saskatchewan Indian Institute of Technology (SIIT) Industrial Career Centres	<ul style="list-style-type: none"> • Big River First Nation • Creighton • La Ronge • Meadow Lake • Prince Albert • Sturgeon Lake First Nation
Woodland Cree Enterprises	<ul style="list-style-type: none"> • Deschambault Lake • Hatchet Lake First Nation • La Ronge • Montreal Lake Cree Nation • Pelican Narrows • Sandy Bay • Southend • Stanley Mission First Nation

Nearly half of the communities included in the environmental scan had access to employment services offered by CanSask Employment and Development Services. This agency has offices in seven communities and offers extended services upon request to an additional six communities. Typically, these extended services are only available by telephone; therefore, residents have more limited access to these employment services than persons living in communities that have CanSask offices. Some of the services offered by CanSask includes providing information about postsecondary education, apprenticeships, trades, and employment; referrals to technical and vocational training and adult basic education; and access to employment programs that address employment preparedness, work experience, and skills training.

Seven communities associated with four First Nations received employment services from an organization entitled Woodland Cree Enterprises. Woodland Cree Enterprises serves the Lac La Ronge Indian Band, Peter Ballantyne Cree Nation, Hatchet Lake First Nation, and Montreal Lake Cree Nation, and has employment and training workers on several of the reserves that belong to these First Nations (Lac La Ronge Indian Band, 2015). These workers provide employment and training services to encourage and support clients to enter the labour market or acquire postsecondary qualifications.

Another common employment service provider available in the communities was the Saskatchewan Indian Institute of Technology (SIIT). In six communities, the SIIT had established industrial career centres that were intended to assist community members with developing employability skills and overcoming barriers to training and employment. In addition, the centres provide career counselling and act as liaisons between workers and employers.

Some First Nation communities offered employment and career services to their members through three programs available on reserve: 1) Aboriginal Skills and Employment Training Strategy (ASETS); 2) Enhanced Service Delivery (ESD) program; and 3) First Nations Job Fund (FNJF) program. The primary purpose of ASETS is to support clients through a career planning process and help them develop an action plan outlining the steps required to attain employment in their area of interest. Conversely, ESD and FNJF are focused on helping First Nations youth between the ages of 18 to 24 years who receive social assistance become employable by identifying individual employment needs and establishing an individualized case management plan to overcome barriers to employment. A similar program, Active Measures, is also intended to help young, on-reserve First Nation persons transition from welfare dependency to become labour force participants and is available to youth living in Muskoday First Nation and Sturgeon Lake First Nation.

Finally, public libraries were identified as offering informal job search advice and assistance with resume building in five communities (i.e., Buffalo Narrows, La Ronge, Melfort, Nipawin, Stanley Mission). Typically, these libraries also had public computers with Internet access available to their patrons. It is important to note, however, that the employment services offered by public libraries are less formal than the services provided by career and employment agencies and some libraries had limited hours. Regardless, they reflect an additional resource that may be accessed within these communities.

4.2.2 Technology Resources Inventory

The inventory of technology resources in the communities revealed several disparities across the 30 communities with respect to the extent to which telehealth, Internet, cellular coverage, and remote presence technology were available. A summary of the technology resources available in each community is presented in Table 6. As the table depicts, two communities (Ile-a-la-Crosse and La Ronge) have all four types of technology available to them; 11 communities had three forms of technology (10 have telehealth, adequate Internet service, and adequate cellular coverage, while one has telehealth, adequate Internet services, and remote presence technology); 12 communities had two forms of technology (nine had telehealth and adequate cellular coverage, while three had adequate internet and cellular coverage); and five communities had one form of technology (i.e., either telehealth or adequate cellular coverage). Thus, technology limitations are a significant concern in northern Saskatchewan. In the following sections, more detailed information about the technology available in each community will be presented.

Table 6: Telehealth and Technology Summary by Community

Community	Telehealth Available	Adequate Internet	Adequate Cellular Coverage	Remote Presence Technology Available
Ahtahkakoop First Nation	----	----	X	----
Big Island Lake Cree Nation	----	----	X	----
Big River First Nation	X	----	X	----
Black Lake	X	----	----	----
Buffalo Narrows	X	X	X	----
Clearwater River Dene Nation	X	X	X	----
Creighton	X	----	X	----
Cumberland House	X	X	X	----
Deschambault Lake	X	----	X	----
Dillon/Buffalo River Dene Nation	X	----	X	----
Fond-du-Lac	X	----	----	----
Hatchet Lake First Nation/Wollaston Lake	X	----	Partial	----
Ile-a-la-Crosse	X	X	X	X
La Loche	X	X	X	----
La Ronge	X	X	X	X
Makwa Sahgaiehcán First Nation	X	----	X	----
Meadow Lake	X	X	X	----
Melfort	X	X	X	----
Montreal Lake Cree Nation	----	X	X	----
Muskoday First Nation	----	X	X	----
Nipawin	X	X	X	----
Patuanak/English River First Nation	X	----	X	----
Pelican Narrows	X	----	X	X
Prince Albert	X	X	X	----
Red Earth Cree Nation	X	X	X	----
Sandy Bay	X	----	X	----
Southend	X	----	X	----
Stanley Mission First Nation	----	----	X	----
Sturgeon Lake First Nation	X	X	X	----
Turnor Lake/Birch Narrows Dene Nation	X	X	----	----

Notes: X: service is present in community; ----: service is absent in community

Adequate Internet: Able to stream videos, although quality and speed may vary

Adequate Cellular Coverage: at least 4G

Telehealth and Remote Presence Technology

Telehealth. Telehealth was one of the most common technologies available in the communities. All communities, with the exception of Ahtahkakoop First Nation, Big Island Lake Cree Territory, Muskoday First Nation, Montreal Lake Cree Nation, and Stanley Mission First Nation, had at least one telehealth site supported by eHealth Saskatchewan (see Table 7). Many of these Telehealth sites were based in health centres or hospitals, and were partnered with the Northern Inter-Tribal Health Authority, provincial health regions, colleges at the University of Saskatchewan, or Health Canada's First Nations Inuit Health Branch. A few locations (i.e., Ile-a-la-Crosse, La Ronge, Meadow Lake, Prince Albert) had multiple Telehealth sites within the community, including in tribal council offices.

Telehealth is most commonly used in the communities to connect persons with specialists (e.g., psychiatrists, physicians, psychologists) based in major urban centres and to provide staff with educational sessions (eHealth Saskatchewan, 2016). In order to access telehealth, the equipment typically has to be booked through staff at the telehealth site (e.g., the health centre). For instance, a family physician may refer a patient to a specialist who, upon reviewing the patient's file, will schedule a Telehealth appointment if they deem it an appropriate method for consulting with the patient (eHealth Saskatchewan, 2016).

Remote Presence Technology. Remote presence technology is currently available in only three communities in northern Saskatchewan: Ile-a-la-Crosse, La Ronge, and Pelican Narrows. All three of these locations had a mobile robot model located within their respective health centre or hospital. Currently, this technology is used to provide medical and emergency health services to residents living in these communities and to train nurses in how to use these technologies (Saskatchewan Ministry of Health, n.d.; University of Saskatchewan—College of Nursing, n.d).

Table 7: Telehealth Locations by Community

Community	Health Region/Partner ¹	Site/Facility Name ¹	If no telehealth, nearest community where available	Remote Presence Tech ²
Ahtahkakoop First Nation	-----	-----	Prince Albert, Spiritwood, Big River, Sturgeon Lake, White Buffalo, Wahpetang	----
Big Island Lake Cree Nation	-----	-----	Onion Lake, Lloydminster, Turtleford, Meadow Lake, Flying Dust, Maidstone	----
Big River First Nation	First Nations Inuit Health Branch	Big River First Nation Health Centre	-----	----
Black Lake	Athabasca	Black Lake Clinic	-----	----
Buffalo Narrows	Keewatin Yatthe	Buffalo Narrows Health Centre	-----	----
Clearwater River Dene Nation	Northern Inter-Tribal Health Authority	Clearwater River Health Centre	-----	----
Creighton	Mamawetan Churchill River	Creighton Health Centre	-----	----
Cumberland House	Northern Inter-Tribal Health Authority	Cumberland House Health LM Centre	-----	----
Deschambault Lake	Northern Inter-Tribal Health Authority	Deschambault Lake Nursing Station	-----	----
Dillon/Buffalo River Dene Nation	Northern Inter-Tribal Health Authority	Buffalo River	-----	----
Fond-du-Lac	Athabasca	Fond du Lac Clinic	-----	----
Hatchet Lake First Nation/Wollaston Lake	Northern Inter-Tribal Health Authority	Hatchet Lake Nursing Station	-----	----
Ile-a-la-Crosse	Keewatin Yatthe	St. Joseph's Hospital	-----	Available
	College of Nursing	Ile a la Crosse Health Centre		
La Loche	Keewatin Yatthe	La Loche Health Centre	-----	----
La Ronge	Mamawetan Churchill River	La Ronge Health Centre	-----	Available
	College of Medicine	La Ronge Medical Clinic		
	Northern Inter-Tribal Health Authority	LLRIB – Main Boardroom		
Makwa Sahgaiehcán First Nation	Northern Inter-Tribal Health Authority	Mistahey Musqua Treatment Centre	-----	----
Meadow Lake	Prairie North	Meadow Lake Hospital	-----	----
	Northern Inter-Tribal Health Authority	MLTC – Main Boardroom Portable		
Melfort	Kelsey Trail	Parkland Place, Melfort Hospital	-----	----
Montreal Lake Cree Nation	-----	-----	Prince Albert, Sturgeon Lake	----
Muskoday First Nation	-----	-----	Prince Albert	----
Nipawin	Kelsey Trail	Nipawin Hospital	-----	----
Patuanak/English River First Nation	Northern Inter-Tribal Health Authority	English River Health Services	-----	----
Pelican Narrows	Northern Inter-Tribal Health Authority	Pelican Narrows Nursing Station	-----	Available
Prince Albert	Prince Albert Parkland	Kingsmere & Crean Villas, Victoria Hospital, Addictions Services, Victoria Square, Co-op Health Centre	-----	----
	Northern Inter-Tribal Health Authority	PAGC – Main Boardroom NITHA – Main Boardroom		
Red Earth Cree Nation	Northern Inter-Tribal Health Authority	Red Earth Health Centre	-----	----
Sandy Bay	Mamawetan Churchill River	Sandy Bay Health Centre	-----	----
Southend	Northern Inter-Tribal Health Authority	Southend Health Nursing Station	-----	----
Stanley Mission First Nation	-----	-----	La Ronge	----
Sturgeon Lake First Nation	Northern Inter-Tribal Health Authority	Sturgeon Lake Health Centre	-----	----
Turnor Lake/Birch Narrows Dene nation	Northern Inter-Tribal Health Authority	Birch Narrows Health Centre	-----	----

¹Source: <http://www.ehealthsask.ca/services/Telehealth/Pages/Locations.aspx>, last updated November 10, 2015 ²Source: <http://saskatoon.ctvnews.ca/doctor-in-a-box-soon-to-be-used-in-clinical-trials-1.1557674>

Internet and Cellular Coverage

Internet Coverage. All communities included in the environmental scan had some degree of Internet access. Currently, the minimum industry standard for Internet service to qualify as high speed Internet transmission is a download speed of 1.5 megabits per second (Mbps) (Aboriginal Affairs and Northern Development Canada [AANDC], 2012). Thus, all of the communities had Internet capacity in line with this standard. Despite meeting this minimum standard, communities with this level of Internet access are significantly hampered in the ways they can use the Internet. Specifically, at download speeds of 1.5 Mbps, it is not possible to stream video and, essentially, the Internet can only be used to browse websites. A download speed of at least 5 Mbps is required to stream videos, while retaining sufficient capacity to engage in basic web browsing and email (Saskatchewan Telecommunications, 2016a). In general, the quality and speed of the tasks being completed online will increase as the Internet connection becomes faster.

According to the scan, only half of the communities have Internet capacity that meets or exceeds the 5 Mbps threshold, as offered by Saskatchewan Telecommunications (Sasktel)² (see Table 8). Thus, the remaining 15 communities effectively have poor or limited Internet access. The limited availability of high-speed Internet was especially salient for First Nation communities, especially those that were more northern and remote. However, limited high speed Internet will not be a concern in several of these communities for much longer. In July 2015, the Government of Canada announced that it was providing SaskTel with \$7.42 million in funding to connect approximately 2,700 northern homes to faster Internet services (Industry Canada, 2015). It is anticipated that these improved Internet services will include download speeds of at least five Mbps and will be in place by the end of June 2017. The communities that will be receiving these enhanced services include Black Lake, Dillon, Clearwater River Dene Nation, Fond du Lac, Patuanak, Red Earth Cree Nation, Southend, Stanley Mission, Turnor Lake, and Wollaston Lake³. Thus, after 2017, only four communities included in the scan will have poor or limited Internet capacity.

Although not reflected in Table 8, a technological advance in Internet services was also identified in Prince Albert. Here, Sasktel has recently introduced a fibre optic network, which allows for even faster download speeds and capacity (Saskatchewan Telecommunications, 2016b). In the future, it is likely that other communities, starting with the more urban centres, will have access to this type of technology as well.

Cellular Coverage. The majority of communities included in the environmental scan had adequate cellular coverage. Only three remote communities (i.e., Black Lake, Fond-du-Lac, and Turnor Lake) completely lacked cellular coverage, while Hatchet Lake First Nation had partial

² Other companies within Saskatchewan also offer Internet access. For instance, YourLink (www.yourlink.ca) offers wireless Internet service across Saskatchewan, with coverage currently extending to Melfort, Prince Albert, and Nipawin. However, since the coverage offered by other providers is largely the same as, or worse than, Sasktel's coverage, they are not included in the environmental scan.

³ Bear Lake, Brabant Lake, Canoe Narrows, Dore Lake, Far, Grandmother's Bay, Jans Bay, Missinipe, Shoal Lake, Sled Lake, St. George's Hill, Stony Rapids, Sucker River, Wadin Bay, Wahpeton, and Waterhen Lake will also be receiving improved Internet services.

coverage. All other communities were provided 4G coverage by Sasktel⁴, which is the most current generation of network coverage. Of the communities that did have cell coverage, six First Nations (i.e., Clearwater River Dene Nation, Hatchet Lake First Nation, Makwa Sahgaiehcan First Nation, Muskoday First Nation, Stanley Mission First Nation, and Birch Narrows Dene Nation) did not have cellular towers, which suggests that coverage is likely to be poorer in these communities. The remaining 21 communities had at least one tower located directly in them.

A final difference that existed across communities with respect to cellular coverage was the download speeds available to users. Specifically, the 13 communities denoted in Table 8 as 4G (slow) have maximum download speeds of 21 Mbps, while the 13 communities denoted as 4G have maximum download speeds of 42 Mbps, and the one with 4G LTE has a maximum download speed of 150 Mbps. While it is possible to engage in the same activities (e.g., text messaging, picture messaging, streaming videos) across all three types of coverage, the speed at which one is able to perform activities online increases as the download speed increases (Saskatchewan Telecommunications, 2014a; 2014b) In practical terms, when connecting to the slower 4G network, it may take longer to download apps, stream music, or stream videos and, when streaming music or videos, more time may be spent buffering or more breaks in playback may occur. Overall, however, coverage was considered adequate.

⁴ Other cellular services providers (e.g., Bell, Rogers, Telus) also offer cellular coverage in Saskatchewan; however, Sasktel offers the most comprehensive cellular network in the province. Therefore, only their coverage was included in the report (Saskatchewan Telecommunications, 2014a)

Table 8: Internet Speed of Access and Cellular Coverage by Community

Community	Internet Speed ¹		Number of Cellular Towers ²	Wireless Coverage ³
	Poor/Limited Capacity (up to 1.5 Mbps)	Adequate/Full Capacity (up to 5 to 25 Mbps)		
Ahtahkakoop First Nation	X	----	1	4G
Big Island Lake Cree Nation	X	----	1	4G (slow)
Big River First Nation	X	----	2	4G
Black Lake	X	----	0	None
Buffalo Narrows	----	X	2	4G (slow)
Clearwater River Dene Nation	----	X	0	4G (slow)
Creighton	X	----	1	4G (slow)
Cumberland House	----	X	2	4G
Deschambault Lake	X	----	2	4G (slow)
Dillon/Buffalo River Dene Nation	X	----	0	4G (slow)
Fond-du-Lac	X	----	0	None
Hatchet Lake First Nation/Wollaston Lake	X	----	0	4G (partial coverage)
Ile-a-la-Crosse	----	X	2	4G (slow)
La Loche	----	X	2	4G
La Ronge	----	X	1	4G
Makwa Sahgaiehcan First Nation	X	----	0	4G
Meadow Lake	----	X	2	4G
Melfort	----	X	3	4G
Montreal Lake Cree Nation	----	X	1	4G (slow in areas)
Muskoday First Nation	----	X	0	4G (slow)
Nipawin	----	X	2	4G
Patuanak/English River First Nation	X	----	1	4G (slow)
Pelican Narrows	X	----	1	4G
Prince Albert	----	X	16	4G LTE
Red Earth Cree Nation	----	X	2	4G (slow)
Sandy Bay	X	----	2	4G
Southend	X	----	1	4G
Stanley Mission First Nation	X	----	0	4G (slow)
Sturgeon Lake First Nation	----	X	2	4G
Turnor Lake/Birch Narrows Dene Nation	----	X	0	None

Notes: X: service is present in community; ----: service is absent in community

Poor/Limited Capacity: Not able to stream videos, only able to browse websites

Adequate/Full Capacity: Able to stream videos, although quality and speed may vary

4G (Up to 42 MBPS); 4G (weak) (Up to 21 MBPS); 4G LTE (Up to 150 MBPS)

¹Source: <http://www.sasktel.com/personal/internet/high-speed/high-speed-availability>, last updated 2016

²Source: http://www.ertyu.org/steven_nikkel/cancellsites.html, last updated Feb. 14, 2016

³Source: <http://www.sasktel.com/wps/wcm/connect/content/home/wireless/coverage-and-travel/>, last updated May 1, 2014

4.3 Summary and Discussion

The environmental scan revealed that there are a variety of mental health, education, and employment programs and technology resources available within communities throughout northern Saskatchewan. However, the scan demonstrated that there are also disparities across communities in terms of the access they have to programming and technology. In the following section, the results of the environmental scan will be summarized and their implications for the community reintegration of IRCS youth will be discussed.

4.3.1 Mental Health, Education, and Employment Programs

Mental Health, Addictions, and Psychiatric Services

Focusing first on the mental health, education, and employment programs inventory, all 30 communities offered mental health and addictions services and eight offered psychiatric services. Despite all communities having some form of mental health and addictions programming available to their residents, the quality and availability of the services offered was variable. Specifically, these services tended to be provided by paraprofessionals in the smaller, largely First Nation communities included in the scan, while licensed professionals were more likely to deliver these services in the larger, more urban communities. Further, most communities were able to offer some form of assessment, one-on-one counselling, and consultation on an outpatient basis; however, in some locations, these services were available on a daily basis whereas, in others, they were available on monthly basis.

A handful of communities had inpatient addictions treatment options for either youth or adults available directly within the community, while only one (i.e., Prince Albert) offered inpatient mental health treatment. Thus, the extent to which residents have access to mental health and addictions services was highly dependent on the communities in which they lived and access to specialized treatment was minimal. Given the often specialized treatment needs of IRCS youth, it is unlikely that the youth would be able to receive the full range of mental health, addictions, and psychiatric services they require in all of the communities included in the scan. However, it is possible that the services available in their home communities may be accessed or leveraged to support the treatment they are receiving from mental health professionals elsewhere.

Education Services

Primary and secondary education was widely available in the communities with all but one community having at least one school which offered grades 7 to 12. Approximately two-thirds of the communities in the scan had some form of alternative educational programming available within their community over and above the opportunities offered through the traditional school system. The most common form of alternative secondary educational programming identified by the scan was adult basic education, which focuses on basic literacy skills and GED preparation; a total of 19 communities offered this type of service. Postsecondary education was also frequently offered in the communities; 16 locations provided post-secondary training. An array of community colleges provided the postsecondary courses, which tended to focus on technical and vocational training, and training related to working in the trades, mining, business, technology, health, and community contexts.

While a substantial portion of communities had educational opportunities available that IRCS youth may access, overall, the program offerings within many communities were limited, especially with respect to postsecondary education. Aside from the larger communities that had multiple postsecondary institutions and multiple course offerings each term, most communities had only one or two courses available to residents in a given semester or year. As a result, a community's educational offerings may not align with the interests of a particular IRCS youth. In addition, some communities offered training in nursing and education, which may not be appropriate disciplines for IRCS youth, depending on the nature of their offense. Any cognitive impairments experienced by IRCS youth may further limit the suitability of the courses available within their community for meeting their needs. Even so, if the IRCS youth do not have cognitive impairments and are interested in online courses, it is possible for them to access high school and postsecondary courses through Edcentre.ca. In addition, IRCS youth who require the services of a tutor may access one virtually through Frontier College. Ultimately, the suitability of education opportunities offered within a given community for IRCS youth must be examined on an individual basis.

Employment Services

The majority of communities included in the environmental scan had some form of career and employment services available to their residents. Only four communities did not have any career and employment services and an additional two communities only had access to these services by telephone. Nine of the communities had formal career and employment services offices, while an additional seven communities had dedicated employment and training workers, and another eight had specialized work skills and employment programs available to community members. Several of the communities had more than one type of employment service available to their residents, and all of the services and programs tended to help their clients overcome barriers to working, develop employability skills, and access skills training. Some informal job searching resources are also available through public libraries. Consequently, depending on the community to which an IRCS youth returns, there may be a number of employment resources he or she may access; however, some of the specialized employment programs do have specific eligibility criteria that the IRCS youth may or may not meet (e.g., history of receiving employment insurance, member of particular First Nation).

4.3.2 Technology Resources

Telehealth and Remote Presence Technology

Four types of technology were considered in the environmental scan: telehealth, remote presence technology, Internet coverage, and cellular coverage. Nearly all communities, with the exception of five First Nations, had access to telehealth services within their local health centres. In contrast, few communities had remote presence technology—only three had this form of technology. Regardless, the pervasiveness of telehealth suggests that the technology is largely in place to allow IRCS youth to be connected to psychologists, psychiatrists, and other mental health services based in Saskatchewan's major urban centres (i.e., Saskatoon, Regina, and North Battleford). In some locations (e.g., Mamawetan Churchill Health Region), telehealth is already being used to increase access to these types of clinical services. There was no evidence that

remote presence technology is currently being used in the communities to offer psychological or psychiatric services; however, it may potentially be utilized to offer these services as well.

Internet Coverage

All communities included in the environmental scan had basic high speed Internet with a download speed of 1.5 Mbps. However, this download speed prohibits certain activities, such as streaming videos while retaining sufficient capacity to browse websites and use email. For these type of activities, a download speed of at least 5 Mbps is recommended. When using the 5 Mbps criterion as the baseline, only 15 communities had what we deemed as adequate or sufficient Internet capacity. However, it is anticipated that 11 of the communities included in the scan will have faster Internet service with download speeds of 5 Mbps by 2017 as a result of an initiative to improve connectivity in the north (Industry Canada, 2015).

With respect to IRCS, the Internet capacity in a given community will have significant implications for feasibility of using web-based interventions with IRCS youth. In communities with Internet download speeds of 1.5 Mbps, only basic web applications would be possible. In general, web-based interventions for IRCS youth will be most feasible in communities with download speeds of at least 5 Mbps.

Cellular Coverage

Cellular coverage was identified as one of the most pervasive forms of technology in the scan. All communities, except for three, had 4G network coverage. There was some variation in the speed of the 4G network available to the communities. Approximately half of the communities were on a 4G network that allows for a maximum download speed of 21 Mbps, while the remaining communities have maximum download speeds 42 Mbps, with the exception of Prince Albert which has a 4G LTE network with a maximum download speed of 150 Mbps. Cellular data users on the slower network speeds may experience delays in downloading apps and streaming music or videos; however, basic 4G coverage is sufficient for most users. It should also be noted that not all communities with cell coverage had a cell tower located within their limits. Thus, it is likely the cell coverage will be poorer in these locations.

Ultimately, the cellular coverage findings suggest that, from a technology perspective, smartphones and apps are realistic options for offering mental health, education, and employment programs to IRCS youth. However, it is possible that the cellular coverage may not be available to youth at the specific location where they live. Connectivity tends to be maximized for the business area of a given community. Therefore, the further away from the main business area an individual resides, the more likely he/she will experience challenges with connectivity. Geographic barriers may also present additional barriers for accessing cellular coverage. Therefore, one of the major considerations that must be taken into account when recommending the use of smartphones and apps to IRCS youth is whether they have access to cellular coverage in the specific location where they reside.

4.3.3 Conclusion

In summary, the environmental scan suggests there are multiple mental health, education, and employment programs and technology resources available in the selected communities. However, the specific array of programs and technologies in a given community is unique. As a result, the suitability of a given community's mental health, education, and employment programming as it applies to each IRCS youth must be considered on a case-by-case basis. Some communities may have an array of mental health, education, and employment programs that is able to meet a youth's needs. At other times, the same cluster of programming may be neither adequate nor sufficient. Similarly, when considering the use of technology to provide programming to IRCS youth, both the availability of technology in the community and at the specific location where the youth is expected to use it must be considered. Thus, the findings of the environmental scan must be considered vis-à-vis specific IRCS cases.

5. OVERALL DISCUSSION

The current study consisted of a comprehensive examination of the mental health, education, and employment programs available to support the community reintegration of IRCS youth in northern Saskatchewan. Specifically, a literature review, interviews with corrections and mental health professionals, and an environmental scan were conducted to enhance our understanding of: a) the types of mental health, education, and employment programs available to IRCS youth who are reintegrating into communities in northern Saskatchewan; 2) the strengths and challenges associated with the delivery of these programs to IRCS youth in northern Saskatchewan; and 3) how technology may be used to increase the youth's access to the programming they require in these communities. In this section, the key findings from the various components of this in the study will be discussed together and suggestions for enhancing programming for IRCS youth will be presented.

5.1 Delivery of Mental Health Programming to IRCS Youth

The environmental scan revealed that all 30 communities included in our study had some form of mental health and addictions services available to their residents. However, it was apparent that these services varied in quality (i.e., they tended to be offered by paraprofessionals), availability (i.e., in some communities, mental health services were only available once a month), and depth (i.e., often only one-on-one counselling and educational services were provided). Indeed, the interviews with mental health and corrections professionals who work directly with IRCS youth echoed these concerns. From their perspective, one of the greatest challenges faced by IRCS youth returning to northern Saskatchewan communities was the lack of psychological services, especially specialized treatment for violent and sex offending. In order to access this treatment, it was necessary for IRCS youth to travel to North Battleford, Saskatoon, or Regina. Not surprisingly, this presented a number of obstacles such as the availability of transportation, travel costs, disruption of the youth's schedule, and lower treatment provision standards (i.e., youth would often see clinicians less frequently than recommended due to the location of these services). These challenges were directly in line with those cited in the literature review, suggesting they are not unique to delivering services to IRCS youth, but pervasive across all rural and remote communities.

Additional barriers to accessing mental health programming were also identified by interview participants and echoed in the literature review. For instance, it was noted that IRCS youth may be reluctant to access the mental health and addictions services within their communities due to a concern that the services may not be confidential or that they may be stigmatized for accessing them. Two studies highlighted these issues as concerns among young persons in general (Allison & Kyle, 2005; Larson & Corrigan, 2010). In addition, interviewees reported that it can be difficult to develop treatment plans for the IRCS youth because they are unaware of the specific resources available in the community where the youth is planning to live.

Finally, the environmental scan revealed that only a handful of communities had direct access to psychiatric services. During the interviews, few mental health and corrections professionals commented on the accessibility of psychiatric services for IRCS youth, suggesting that connecting youth to these types of services may be of lower priority than to specialized

psychological services. However, those that did comment indicated that access to psychiatrists can be problematic for the youth.

5.1.1 Increasing Access to Mental Health Programming

There are a number of possibilities for addressing the gaps in mental health services that exist for IRCS youth returning to northern Saskatchewan. The preferred strategy for addressing these gaps among the interview participants was to introduce provisions to bring the requisite services directly to IRCS youth (rather than requiring youth to travel to the services). This may include changing funding models to allow clinicians to travel outside of their respective health regions, thereby enabling them to provide services to youth in communities that are more accessible to them. Alternatively, it was suggested that a mobile team of professionals could be established whose purpose would be to provide services on a rotational basis throughout northern communities. However, the sustainability of these teams has to be considered. In Alberta, a similar model of mobile mental health service delivery has been developed and endorsed by the province; however, challenges with staffing were identified as an issue.

Other possibilities for increasing IRCS youth's access to services include using technology to extend services into rural and remote communities. Each of the technologies examined in the literature review (i.e., mobile apps and smartphones, web-based programming, videoconferencing, and remote presence technology) can potentially play a role in addressing the challenges IRCS youth experience in accessing mental health treatment. However, certain technologies may be more effective for some purposes than others. Moreover, the decision to use a given technology should be informed by the needs of the youth and how they may best be addressed.

For instance, to increase the access that youth have to psychiatric services and specialized psychological treatment, both of which typically rely on face-to-face interaction, videoconferencing and remote presence technology are likely the most suitable options because they, too, allow for face-to-face communication. Further, the use of these technologies may help IRCS youth avoid issues such as having to travel long distances to attend appointments, finding transportation to those appointments, having their daily routine disrupted, and being required to receive treatment from a local service provider. However, there are some unique considerations that must be weighed with respect to using either technology.

Focusing first on videoconferencing, if IRCS youth do access services using this modality, they will likely be required to do so at their local health centre as this is where the equipment is typically housed. Thus, concerns around stigma and potentially privacy, depending on the extent to which the room where the equipment is housed is soundproof and free of interruption, may exist. In the interviews, mental health and corrections professionals also raised some concerns about using videoconferencing to provide treatment to IRCS youth. For instance, they suggested that videoconferencing may be used to support continuity between treatment sessions; however, they emphasized that it should not completely replace in-person treatment. Others noted hesitancy among some clinicians to use videoconferencing, in part, due to previous negative experiences with the technology, such as a poor connection resulting in delays and "slow motion". Thus, if this technology is used, attention would have to be paid to addressing these

concerns, and it may be necessary to offer training to service providers to mitigate some of their hesitations. Beyond directly connecting IRCS youth to treatment, videoconferencing may also be used to facilitate case conferences. The face-to-face contact afforded by this modality could allow professionals who are geographically dispersed to build stronger relationships, which will ultimately benefit the IRCS youth.

Turning next to remote presence technology, one of the key advantages of this technology is that it operates over a regular Internet or cellular connection. Therefore, unlike for videoconferencing, clinicians are not required to connect to clients from a designated site, but can do so anywhere they have a connection that can be accessed through their smartphone or computer. This flexibility may increase the willingness of professionals to provide services using this modality. Similarly, from the client perspective, a mobile version of remote presence technology is available, which means that sessions could potentially be provided anywhere in the community youth wish, including in their own homes. However, many of the northern communities in Saskatchewan experience issues with overcrowded housing (Conference Board of Canada, 2010). Consequently, there may be a lack of privacy for youth to receive treatment in this setting. Further, service providers would need to be available in the community to transport the equipment to and from a youth's house. The interviews with mental health and corrections professionals suggest this in itself may be problematic, as it may be difficult to hire staff in the community to perform this role or it may be unsafe for staff to visit youth in their homes.

Mobile apps and web-based programs also may potentially be utilized to provide mental health programming to IRCS youth. As the literature review indicated, there is a plethora of apps and online programs designed to support youth with mental health concerns related to depression, anxiety, addictions, and stress. It is unlikely that these options would be able to replace direct treatment from psychologists and other clinicians, but they may be used to support the youth's treatment and recovery. Given that most communities included in the environmental scan had adequate cellular cover, mobile apps may be a more viable option than web-based programs. If such technologies are used, however, it will be necessary to establish a set of standards that can be used to assess each app for its efficacy given that many of these applications have not been rigorously evaluated.

Finally, web-based resources may be used to enhance the level of support provided to IRCS youth in northern communities. Since several of the professionals who were interviewed indicated they lacked knowledge about the programming options available in these communities, an online resource centre that lists the programs and services available in each location could assist them when developing treatment plans for the youth. For instance, inventories similar to those created for the environmental scan could be housed online. Moreover, a resource centre could also contain links to online programs and videos, downloadable worksheets, and mobile apps that may be used to support the treatment of IRCS youth. Given that most apps and web-based programs have not undergone rigorous evaluations, a set of criteria could be established to ensure there is evidence supporting the effectiveness of any apps and online programs included in the resource centre.

5.2 Delivery of Educational Programming to IRCS Youth

Similar to the high prevalence of mental health and addictions programming, the environmental scan revealed that, with one exception, all communities had schools that taught students grades 7 through 12. Alternative education and postsecondary educational opportunities, however, were less pervasive—9 of the communities offered adult education classes and 16 provided postsecondary training. In the communities that had educational programs, the appropriateness of the available programs for a given IRCS youth must be decided on an individual basis. Often, only a limited number of courses were offered each year in the smaller communities. Consequently, these course offerings may or may not align with a given youth's interests. Further, several interviewees noted that some IRCS youth may be low functioning with respect to their cognitive abilities. As a result, they may require specialized educational supports that are unavailable in the community to which they are returning. Alternatively, these youth may seek vocational training rather than attempting to pursue their formal education.

5.2.1 Increasing Access to Educational Programming

Several of the technologies discussed in the literature review have been used to provide educational programming to youth. For instance, for youth who have the cognitive ability to complete online courses, both secondary and postsecondary options abound, including some specifically offered to youth in northern Saskatchewan (e.g., Edcentre.ca, TEL). It is also possible to access tutors virtually who can support IRCS youth in their educational pursuits, especially if it is not possible to locate tutors within their communities. Moreover, there is a variety of web-based programming and mobile apps that youth can access to support their literacy and math skills. Videoconferencing and remote presence technology are also options for providing education remotely; however, these technologies have mostly been used to offer classes to groups of students. While it is possible to offer courses to IRCS youth in this manner, it may not be practical to do so.

5.3 Delivery of Employment Programming to IRCS Youth

Compared to educational programming, employment services were more readily available in the communities included in the environmental scan—26 communities offered some form of career and employment services to their residents. Among these communities, nine had formal career and employment services, seven had dedicated employment and training workers, eight had specialized work skills and employment programs available to community members, and two had access to career services by telephone. Many of these services and programs help clients overcome barriers to employment, develop their employability skills, and access skills training. Thus, it appears that the career and employment services that exist in northern Saskatchewan offer the type of support that IRCS youth may require. Even so, interview participants noted that sometimes community members are unwilling to hire IRCS youth due to their knowledge of the youth's criminal history. In these cases, it may be necessary for the youth to search for employment outside of his/her community.

5.3.1 Increasing Access to Employment Services

Relatively few strategies for increasing IRCS youth's access to employment services emerged in the study. Notably, interviewees suggested that mentors can be hired to support youth in finding and maintaining employment. Otherwise, the literature review suggested there is a limited role for technology to support employment pursuits. Beyond accessing available career and employment websites, it may be possible for youth to access mobile apps and web-based programs that support activities such as resume building and employment readiness. However, these types of apps and programs are less readily available than those intended to address mental health and education needs.

5.4 Feasibility of Using Technology to Enhance Programming

The feasibility of using the technologies described in this report must be considered on a community-by-community basis, since the extent to which each community has access to telehealth, remote presence technology, Internet, and cellular coverage is variable. Overall, it appears that the most feasible forms of technology that may be employed to enhance programming for IRCS youth are those reliant on cellular coverage (e.g., smartphones and mobile apps), followed by telehealth, web-based programs, and remote presence technology.

Internet coverage was technically the most common technology resource available across the 30 communities included in the environmental scan, as all communities had access to basic Internet services (i.e., download speeds of 1.5 Mbps). However, those with basic services were limited in how they could use the Internet, since more advanced activities, such as streaming videos, require download speeds of at least 5 Mbps. Only 15 communities had what we deemed as adequate or sufficient capacity (i.e., download speeds of at least 5 Mbps). In the near future, it is anticipated that 11 more of these communities will have faster Internet connections. Sasktel has committed to upgrading the Internet services in these communities by June 2017. Web-based programming will be more feasible to consider for IRCS youth returning to the north at that time.

Adequate cellular coverage was pervasive across the province. Twenty-seven of the communities had 4G network coverage, which is the latest generation of coverage. There was some variation in the download speeds afforded by the cellular network across the north, and communities that have slower coverage may experience delays when downloading apps or streaming videos. Even so, cellular coverage was still deemed to be adequate. However, one important consideration when planning interventions for IRCS youth reliant on cellular coverage is that, depending on the specific location of their home, they may not have access to the cellular network if they are too far away from a tower or experience interference from geographic barriers.

Telehealth was also readily available in the communities included in the environmental scan—25 communities were equipped to offer services using this modality. Moreover, some of the communities indicated that they were currently using telehealth to connect their residents with clinicians, including psychologists and psychiatrists. Thus, some mental health professionals may already be comfortable and familiar with using videoconferencing to provide mental health programming within the province; their experiences may be used to encourage others to consider providing psychological and psychiatric treatment to IRCS youth in this manner.

Finally, remote presence technology was only available in three communities in northern Saskatchewan (i.e., La Ronge, Ile-a-la-Crosse, and Pelican Narrows). Within these communities, it may be possible to consider offering psychiatric and psychological services using this technology. However, given the cost associated with purchasing the requisite equipment, this may not be a feasible option for offering services in the remaining communities.

5.5 Conclusion

In conclusion, there are a variety of ways in which mental health, education, and employment programming for IRCS youth can be enhanced through technology, as well as through other means. Given the variation in the availability of technology that exists in northern Saskatchewan, any innovations that are introduced to increase the access that youth have to these programs must be considered on a community-by-community basis. Further, the particular characteristics of each IRCS youth should inform how technology is used to best address his/her needs.

5.6 Recommendations

On the basis of the literature review, interviews with mental health and corrections professionals, and environmental scan, the following recommendations are offered to the Saskatchewan Ministry of Justice. These recommendations reflect actions that can be taken to enhance the access that IRCS youth returning to communities in northern Saskatchewan have to mental health, education, and employment programming.

1. **Use videoconferencing or remote presence technology to supplement in-person treatment with psychologists and psychiatrists.** Given the transportation challenges IRCS youth experience, which limit their ability to regularly attend in-person appointments with their psychologists and psychiatrists, videoconferencing or remote presence technology can be used to allow the youth to meet with their clinicians more regularly. The use of these technologies has the potential to reduce the amount of travel required by youth and increase the number of contacts they have with their psychologists and psychiatrists. It is most feasible to offer treatment via videoconferencing due to the widespread availability of this technology in northern Saskatchewan; however, remote presence technology may be considered in communities that have this equipment.
2. **Provide training to mental health and corrections professionals to increase their familiarity and comfort with videoconferencing and other forms of technology that may be used with IRCS youth.** Professionals' comfort with using videoconferencing and other forms of technology with which they may be unfamiliar can be increased through training. As professionals' comfort with technology increases, their likelihood of using these technologies should also increase.
3. **Develop an online resource centre that contains an inventory of programs available in northern Saskatchewan and a list of web-based programs/mobile apps that may be used with IRCS youth.** An online resource centre would be beneficial to both IRCS youth and service providers. For instance, the resource centre could contain a list of web-

based programs and mobile apps that may be used by IRCS youth to address their mental health, education, and employment needs. Any resources included in this database should be screened for evidence of their effectiveness in achieving their intended outcomes. For service providers, this resource centre could contain a list of programs and services available in the communities to which IRCS youth are most likely to return in northern Saskatchewan.

- 4. Engage in consultation with health regions to increase psychologists' flexibility to provide services outside their respective health region.** Greater flexibility in how funding for providing services to IRCS youth is allocated in a given health region would allow interested clinicians the opportunity to travel to the youth and to treat them in their own communities. It may also increase the efficiency of services offered, since it may be possible for the psychologist to treat multiple IRCS youth in one day.
- 5. Establish a team of mental health professionals who periodically travel to rural and remote communities in Saskatchewan to offer psychological services to IRCS youth.** A travelling team of mental health professionals would allow psychological services to be brought directly to IRCS youth. This would reduce the amount of travel required by youth and potentially allow other youth at risk for violence in the community to benefit from psychological services as well.
- 6. Increase the use of contracted service providers for transportation and mentorship.** Service providers play a key role in transporting IRCS youth in northern communities to their appointments and providing them with mentorship. The hiring of service providers should be prioritized and potential human resource options that may be interested in temporary work (e.g., undergraduate students) should be considered to increase the number of service providers available to assist IRCS youth.
- 7. Consider a full process evaluation of the IRCS program.** Many interview participants were appreciative of the opportunity to share their ideas about how the IRCS program is functioning and areas where it can be improved. An examination of the entire program, including how it is delivered to youth in custody, could result in additional suggestions for improving the effectiveness and efficiency of the program.

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APPENDIX A: USING TECHNOLOGY TO SUPPORT MENTAL HEALTH, EDUCATION AND EMPLOYMENT PROGRAMMING AMONG YOUTH IN RURAL AND REMOTE COMMUNITIES

Name	Type of Technology	Target/Focus	Description	Where it is implemented	Pilot vs. Established	Support for Effectiveness*	Cost
<u>Mind Your Mood</u>	Mobile App	Mental Health	Easy to use mobile app that allows youth and young adults to track their moods securely on their phones. Measures moods through faces or words; measures the intensity of moods (positive or negative); produces interactive reports that graph intense emotions; and allows youth to email their mood log to their counsellor for discussion.	Canada	Pilot	EBP	Free download on IOS or Android
<u>SMART Record</u>	Mobile App	Mental Health	Mobile app in pilot testing that stores a person's health information, giving them ready access to their treatment history, list of medications, discharge plans, and list of care providers. Currently the app is being used on iPhones and is password protected to ensure confidentiality of health information. The tools available within the app are currently being tested to help support a person's recovery in the community.	Canada	Pilot	---	Free app designed for iPhones
<u>Breath2Relax</u>	Mobile App	Mental Health - Stress	Mobile app that is a portable stress management tool which provides detailed information on the effects of stress on the body, instructions on how to manage stress, and breathing exercises to help cope with daily stressors. The breathing exercises are designed to help with mood stabilization, anger control and anxiety management. Breathe2Relax can be used as a stand-alone tool to reduce stress or alongside clinician consultation.	Global	Established	EBP	Free app designed for iPhone and iPad
<u>iCouch</u>	Mobile App	Mental Health	Customizable mobile app that allows people to track their thinking patterns, analyze their emotions and change their outlook using cognitive behavioural therapy (CBT).	Global	Established	---	\$3.99 on iPhone or iPad
<u>A-CHESS</u>	Mobile App	Mental Health – Substance Use & Addictions	Mobile app that provides ongoing support and relapse prevention to persons with a substance use issues. A-CHESS tracks a person's progress, provides information on recovery and addictions, recalls their own motivational stories in moments of crisis, communicates with their support team (including counsellors), and has a panic button for emergency purposes.	United States	Established	---	

<u>Breathing Room</u>	Mobile App/ Web-based	Mental Health – Stress, Depression & Anxiety	Award winning mobile app and web-based program to help youth (13-24) manage stress, depression and anxiety. Breathing Room is an 8 module program that includes visualizations to help youth relax; offline exercises; music, videos and comedy clips from mental health experts; stories for other youth; and provides insight from medical experts.	Canada	Established	EBP	App- Google Play (\$22.99) and iTunes (\$27.99)
<u>Big White Wall</u>	Mobile App/ Web-based	Mental Health	Both a mobile app and web-based program that provides anonymous and safe support 24/7 for anyone struggling with mental health issues. Big White Wall provides tools to measure wellbeing; methods to improve mood and overall wellbeing; and offers courses on anxiety, depression, smoking cessation and weight management.	UK	Established	---	
<u>Khan Academy</u>	Mobile App/ Web-based	Education	Free mobile app and web-based educational program that provides access to practice exercises, instructional videos in a variety of topics within the disciplines of math, science, economics and humanities. Khan Academy also personalized learning dashboard to allow learners to work at their own pace. Web-based login is access is provided through Facebook or Gmail.	Global	Established	---	Free app download on Android
<u>MoodGYM</u>	Web-based	Mental Health – Depression and Anxiety	Web-based self-directed CBT program that is designed to prevent and treat depression. MoodGym consists of 5 modules aimed at helping youth identify and overcome problem emotions and develop strong coping skills through quizzes and exercises.	Australia	Established	EBP	Free
<u>Whatworks4u</u>	Web-based		Web-based peer support network that allows youth (<12 to 30+) share information on what treatment works for them. Drop-down menus allow youth to search by specific diagnosis, age range, worldwide or within a specific country.	Global	Established	---	Free

<u>Mindyourmind</u>	Web-based	Mental Health	Award winning website for youth and young adults to obtain information, resources and tools to designed support the management of mental health problems; reduce the stigma associated with mental illness; increase access and use of professional, community and peer-based support. Mindyourmood includes web apps, interactive coping tools, self-management tools and stress busters.	Canada	Established	PBE	Free
<u>Teenmentalhealth.org</u>	Web-based	Mental Health	Web-based program designed to improve the understanding of adolescent mental health issues through the translation and sharing of scientific knowledge on this topic. Teenmentalhealth.org provides information on animations; face-to-face and web-based training programs; guidelines and books on mental health issues intended to support youth, parents, educators, and health providers.	Canada	Established	---	
<u>Online therapy USER</u>	Web-based	Mental Health	Free web-based CBT intervention for depression, anxiety and/or pain specifically for Saskatchewan residents. Unit for Service, Education and Research (USER) provides access to online educational material and access to a therapist over a secure messaging system.	Canada (SK)	Established	EBP	Free to SK residents
<u>Beating the Blues</u>	Web-based	Mental health – Stress, Depression, Anxiety	Web-based CBT treatment program for people feeling stressed, depressed or anxious. Beating the Blues consists of 8 modules that teaches short and long-term coping strategies; ways to better manage symptoms of stress, depression and anxiety; ways to influence feelings and behaviours; and provides tools to learn the techniques to modify patterns of thinking.	UK	Established	EBP	
<u>Down Your Drink</u>	Web-based	Mental Health – Substance Use & Addictions	Interactive web-based program that assesses patterns of drinking and provides information on what constitutes an alcohol problem, to help provide an understanding of the impact that drinking have on an individual and their relationships. Down your Drink consists of a variety e-tools including: alcohol units counter; drinking diary; blood alcohol calculator; diary of binge drinking episodes; information on alcohol and relationships; understanding alcohol dependence; and relapse prevention skill development.	UK	Established	EBP	

Fear Fighter	Web-based	Mental Health – Panic & Phobia	Web-based intervention aimed at reducing the symptoms of anxiety disorder. Fear Fighter consists of four sections: fear, panic and phobia (with an educational component about the disorder); beating your fears; managing your anxiety/panic; and a catalogue of personal stories.	UK	Established	EBP	Cost associated varies by membership (Silver, Gold, Platinum)
Virtual Learning Portal	Web-based	Education - Literacy	Frontier College is a national literacy organization that offers the Virtual Learning Portal which allows students and virtual tutors to connect from anywhere with access to computer and internet.	Canada	Established	---	
Edcentre.ca	Web-based	Education	Web-based educational programming for youth and young adult residents in Northern Saskatchewan. Edcentre.ca offers a variety of grade 10, 11,12 online courses to help obtain grade 12 or upgrade high school courses for entry into post-secondary institutions. As well, students have access to tutor support and online tools to support their learning.	Canada (SK)	Established	---	
Technology Enhanced Learning	Web-based	Education	Web-based educational program intended to improve and enhance student participation in post-secondary education. Computer and internet access for online learning, support workshops and carerer counselling can be provided at each of Northland College's program centre cites in Buffalo Narrows, Creighton and La Longe.	Canada (SK)	Established	---	
Community Learning Hub	Web-based	Employment	Web-based digital hub designed to engage youth and adults who may not respond to traditional teaching methods. Community Learning Hub consists of 300 hours of interactive web-based content that covers tops from anger management to financial literacy and provides individual training and instruction for each session.	Canada	Established	---	
SaskJobs	Web-based	Employment	Web-based employment resource that provides a variety of tools to assist people seeking jobs throughout Saskatchewan. SaskJobs provides career resources including: resume do's and don'ts; employment/apprenticeship listings; employment programming; basic education and skills building; networking resources; and interview preparation tips.	Canada (SK)	Established	---	

<u>Job Search Toolkit for Aboriginal Youth</u>	Web-based	Employment	Web-based toolkit for Aboriginal youth seeking employment. The toolkit includes information on the job application process (resume, cover letter, and interviews); the job experience and becoming an entrepreneur.	Canada	Established	---	
<u>Telehealth Saskatchewan</u>	Videoconference	Mental Health	Telehealth Saskatchewan uses videoconferencing technology provides access to specialized mental health and general health care providers from across the province of Saskatchewan. Telehealth provides follow-up appointments, pre-admission assessments, and initial consultations in specialized areas; although the specialized mental health services may not be available in all regional health authorities.	Canada (SK)	Established	EBP	
<u>Impossible2 possible</u>	Videoconference	Education	Using interactive internet/satellite technology, i2P takes experiential learning to another level by linking world-class adventures and extraordinary expeditions to the classroom. This educational package is available to students of all ages and allows students to follow the expedition as it unfolds, and to benefit from the education resources as the team progresses through the expeditions.	Global	Established	---	
<u>“Doctor in a box”</u>	Remote Presence Technology	Healthcare	‘Doctor in a box’ is a type of remote presence technology that uses ordinary cell phone connections to video-link specialists with patients so they can perform real-time diagnosis and monitoring. Essentially, physicians can use smartphones to remotely control a robot and interact via video-link with a patient and with assistance can connect diagnostic equipment such as stethoscopes, ultrasounds and electrocardiograms to see, touch, and hear the patient in real-time.	Global	Established	---	
<u>“Double Telepresence” Robot</u>	Remote Presence Technology	Education	Double Telepresence uses remote technology (mobile robot) to support education to remote locations. The mobile robot allows the teacher, who is located off premise, to teach a classroom of students by operating the device remotely on a computer, phone or tablet. This technology is currently being piloted at Michigan State University to provide a more interactive approach to teaching remote locations.	United States	Pilot	---	

*EBP=Evidence-based Practice and PBE=Practice-Based Evidence

**APPENDIX B: INVITATION LETTERS**

March 2, 2016

Dear PARTICIPANT,

Re: Jurisdictional Scan of the IRCS Program

The Centre for Forensic Behavioural Science and Justice Studies has been asked by the Community Safety Knowledge Alliance to conduct a jurisdictional scan of the Intensive Rehabilitative Custody and Supervision (IRCS) program. The purpose of this scan is to identify the mental health, education, and employment programs currently available to IRCS youth being released to communities located in northern Saskatchewan. In addition, the scan will be used to identify strengths, barriers, and gaps that are encountered when delivering programs and services through IRCS to youth in northern communities, as well as opportunities to enhance access to the programs and services that IRCS youth require.

To accomplish these objectives, we are reaching out to mental health and corrections professionals who work directly with IRCS youth in Saskatchewan. You have been identified by the Saskatchewan Ministry of Justice as someone who works with these youth, and I would be grateful for the opportunity to learn more about your experience with connecting IRCS youth to resources, programs, and supports that help with their re-entry into the community. As such, I am writing to invite you to participate in an interview.

During the interview, I will ask you questions about the types of mental health, education, and employment programs that you have connected IRCS youth to before. In addition, I will ask you about some of the successes and challenges you have experienced when helping IRCS youth connect to the programs and services they need to support their reintegration into the community. The interview will likely last around 60 minutes, and we can complete it over the telephone.

I hope that you are willing and able to participate in this project, as your contribution to this process would be both valuable and highly appreciated. If you would like to arrange a time to speak or would like any additional information about the project, please feel free to email (lisa.jewell@usask.ca) or phone (306-966-2707) me at your convenience. I will also follow up with you in a few days.

I look forward to hearing from you!

Sincerely,

Lisa Jewell, PhD, CE
Research Officer



March 2, 2016

Dear PARTICIPANT,

Re: Jurisdictional Scan of the IRCS Program

The Centre for Forensic Behavioural Science and Justice Studies has been asked by the Community Safety Knowledge Alliance to conduct a jurisdictional scan of the Intensive Rehabilitative Custody and Supervision (IRCS) program. The purpose of this scan is to identify the mental health, education, and employment programs currently available to IRCS youth being released to communities located in northern Saskatchewan. In addition, the scan will be used to identify strengths, barriers, and gaps that are encountered when delivering programs and services through IRCS to youth in northern communities, as well as opportunities to enhance access to the programs and services that IRCS youth require.

In order to complement our findings about how the IRCS program is working in Saskatchewan, we are interested in learning about how IRCS is carried out in other provinces. I understand that you are responsible for coordinating the IRCS program in PROVINCE. I would be grateful for the opportunity to learn more about your experience with connecting IRCS youth returning to rural and remote communities to programs and services that support their reintegration into the community. As such, I am writing to invite you to participate in an interview.

During the interview, I will ask you questions about the types of mental health, education, and employment programs that you have connected IRCS youth to before. In addition, I will ask you about some of the successes and challenges you have experienced when helping IRCS youth in rural and remote communities connect to the programs and services they need. Finally, I will ask you about any innovations you have introduced in your province to increase IRCS youth's access to programs. The interview will likely last around 60 minutes, and we can complete it over the telephone.

I hope that you are willing and able to participate in this project, as your contribution to this process would be both valuable and highly appreciated. If you would like to arrange a time to speak or would like any additional information about the project, please feel free to email (lisa.jewell@usask.ca) or phone (306-966-2707) me at your convenience. I will also follow up with you in a few days.

I look forward to hearing from you!

Sincerely,

Lisa Jewell, PhD, CE



APPENDIX C: INFORMATION SHEET

A Jurisdictional Scan of IRCS Reintegration of High Risk Violent Offending Youth in Rural and Remote Communities

What is the purpose of this project?

The Intensive Rehabilitative Custody and Supervision (IRCS) program is funded by Justice Canada and provides specialized rehabilitative and reintegration services to violent young offenders with diagnosed mental disorders or serious cognitive delays. The University of Saskatchewan Centre for Forensic Behavioural Science and Justice has been asked by the Community Safety Knowledge Alliance to complete a jurisdictional scan of the mental health, education, and employment programs and services currently available to IRCS youth when they re-enter the community. Of particular interest are the programs and services available in northern Saskatchewan. The jurisdictional scan will include a literature review, interviews with professionals involved in IRCS, and an environmental scan of the programming available in select northern Saskatchewan communities.

Why are interviews being conducted?

We are conducting interviews with mental health and corrections professionals who work directly with IRCS youth in Saskatchewan. By doing so, we hope to learn about: a) the *types of mental health, education, and employment programs and services* that IRCS youth can access; b) the *strengths, barriers, and gaps* of existing programming for IRCS youth in northern Saskatchewan; and c) *possible opportunities* for enhancing, or increasing access to, programming, including through the use of technology.

We are also reaching out to IRCS Coordinators from other provinces to learn about the strengths and challenges they face in delivering services to youth in rural and remote locations, as well as any innovations they have introduced to increase IRCS youth's access to mental health, education, and employment programming.

What am I being asked to do?

You are being asked to share your thoughts and experiences about the types of mental health, education, and employment programs IRCS youth can access, as well your perceptions about the strengths, barriers, and gaps associated with providing programs and services to IRCS youth returning to rural and remote communities.

What you have to say is important to us, but how much or how little you share is always up to you. The information you provide will be kept confidential, and your name will not be associated with any of the results we include in our report.

If you have any questions, please contact:

Lisa Jewell, PhD
(306) 966-2707
lisa.jewell@usask.ca

Krista Mathias, PhD
(306) 966-6275
krista.mathias@usask.ca

**APPENDIX D: INTERVIEW GUIDE FOR MENTAL HEALTH AND CORRECTIONS PROFESSIONALS
BASED IN SASKATCHEWAN**

In this study, we are interested in learning about the different types of their mental health, education, and employment programs that are available to youth who are enrolled in the IRCS program and who live in northern Saskatchewan. We are also interested in learning about some of the strengths and barriers of the way that programming is currently delivered to these youth.

- 1. Can you tell me a little bit about your role and your involvement in IRCS?**
- 2. What types of mental health programs or services do youth enrolled in the IRCS program have access to, either through your organization or through other agencies?**
 - a. Are these programs accessible directly in their communities?
 - i. If no, where do youth go to access these programs?
 - b. What is the format used to deliver this programming to youth (e.g., face-to-face, online, telehealth)?
- 3. What types of education programs or services do youth enrolled in the IRCS program have access to, either through your organization or through other agencies?**
 - a. Are these programs accessible directly in their communities?
 - i. If no, where do youth go to access these programs?
 - b. What is the format used to deliver this programming to youth (e.g., face-to-face, online, telehealth)?
- 4. What types of employment programs or services do youth enrolled in the IRCS program have access to, either through your organization or through other agencies?**
 - a. Are these programs accessible directly in their communities?
 - i. If no, where do you go to access these programs?
 - b. What is the format used to deliver this programming to youth (e.g., face-to-face, online, telehealth)?
- 5. How well do you think the mental health, employment, and education programs currently available to IRCS youth living in northern Saskatchewan meet their needs?**
 - a. How does access to programming for IRCS youth living in northern Saskatchewan compare to the access of IRCS youth living in central or southern Saskatchewan?
- 6. What are some strengths of the way that programming is currently delivered to IRCS youth who live in northern Saskatchewan?**
- 7. What are some barriers encountered in delivering programming to IRCS youth who live in northern Saskatchewan?**

- 8. What gaps in services exist for IRCS youth who live in northern Saskatchewan?**
 - a. What types of mental health, education, and employment programs or services could youth benefit from having access to?

- 9. What do you think can be done to overcome the barriers and service gaps experienced by IRCS youth who live in Northern Saskatchewan?**
 - a. What do you think about the possibility of offering services through Telehealth or videoconferencing (or robots)?
 - i. What programs or services would be most appropriate to offer using this type of technology?

 - b. What do you think about the possibility of offering services through the Internet or a computer (e.g., Skype, web-based services)?
 - i. Do most youth have access to the Internet and a computer or tablet?
 - ii. Do youth have access to a private space if they needed to discuss sensitive topics?

 - c. What do you think about the possibility of offering services through smartphones (e.g., apps)?
 - i. Do most youth in northern Saskatchewan have access to cell coverage?

- 10. Is there anything else that you would like share with me that we haven't discussed yet today?**

APPENDIX E: INTERVIEW GUIDE FOR IRCS COORDINATORS BASED IN OTHER PROVINCES

In this study, we are interested in learning about the different types of mental health, education, and employment programs that are available to youth who are enrolled in the IRCS program. We are gathering information from IRCS coordinators across Canada to see if there are practices adopted in other jurisdictions that can be applied to Saskatchewan. In particular, we are interested in learning about how other provinces provide services to youth who reside in northern (or rural and remote) regions.

- 1. Can you tell me a little bit about your role and your involvement in IRCS?**
- 2. What types of mental health programs or services do youth enrolled in the IRCS program have access to in the northern region of your province?**
 - a. Are these programs accessible directly in their communities?
 - i. If no, where do youth go to access these programs?
 - b. What is the format used to deliver this programming to youth (e.g., face-to-face, online, telehealth)?
- 3. What types of education programs or services do youth enrolled in the IRCS program have access to in the northern region of your province?**
 - a. Are these programs accessible directly in their communities?
 - i. If no, where do youth go to access these programs?
 - b. What is the format used to deliver this programming to youth (e.g., face-to-face, online, telehealth)?
- 4. What types of employment programs or services do youth enrolled in the IRCS program have access to in the northern region of your province?**
 - a. Are these programs accessible directly in their communities?
 - i. If no, where do you go to access these programs?
 - b. What is the format used to deliver this programming to youth (e.g., face-to-face, online, telehealth)?
- 5. How well do you think the mental health, employment, and education programs currently available to IRCS youth living in the northern region of your province meet their needs?**
 - a. How does access to programming for IRCS youth living in the north compared to the access that IRCS youth living in other parts of the province have?
- 6. What are some strengths of the way that programming is currently delivered to IRCS youth who live in the north?**
- 7. What some barriers encountered in delivering programming to IRCS youth who live in the northern part of your province?**
- 8. What gaps in service exist for IRCS youth who live in the northern part of your province?**
 - a. What types of mental health, education, and employment programs or services could youth benefit from having access to?

- 9. What, if any, solutions or innovations have you introduced in your province to overcome some of the barriers and service gaps experienced by IRCS youth who live in the North?**
- a. Have you offered any mental health, education, or employment programming using Telehealth or videoconferencing (or robots)?
 - i. How well did it worked?
 - ii. How was it received by youth?
 - iii. Do you have any evaluations of the program that you would be able to share?

 - b. Have you offered any mental health, education, or employment programming through the Internet or a computer (e.g., Skype, web-based services)?
 - i. How well did it worked?
 - ii. How was it received by youth?
 - iii. Do you have any evaluations of the program that you would be able to share?

 - c. Have you offered any mental health, education, or employment programming through smartphones (e.g., apps)?
 - i. How well did it worked?
 - ii. How was it received by youth?
- 10. Is there anything else that would be helpful for me to know that we haven't discussed yet today?**

APPENDIX F: KEY ONLINE RESOURCES CONSULTED FOR THE ENVIRONMENTAL SCAN

General Directories

Northern Business Directory

<http://www.northernbusinessdirectory.ca/index.php/communities>

Planning for Growth North

<http://www.planningforgrowthnorthsk.com/>

Mental Health, Addictions, Education, and Employment Programs

Lac La Ronge Indian Band

<http://llrib.com/>

Meadow Lake Tribal Council

<http://www.mltc.ca/>

Peter Ballantyne Cree Nation

<http://www.peterballantyne.ca/>

Mental Health and Addictions Programs

Aboriginal Friendship Centres of Saskatchewan

<http://www.afcs.ca/>

Addictions Treatment for First Nations and Inuit: Saskatchewan Treatment Centres

<http://healthycanadians.gc.ca/healthy-living-vie-saine/substance-abuse-toxicomanie/help-aide/treatment-centres-traitement-eng.php>

Athabasca Health Authority

<http://www.athabascahealth.ca/reports.html>

Canada Alcohol and Drug Rehab Programs

<http://www.canadadrugrehab.ca/SK/Saskatchewan-Detox-Medical-Drug-Rehab-Programs.html>

Keewatin Yatthé Regional Health Authority

http://www.kyrha.ca/News/KYRHA_2014-15_Annual_Report_Web.pdf

Kelsey Trail Health Region

<http://www.kelseytrailhealth.ca/Programs/MHA/Pages/default.aspx>

Kids First North

<http://www.kidsfirstnorth.com>

Mamawetan Churchill River Regional Health Authority

http://www.mcrhealth.ca/programs_services/addictions_mental_health.html

Mental Health and Addictions Service Directory by Community

<https://www.saskatchewan.ca/~media/files/health/health%20and%20healthy%20living/prov%20health%20system/health%20regions/mental%20health%20and%20addictions%20service%20directory%20by%20community.pdf>

Northern Saskatchewan Health Services Directory

<http://www.ehealth-north.sk.ca/directory.aspx?m=4>

Prairie North Health Authority

http://www.pnrha.ca/bins/content_page.asp?cid=21-159

Prince Albert Parkland Health Region

<http://paphr.ca/services/addiction-mental-health>

Saskatchewan Youth in Care and Custody Network

<http://www.syiccn.ca/about.php>

Education and Employment Programs

Canada-Saskatchewan (CanSask) Career and Employment Services

<http://www.sasknetwork.gov.sk.ca/html/Home/cansask/locations.htm>

Cumberland College

<http://www.cumberlandcollege.sk.ca/>

Gabriel Dumont Institute of Native Studies and Applied Research

<https://gdins.org/programs-and-courses/what-we-offer/>

Keewatin Career Development Corporation—Public Career Offices

<http://career.kcdc.ca/index.php/career-offices/29-career-offices/public-career-offices/33>

North West College

<http://www.northwestcollege.ca/>

Northland College

<http://trainnorth.ca/>

Primary and Secondary Schools in Saskatchewan (K-12)

<http://www.education.gov.sk.ca/adx.aspx/adxGetMedia.aspx?DocID=89b084c1-8cbe-493e-b8d3-fde39464c81e&MediaID=22972&Filename=2014+Active+List+of+Saskatchewan+Schools+-+September+30%2C+2014.pdf&l=English>

Primary and Secondary Schools in Saskatchewan that are Band-Operated (K-12)

http://publications.gc.ca/collections/collection_2013/aadnc-aandc/R5-11-2009-eng.pdf

Saskatchewan Indian Institute of Technologies (Educational Programs and Industrial Career Centres)

<http://www.siiit.ca/programs.html>

Saskatchewan Regional Colleges

<http://www.saskcolleges.ca/our-colleges>

Technology

Cellular Towers in Saskatchewan

http://www.ertyu.org/steven_nikkel/cancellsites.html

Sasktel Cellular Coverage

<http://www.sasktel.com/wps/wcm/connect/content/home/wireless/coverage-and-travel/>

Sasktel High-speed Internet Availability

<http://www.sasktel.com/personal/internet/high-speed/high-speed-availability>

Telehealth Locations

<http://www.ehealthsask.ca/services/Telehealth/Pages/Locations.aspx>

Table G1: Ahtahkakoop Cree Nation—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Ahtahkakoop Child and Family Services Program (ACFS)	Offers assessment, community education and awareness, intervention/prevention, community healing, counselling/referrals, advocacy, teen parents program, parent aide, family violence program, respite, wrap around family support, and traditional programming	Ahtahkakoop Child and Family Services (ACFS)	Ahtahkakoop Child and Family Services (ACFS)	Face-to-face	No age restrictions	Ongoing	Not required	http://www.ahtahkakoop.ca/acfs.html , last updated 2010
Mental Health	Ahtahkakoop Community Justice Program	The community justice committees guide and direct initiatives that include alternative measures programs for adults and youths, crime prevention, victim services, healing, talking and sentencing circles, and victim/offender healing	Aboriginal Justice Strategy	Ahtahkakoop First Nation (Cree Court) Circuit Point	Face-to-face	Unknown	Ongoing	Not required	http://www.justice.gc.ca/eng/fund-fina/acf-fca/ajs-sja/cf-pc/location-emplac/sask.html , last updated July, 2015
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/counselling, and consultative services	Ahtahkakoop Cree Nation	Ahtahkakoop Health Centre	Face-to-face	No age restrictions	Ongoing	Not required	http://www.ahtahkakoop.ca/health.html , last updated 2010
Addictions	35 Day Inpatient Program	Provides alcohol and drug addiction treatment services to First Nations and Non-First Nations men and women via sweats, church services, AA meetings, sharing circles, recreation activities, round dances, pow wows, and cultural arts and crafts	Cree Nations Treatment Haven	Cree Nations Treatment Haven—Ahtahkakoop	Face-to-face	17 years and older	Ongoing	Not required	http://www.creenationstreatmenthaven.ca/ , last updated 2015

Addictions	MATRIX Intensive Outpatient Treatment Program	Offers individual/conjoint sessions, early recovery skill groups, relapse prevention groups, family education groups, social support groups, drug and alcohol testing, and AA or other step groups	Cree Nations Treatment Haven	Cree Nations Treatment Haven—Ahtahkakoop	Face-to-face	15 years and older	Ongoing	Not required	http://www.creenationstreatmenthaven.ca/ , last updated 2015
Addictions	Opioid Treatment Program	Offers methadone treatment to individuals experiencing opioid addictions. After treatment begins, the individual is expected to attend a form of regular counselling (35 day inpatient program or MATRIX program)	Cree Nations Treatment Haven	Cree Nations Treatment Haven—Ahtahkakoop	Face-to-face	Unknown	Ongoing	Treatment services by on-site Case Coordinator referral only	http://www.creenationstreatmenthaven.ca/ , last updated 2015
Education	Ahtahkakoop Elementary/ High School	Offers primary and secondary education (grades K-12)	Ahtahkakoop Cree Nation	Ahtahkakoop Elementary/ High School	Face-to-face	5-21 years	Ongoing	Not required	http://publications.gc.ca/collections/collecti on_2013/aadnc-aandc/R5-11-2009-eng.pdf , last updated 2009 http://www.ahtahkakoop.ca/education.html , last updated 2010
Education	Saskatchewan Indian Institute of Technology (SIIT) Programs	Offers programs such as trades/industrial business/technology, health/community studies, adult basic education, and pre-employment skills training	Saskatchewan Indian Institute of Technology (SIIT)	Ahtahkakoop Learning Centre	Face-to-face	17 years and older	Ongoing – specific program offered depends on semester	Not required	http://www.siit.ca/pages/about-us.html , last updated January, 2016

Employment	Battleford Agency Tribal Chiefs (BATC) Employment and Training Program	Provides training and research employment opportunities for Band members, as well as a number of training programs at no cost that assist clients in becoming more employable (e.g., GED prep, safety tickets, driver's training, work skills development)	Battleford Agency Tribal Chiefs (BATC)	Ahtahkakoop Learning Centre	Face-to-face	No age restrictions	Ongoing—specific program offered varies over time	Not required	http://www.batc.ca/index.php , last updated 2010 http://www.ahtahkakoop.ca/ncb.html , last updated 2010
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Table G2: Big Island Lake Cree Nation—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Mental Health Services	Offers confidential community-based mental health counselling	Big Island Lake Cree Nation	Big Island Lake Health Centre	Face-to-face	No age restrictions	Ongoing—services are provided by mental health worker one day a week	Not required	http://ehealth-north.sk.ca/facility.aspx?m=4&facility=100 , last updated 2009 Phone communication with Health Centre, April 2016
Addictions	National Native Alcohol and Drugs Addictions Program (NNADAP)	Provides counselling for alcohol and drug addictions	Big Island Lake Cree Nation	Big Island Lake Health Centre	Face-to-face	No age restrictions	Ongoing—services are provided by a NNADAP worker	Not required	http://ehealth-north.sk.ca/facility.aspx?m=4&facility=100 , last updated 2009 Phone communication with Health Centre, April 2016
Education	Chief Napew Memorial School	Offers primary and secondary education (grades K-12)	Big Island Lake Cree Nation	Chief Napew Memorial School—Big Island Lake Cree Nation	Face-to-face	5-21 years	Ongoing	Not required	http://www.chiefnapew.ca/about-us/ , (n.d.) accessed August 2016
Education	Northwest College Programs	Offers adult basic education, GED prep, literacy programs, essential skills, trades, safety training, and various university programs	Northwest College	Location may vary—can be delivered onsite at Big Island Lake Cree Nation	Face-to-face Online training is available	18 years and older	Ongoing—specific program offered depends on semester	Not required	http://www.northwestcollege.ca/about_us/locations.html , last updated 2013 http://www.economy.gov.sk.ca/abe-on-reserve-review-report , last updated 2011

Table G3: Big River First Nation—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Elder Services	Provides culturally relevant services to First Nations individuals	Big River First Nation	Big River First Nation Health Centre	Face-to-face	No age restrictions	Ongoing	Not required	Phone communication with Saskatchewan Ministry of Justice staff, March, 2016
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, one-on-one counselling, and consultative services. Home visits may also be provided	Big River First Nation	Big River First Nation Health Centre	Face-to-face	No age restrictions	Ongoing—services are offered by a mental health therapist who is available 6-8 days per month	Unknown	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=112 , last updated 2009 Phone communication with Health Centre, March, 2016
Addictions	National Native Alcohol and Drugs Addictions Program (NNADAP)	Provides assessment counselling for alcohol and drug addictions	Big River First Nation	Big River First Nation Health Centre	Face-to-face	Unknown	Ongoing—services are offered by two full-time NNADAP workers	Not required	http://www.brfn.ca/health.html , last updated 2010 Phone communication with Health Centre, March, 2016
Education	Indian Teacher Education Program (ITEP) – Big River Program	Offers a four year education program designed for First Nations students interested in obtaining a Bachelor of Education degree	University of Saskatchewan	Darby Morin Centre of Excellence— Big River First Nation	Face-to-face	17 years and older	Ongoing	Not required	http://www.usask.ca/education/itep/community-based/big-river.php , last updated January, 2016
Education	Northwest College Programs	Offers adult basic education, GED prep, literacy programs, essential skills, trades, safety training, and various university programs	Northwest College	Location may vary—can be delivered onsite at Big River First Nation	Face-to-face Online training is available	18 years and older	Ongoing—specific program offered depends on semester	Not required	http://www.northwestcollege.ca/about_us/locations.html , last updated 2013 http://www.economy.gov.sk.ca/abe-on-

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
									reserve-review-report, last updated 2011
Education	Se-Se-Wa-Hum School	Offers primary and secondary education (Grades 7-12)	Big River First Nation	Se-Se-Wa-Hum School—Big River First Nation	Face-to-face	Approx. 13-21 years	Ongoing	Not required	http://www.brfn.ca/education.html , last updated 2010
Education	SIIT Programs	Offers programs such as trades/industrial business/technology, health/community studies, adult basic education, and pre-employment skills training	Saskatchewan Indian Institute of Technology (SIIT)	Darby Morin Centre of Excellence— Big River First Nation Learning Centre	Face-to-face	17 years and older	Ongoing— Specific program offered depends on semester	Not required	http://www.siit.ca/pages/about-us.html , last updated January, 2016
Employment	Employment Agency	Offers a unique and diverse assortment of education, training, counselling, support and financial services designed to help First Nation persons residing on Big River First Nation to overcome barriers that may stand in the way of success and self-sufficiency	Saskatchewan Indian Training Assessment Group (SITAG) Aboriginal Skills and Employment Training Strategy (ASETS)	Darby Morin Centre of Excellence— Big River First Nation	Face-to-face	No age restriction	Ongoing	Not required	http://www.brfn.ca/hrd.html , last updated 2012
Employment	Job Coaching Program and Training	Assists participants with the development of employability skills, provides career counselling and advice, assists Career Centre participants overcome barriers to employment and training, and acts as a liaison between workers and employers	Saskatchewan Indian Institute of Technology (SIIT)	Darby Morin Centre of Excellence— Big River First Nation Learning Centre	Face-to-face	Unknown	Ongoing— specific program offered depends on semester	Not required	http://www.siit.ca/pages/job-coaching.html , last updated January, 2016

Table G4: Black Lake—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Group Home	Provides educational, spiritual, and recreational services to youth in care who live in the residential facility, as well as therapeutic and family counselling, cultural programming, and holistic and addiction recovery	Athabasca Denesuline Child and Family Services Inc.	Athabasca Denesuline Child and Family Services Inc.— Black Lake Group Home	Face-to-face	12-17 years	Ongoing	Referral from Ministry of Social Services or an Indian Child and Family Services agency required	http://www.sfnfci.ca/pages/first-nations-group-home.html , last updated 2014 http://www.eaglefeathernews.com/archive/index.php?detail=214 , last updated 2014
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/individual counselling, consultative services, and emergency/crisis services	Athabasca Health Authority	Black Lake Denesuline Health Centre/Nursing Station	Face-to-face Telehealth is available	No age restriction	Ongoing—a mental health therapist provides counselling on a monthly basis	Not required	http://www.athabascahealth.ca/reports.htm , last updated 2013
Mental Health	Youth Centre	Offers recreational activities and workshops on a variety topics related to wellbeing and parenting for both youth and adults	Athabasca Denesuline Child and Family Services	Youth Centre	Face-to-face	No age restriction	Ongoing	Not required	https://www.facebook.com/BlackLakeCommunityBulletin/timeline , last updated 2016
Addictions	Addictions Services	Offers screening, assessment, one-on-one counselling, support, and follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support and counselling for those affected by others' substance abuse	Athabasca Health Authority	Black Lake Denesuline Health Centre/Nursing Station	Face-to-face Telehealth is available	No age restriction	Ongoing—two addictions workers are available	Not required	http://www.athabascahealth.ca/reports.html , last updated 2013
Addictions	Youth Addiction Prevention	Offers in-school prevention and health promotion materials for youth on subjects such as addictions,	Athabasca Health Authority	Provides services from Black Lake Denesuline Health	Face-to-face Telehealth is available	5-18 years	Ongoing—an assigned youth prevention	Not required	http://www.athabascahealth.ca/reports.html , last updated 2013

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		mental wellness, and bullying		Centre/Nursing Station			addictions worker provides the programing		
Education	Father Porte Memorial Dene School	Offers primary and secondary education (grades K-12)	Black Lake Denesuline First Nation	Father Porte Memorial Dene School—Black Lake	Face-to-face	5-21 years	Ongoing	Not required	http://publications.gc.ca/collections/collecton_2013/aadnc-aandc/R5-11-2009-eng.pdf , last updated 2009

Table G5: Buffalo Narrows—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Children Exposed to Violence Program	Offers prevention, intervention, and therapy in the form of counselling, group support and educational presentations	Aboriginal Friendship Centres of Saskatchewan	Buffalo Narrows Friendship Centre	Face-to-face	No age restrictions	Ongoing	Not required	http://www.afcs.ca/buffalo-narrows.html , last updated October 2015
Mental Health	Family Support Program	Provides counselling, support, education and information to families and individuals including: intervention and prevention services, interpretive services, and advocacy in areas such as legal, medical and education	Aboriginal Friendship Centres of Saskatchewan	Buffalo Narrows Friendship Centre	Face-to-face	No age restrictions	Ongoing	Not required	http://www.afcs.ca/buffalo-narrows.html , last updated October 2015
Mental Health	Kids First North Home Visitor Program	Offers support from a home visitor who provides assistance regarding child development, parenting, and connecting to the community. Helps youth access services such as childcare and parent support groups. Supports youth regarding literacy, nutrition, transportation, and specialized counselling services	Government of Saskatchewan Keewatin Yatthé Health Region Aboriginal Friendship Centres of Saskatchewan	Buffalo Narrows Friendship Centre	Face-to-face	No age restrictions	Ongoing	Not required Must be prenatal or have a child five years or younger; must live off reserve	http://www.afcs.ca/buffalo-narrows.html , last updated October 2015 http://www.kidsfirstnorth.com/ , last updated 2016
Mental Health	Mental Health Services	Provides services and interventions for individuals, families, and groups experiencing significant distress or dysfunction related to cumulative stress, situational difficulties, or difficulties related to biochemical disorders	Keewatin Yatthé Health Region	Buffalo Narrows Health Centre	Face-to-face Telehealth is available	No age restrictions	Ongoing—services provided by a mental health therapist	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=261 , last updated 2009 Mental Health and Addictions Service Directory by Community, (n.d.) accessed April 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
									http://www.kyrha.ca/News/KYRHA_2014-15_Annual_Report_Web.pdf , last updated 2015
Mental Health	Teen and Young Parent Program	Provides counselling and support services to assist young parent(s) in their role as parents. Helps parent(s) understand child development, child care, and proper nutrition, and assists with budget management	Aboriginal Friendship Centres of Saskatchewan	Buffalo Narrows Friendship Centre	Face-to-face	No age restrictions	Ongoing	Not required	http://www.afcs.ca/buffalo-narrows.html , last updated October 2015
Addictions	Addictions Services	Provides client education on the effects of alcohol and drug abuse, including one-on-one counselling, follow-up support, and home visits	Keewatin Yatthé Health Region	Buffalo Narrows Health Centre	Face-to-face Telehealth is available	Unknown	Ongoing—services provided by an addictions counsellor	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=261 , last updated 2009 Mental Health and Addictions Service Directory by Community, (n.d.) accessed April 2016 http://www.kyrha.ca/News/KYRHA_2014-15_Annual_Report_Web.pdf , last updated 2015
Education	Northlands College Programs	Offers adult education, technical and vocational training, trades, mining, and various health and university courses	Northlands College	Northlands College Program Centre—Buffalo Narrows	Face-to-face Online high school and GED training is available	17 years and older	Ongoing—specific program offered depends on semester	Not required	http://trainnorth.ca/Our%20Campuses , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Education	Twin Lakes Community School	Offers primary and secondary education (grades K-12)	Northern Lights School Division	Twin Lakes Community School—Buffalo Narrows	Face-to-face	5-21 years	Ongoing	Not required	http://www.education.gov.sk.ca/adx/asp/adxGetMedia.aspx?DocID=89b084c1-8cbe-493e-b8d3-fde39464c81e&MediaID=22972&Filename=2014+Active+List+of+Saskatchewan+Schools+-+September+30%2C+2014.pdf&l=English , last updated 2014 http://twinlakescommunityschool.ca/ , last updated 2016
Employment	CanSask Employment and Development Services	Offers a variety of resources, information, and services regarding postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and vocational training and adult basic education, as well as access to employment programs that address employment preparedness, work experience, and skills training	Government of Saskatchewan—CanSask Career and Employment Services	Labour Market Services Office—provides services from Ile-a-la-Crosse office (Approximately 60 km from Buffalo Narrows)	Telephone	Unknown	Ongoing	Not required	http://www.sasknetwork.gov.sk.ca/html/Home/cansask/location.s.htm#northwest , last updated 2016 http://www.planningfornorthsk.com/uploads/7/9/7/4/7974185/buffalonarrows_2012_community_highlights.pdf , last updated 2012 Phone conversation with CanSask, April 2016
Employment	Resume Building	Provides assistance with resume building. Six computers with Internet access are available to the public	Wisewood Library	Wisewood Library (Twin Lakes Community School Library)	Face-to-face	No age restrictions	Weekday afternoons; Monday evening	Not required	http://www.pnls.lib.sk.ca/pahkisimon/public-libraries , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
									Phone communication with Library, April 2016
Employment	Young Canada Works for Urban Aboriginal Youth	Assists Aboriginal youth in finding jobs, gaining practical work experience and developing relevant skills	Aboriginal Friendship Centres of Saskatchewan	Buffalo Narrows Friendship Centre	Face-to-face	16-30 years	Ongoing	Not required	http://www.afcs.ca/buffalo-narrows.html , last updated October 2015

Table G6: Buffalo River Dene Nation/Dillon—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Community Justice Program	Provides restorative and community-based justice services, including alternative measures/extra judicial sanctions, program, victim offender mediations, the serious offense program, diversion programs, family conferencing, sentencing circles, community referrals, re-integration plans, healing circles, and youth and culture camps	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—Buffalo River First Nation Band Office	Face-to-face	Unknown	Ongoing	Not required	http://www.mltc.ca/Justice-About.php , last updated 2016
Mental Health	Mental Health Services	Offers assessment, individual and group counselling, and crisis intervention services	Buffalo River Dene Nation	Buffalo River Health Clinic	Face-to-face	No age restrictions	Ongoing—services are provided by a mental health therapist who is available three weeks each month	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=286 , last updated 2009 http://www.sicc.sk.ca/archive/bands/bbuffa.html , (n.d.) accessed April 2016 http://mltc.ca/documents/general/Bufalo%20River%20Dene%20Nation%202014%20Auditors%20Report.pdf , last updated 2014 Phone communication with Health Centre, April, 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Addictions	Addictions Services	Offers screening, assessment, group and individual counselling, treatment planning, support, and follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Buffalo River Dene Nation	Buffalo River Health Clinic	Face-to-face	No age restrictions	Ongoing—services are provided by a NNADAP worker	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=286 , last updated 2009 http://www.sicc.sk.ca/archive/bands/bbuffa.html , (n.d.) accessed April 2016 http://mltc.ca/documents/general/Buffalo%20River%20Dene%20Nation%202014%20Auditors%20Report.pdf , last updated 2014 Phone communication with Health Centre, April, 2016
Education	Buffalo River Dene Nation School	Offers primary and secondary education (grades K-12)	Buffalo River Dene Nation and Meadow Lake Tribal Council	Buffalo River Dene Nation School	Face-to-face	5-21 years	Ongoing	Not required	http://buffaloriverschool.ca/ , last updated 2016
Education	Northlands College Programs	Offers adult education, technical and vocational training, trades, mining, and various health and university courses	Northlands College	Northlands College Program Centre—Buffalo River Dene Nation	Face-to-face Online high school and GED training is available	17 years and older	Ongoing—specific program offered depends on semester	Not required	http://trainnorth.ca/Courses , last updated 2016 http://www.economy.gov.sk.ca/abe-on-reserve-review-report , last updated 2011
Employment	Aboriginal Skills and Employment	Guides clients through a career planning process and helps them develop an	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—Buffalo	Face-to-face	18 years and older	Ongoing—services are provided by	Not required	http://www.mltc.ca/ASETS.php , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
	Training Strategy (ASETS)	action plan outlining the steps required to attain employment in their area of interest		River Dene Nation Band Office			an ASETS worker	Must currently receive Income Assistance	
Employment	CanSask Employment and Development Services	Offers a variety of resources, information, and services regarding postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and vocational training and adult basic education, as well as access to employment programs that address employment preparedness, work experience, and skills training	Government of Saskatchewan—CanSask Career and Employment Services	Labour Market Services Office—provides services from Ile-a-la-Crosse office (Approximately 116 km from Buffalo River Dene Nation)	Telephone	Unknown	Ongoing	Not required	http://www.planningf orgrowthnorthsk.com/uploads/7/9/7/4/7974185/dillon-buffaloriver._2012._community_highlights.pdf , last updated April 2012 http://www.sasknetwork.gov.sk.ca/html/Home/cansask/locations.htm#northwest , last updated 2016 Phone conversation with CanSask, April 2016
Employment	Enhanced Service Delivery (ESD)/First Nations Job Fund (FNJF) Program	Supports First Nations youth who receive social assistance to become employable by identifying individual employment needs and establishing an individualized case management plan to overcome barriers to employment. Can assist with licenses, safety tickets, life skills training, pardons, literacy training, GED and GED prep, drug and alcohol rehabilitation, personal protection	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office— Buffalo River Dene Nation Band Office	Face-to-face	18-24 years	Ongoing— services are provided by a community caseworker	Not required Must live in Meadow Lake area; must have an active Employment Insurance (EI) claim, have had one in the past three years, or have been on maternity leave in the past 5 years	http://www.mltc.ca/Enhanced%20Service%20DeliveryFirst%20Nations%20Job%20Fund.php , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		equipment, transitional supports (e.g., mileage to employment), drug and alcohol testing, identification, resumes, and career and education searches							

Table G7: Clearwater River Dene Nation—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Community Justice Program	Provides restorative and community-based justice services, including alternative measures/extra judicial sanctions, program, victim offender mediations, the serious offense program, diversion programs, family conferencing, sentencing circles, community referrals, re-integration plans, healing circles, and youth and culture camps	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office— Clearwater River First Nation Band Office	Face-to-face	Unknown	Ongoing	Not required	About.php">http://www.mltc.ca/Justice>About.php , last updated 2016
Mental Health	Mental Health Services	Offers limited counselling, services. Most clients are referred to an agency outside of Clearwater Dene Nation	Clearwater River Dene Nation	Clearwater River Dene Nation Health Centre	Face-to-face	No age restrictions	Ongoing—services are provided by a community wellness workers; most clients are referred out of town	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=98 , last updated 2009 Phone communication with Health Centre, April 2016
Addictions	National Native Alcohol and Drugs Addictions Program (NNADAP) Treatment Centre	Offers a 28-day residential treatment program. Provides assessment and intervention services, including individual and couples counselling for alcohol and drug addictions	Clearwater River Dene Nation and Health Canada	Armand Bekattla Treatment Centre— Clearwater River Dene Nation	Face-to-face	20 years and older	Ongoing—services are currently offered by two full-time addictions workers	Not required	http://healthycanadians.gc.ca/healthy-living-vie-saine/substance-abuse-toxicomanie/help-aide/traitement-centres-traitement-eng.php , last updated January, 2016 Phone communication with Health Centre, April, 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Education	Clearwater River Dene Band School	Offers primary and secondary education (grades K-12)	Clearwater River Dene Nation and Meadow Lake Tribal Council	Clearwater River Dene Band School	Face-to-face	5-21 years	Ongoing	Not required	http://buffaloriverschool.ca/index.php , last updated 2016
Education	Northlands College Programs	Offers adult education, technical and vocational training, trades, mining, and various health and university courses	Northlands College	Northlands College Program Centre— Clearwater River Dene Nation	Face-to-face Online high school and GED training	17 years or older	Ongoing—specific program offered depends on semester	Not required	http://trainnorth.ca/Courses , last updated 2016 http://www.economy.gov.sk.ca/abe-on-reserve-review-report , last updated 2011
Employment	Aboriginal Skills and Employment Training Strategy (ASETS)	Guides clients through a career planning process and helps them develop an action plan outlining the steps required to attain employment in their area of interest	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office— Clearwater River Dene Nation Band Office	Face-to-face	18 years and older	Ongoing—services are provided by an ASETS worker	Not required Must currently receive Income Assistance	http://www.mlct.ca/ASETS.php , last updated 2016
Employment	Enhanced Service Delivery (ESD)/First Nations Job Fund (FNJF) Program	Supports First Nations youth who receive social assistance to become employable by identifying individual employment needs and establishing an individualized case management plan to overcome barriers to employment. Can assist with licenses, safety tickets, life skills training, pardons, literacy training, GED and GED prep, drug and alcohol rehabilitation, personal protection equipment, transitional supports (e.g., mileage to	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office— Clearwater River Dene Nation Band Office	Face-to-face	18-24 years	Ongoing—services are provided by a community caseworker	Not required Must live in Meadow Lake area; must have an active Employment Insurance (EI) claim, have had one in the past three years, or have been on maternity leave in the past 5 years	http://www.mlct.ca/Enhanced%20Service%20DeliveryFirst%20Nations%20Job%20Fund.php , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		employment), drug and alcohol testing, identification, resumes, and career/education searches							

Table G8: Creighton—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Cultural Services	Offers cultural programming (e.g., drumming, powwow dance instruction, crafts) and access to an Elder	Flin Flon Indian & Métis Friendship Centre	Flin Flon Indian & Métis Friendship Centre—Flin Flon (Adjacent community)	Face-to-face	No age restrictions	As needed	Not required	http://www.flinflon.net/flinflon/community_groups/friendship_centre.htm , (n.d.) accessed April 2016
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/counselling, and consultative services	Mamawetan Churchill River Regional Health Authority	Creighton Health Centre	Face-to-face Telehealth is available	No age restrictions	As needed	Not required	http://www.mcrhealth.ca/programs_services/addictions_mental_health.html , last updated 2015
Mental Health	Kids First North Home Visitor Program	Offers support from a home visitor who provides assistance regarding child development, parenting, and connecting to the community. Helps youth to access services such as childcare and parent support groups. Supports youth regarding literacy, nutrition, transportation, and specialized counselling services	Government of Saskatchewan Mamawetan Churchill River Regional Health Authority	Kids First North Office—Creighton	Face-to-face	No age restriction	As needed	Not required Must be prenatal or have a child five years or younger; must live off reserve	http://www.kidsfirstnorth.com/ , last updated 2016
Mental Health	Psychiatric Services	Offers one-on-one adult and pediatric psychiatric services via face-to-face counselling settings or telehealth	Mamawetan Churchill River Regional Health Authority	Creighton Health Centre	Face-to-face Telehealth is available Psychiatrist meets patients face-to-face for the first meeting, all subsequent services are provided via telehealth	No age restrictions	As needed—psychiatrist is available regularly	Psychiatric services by medical referral only	Phone communication with Health Centre, March, 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Addictions	Addictions Services	Offers screening, assessment, one-on-one counselling, treatment planning, group work, support, and follow-up counselling. Provides referrals to inpatient, self-help and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Creighton Alcohol and Drug Abuse Council (CADAC)	Creighton Health Centre	Face-to-face Telehealth is available	No age restrictions	As needed—two addictions counsellors are available	Not required	http://www.mcrealth.ca/programs_services/addictions_mental_health.html , last updated 2015
Education	Alternative Education/ Adult Learning Centre	Provides alternative education courses for high school students, as well as postsecondary and adult learning centre courses	Flin Flon School Division—Hapnot Collegiate	Many Faces Education Centre—Flin Flon (Adjacent community)	Face-to-face	Approximately 13 years and older	Ongoing	Not required	http://hapnotcollegiate.com/many-faces/ , last updated 2016
Education	Creighton Community School	Offers primary and secondary education (grades K-12)	Creighton School Division	Creighton Community School	Face-to-face	5-21 years	Ongoing	Not required	http://www.creightonschool.com/ , last updated 2016
Education	Northlands College Programs	Offers adult education, technical and vocational training, trades, mining, and various health and university courses	Northlands College	Northlands College—Creighton Campus	Face-to-face Online high school and GED training is available	17 years and older	Ongoing—specific program offered depends on semester	Not required	http://trainnorth.ca/Our%20Campuses , last updated 2016
Education	Saskatchewan Indian Institute of Technology (SIIT) Programs	Offers programs such as trades/industrial business/technology, health/community studies, adult basic education, and pre-employment skills training	Saskatchewan Indian Institute of Technologies (SIIT)	SIIT Creighton Work Prep Centre	Face-to-face	17 years and older	Ongoing—specific program offered depends on semester	Not required	http://www.siit.ca/creighton/contactus.html , last updated 2016
Employment	CanSask Career and	Offers a variety of resources, information, and services regarding	Government of Saskatchewan—CanSask Career	Community-Hosted Job Search Resource	Face-to-face	No age restrictions	Ongoing	Not required	http://www.sasknetwork.gov.sk.ca/html/H

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
	Employment Services	postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and vocational training and adult basic education, as well as access to employment programs that address employment preparedness, work experience, and skills training	and Employment Services	Centre/SIIT Northern Work Prep Centre— Creighton	Information and resources also available online				ome/about_us.htm, last updated 2016 http://www.economy.gov.sk.ca/lms-offices, last updated 2015

Table G9: Cumberland House—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Kids First North Program	Offers support from a home visitor who provides assistance regarding child development, parenting, and connecting to the community. Helps youth to access services such as childcare and parent support groups. Supports youth regarding literacy, nutrition, transportation, and specialized counselling services	Government of Saskatchewan Kelsey Trail Health Region	Kids First North Office— Cumberland House	Face-to-face	No age restriction	As needed	Not required Must be prenatal or have a child five years or younger; must live off reserve	http://www.kidsfirstnorth.com/ , last updated 2016 http://www.northernbusinessdirectory.ca/reports/CRERRegionalBusinessDirectory.pdf , last updated 2014
Mental Health	Mental Health Services	Provides outpatient rehabilitation services, therapy for victims of abuse, child and youth services, behaviour management counselling, psychological assessments, education, crisis services, and therapy for stress, anxiety, depression, and phobias	Kelsey Trail Health Region	Cumberland House Health Centre	Face-to-face Telehealth is available	No age restriction	Ongoing—some services are provided by visiting professionals	Not required	http://www.kelseytrailhealth.ca/Facilities/CH/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Programs/MHA/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Publications/Brochures/Documents/Mental%20Health%20and%20Addiction%20Services.pdf , last updated 2014
Mental Health	Mental Health Services (on reserve)	Offers assessment, one-on-one counselling, and consultation services. Group interventions and home visits may be	Cumberland House Cree Nation	Cumberland House Cree Nation Health Centre	Face-to-face Telehealth is available	No age restriction	Ongoing—services are provided by a mental wellness	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=80 , last updated 2009

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		provided on request					coordinator; a mental health therapist is available for a limited number of days each month		Phone communication with Health Centre, April 2016
Addictions	Addictions Services	Offers screening, assessment, counselling, treatment planning, support and follow-up counselling. Provides referrals to inpatient, self-help and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Kelsey Trail Health Region	Cumberland House Health Centre	Face-to-face Telehealth is available	No age restriction	Ongoing	Not required	http://www.kelseytrailhealth.ca/Facilities/CH/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Programs/MHA/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Publications/Brochures/Documents/Mental%20Health%20and%20Addiction%20Services.pdf , last updated 2014
Addictions	Addictions Services	Provides assessment and both group and individual intervention services for alcohol and drug addictions	Cumberland House Cree Nation	Cumberland House Cree Nation Health Centre	Face-to-face Telehealth is available	No age restriction	Ongoing—services are provided by a NNADAP worker	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=80 , last updated 2009 Phone communication with Health Centre, April 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Education	Gabriel Dumont Institute Programs	Offers adult basic education, essential skills for the workplace, and skills training (e.g., office administration, security officer, GED, safety tickets, trades, employment readiness)	Gabriel Dumont Institute	Cumberland House Cree Nation Band Office	Face-to-face	17 years and older	Ongoing—specific program offered depends on semester	Not required	https://gdins.org/programs-and-courses/what-we-offer/ , last updated 2016 http://career.kcdc.ca/index.php/career-offices/29-career-offices/public-career-offices/33 , last updated 2016
Education	Nisto Awasisak Memorial School	Offers primary and secondary education (grades K-12)	Cumberland House Cree Nation	Nisto Awasisak Memorial School—Cumberland House	Face-to-face	5-21 years	Ongoing	Not required	http://publications.gc.ca/collections/collection_2013/aadnc-aandc/R5-11-2009-eng.pdf , last updated 2009
Employment	CanSask Employment and Development Program	Offers a variety of resources, information, and services regarding postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and vocational training and adult basic education, as well as access to employment programs that address employment preparedness, work experience, and skills training	Government of Saskatchewan—CanSask Career and Employment Services	Labour Market Services Office—La Ronge Provides services to Cumberland House (Approximately 507 km from La Ronge)	Telephone	Unknown	Ongoing	Not required	http://www.planningforgrowthnorthsk.com/uploads/7/9/7/4/7974185/cumberlandhouse_2012_community_highlights.pdf , last updated 2012 Phone communication with CanSask, April 2016

Table G10: Deschambault Lake—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Family Wellness Centre (FWC)	Provides services to assist families in wellness, including First Nations healing and cultural practices, Elder services, sharing circles, individual and group counselling, cultural and spiritual teachings, positive coping, drug and alcohol counselling, personal life management, independent living, grief and anger workshops, assertiveness training, recreation opportunities, and programs related to the cycle of violence, interpersonal relationships, and sexual abuse	Peter Ballantyne Cree Nation Child and Family Services	Deschambault Lake Family Wellness Centre	Face-to-face	No age restriction	As needed	FWC services by referral from PBCN Family and Child Services Worker	http://www.pbcfs.net/fwellness.html , last updated 2011
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, consultative services, and one-on-one counselling for various issues such as time management, relationships, anger management, and stress management. Also provide regular women's and men's groups addressing a variety of topics, assistance to individuals contemplating suicide, and cultural activities	Peter Ballantyne Cree Nation Health Services Inc.	Jonah Sewap Memorial Nursing Station— Deschambault Lake	Face-to-face Telehealth is available	12 years and older	As needed—services are provided by a holistic health coordinator and holistic intervention workers; a mental health therapist visits monthly	Not required	http://pbcnhealthservices.org/index.php?option=com_content&view=article&id=62&Itemid=69 , last updated 2016 Phone communication with Health Centre, April, 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Addictions	Addictions Services	Offers addictions assessments, one-on-one counselling, referrals to inpatient treatment centres, a 12-step program support group, and a faith-based Reformer's Unanimous support group	Peter Ballantyne Cree Nation Health Services Inc.	Jonah Sewap Memorial Nursing Station— Deschambault Lake	Face-to-face Telehealth is available	12 years and older	As needed— services are provided by a holistic health coordinator and holistic intervention workers; a mental health therapist visits monthly	Not required	http://pbcnhealthservices.org/index.php?option=com_content&view=article&id=62&Itemid=69 , last updated 2016 Phone communication with Health Centre, April, 2016
Education	Kimosom Pwatinahk Collegiate	Offers primary and secondary education (grades 6-12)	Peter Ballantyne Cree Nation	Kimosom Pwatinahk Collegiate	Face-to-face	Approx. 10-21 years	Ongoing	Not required	http://www.northernbusinessdirectory.ca/reports/DeschambaultLakeCommunityBusinessDirectory.pdf , last updated 2016
Employment	Employment and Training Services	Provides employment and training services to encourage and support clients to enter the labour market and acquire technical institute, college, or professional qualifications	Woodland Cree Enterprises Inc.	Deschambault Lake Band Office	Face-to-face	Unknown	Ongoing— services are provided by an employment and training worker	Not required	http://lrib.com/wp-content/uploads/2014/08/lrib-2013-annual-report.pdf , last updated 2013 http://career.kcdc.ca/index.php/career-offices/29-career-offices/public-career-offices/33 , last updated 2016
Employment	Resume Writing	Holistic intervention worker will help clients prepare and update their resumes	Peter Ballantyne Cree Nation Health Services Inc.	Jonah Sewap Memorial Nursing Station— Deschambault Lake	Face-to-face	12 years and older	As needed— two holistic intervention workers are available	Not required	Phone communication with Health Centre, April, 2016

Table G11: Fond-du-Lac—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/individual counselling, consultative services, and emergency/crisis services	Athabasca Health Authority	Fond du Lac Denesuline Health Centre/Nursing Station	Face-to-face Telehealth is available	No age restriction	Ongoing—a mental health therapist provides counselling on a monthly basis	Not required	http://www.athabascahealth.ca/reports.html , last updated 2013
Addictions	Addictions Services	Offers screening, assessment, one-on-one counselling, support, and follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support and counselling for those affected by others' substance abuse	Athabasca Health Authority	Fond du Lac Denesuline Health Centre/Nursing Station	Face-to-face Telehealth is available	No age restriction	Ongoing—two addictions workers are available	Not required	http://www.athabascahealth.ca/reports.html , last updated 2013
Addictions	Youth Addiction Prevention	Offers in-school prevention and health promotion materials for youth on subjects such as addictions, mental wellness, and bullying	Athabasca Health Authority	Provides services from Fond du Lac Denesuline Health Centre/Nursing Station, will travel to schools	Face-to-face Telehealth is available	5-18 years	Ongoing—an assigned youth prevention addictions worker provides the programing	Not required	http://www.athabascahealth.ca/reports.html , last updated 2013
Education	Father Gamache Memorial School	Offers primary and secondary education (grades K-12)	Fond-du-Lac First Nation	Father Gamache Memorial School—Fond-du-Lac	Face-to-face	5-21 years	Ongoing	Not required	http://publications.gc.ca/collections/collecti on_2013/aadnc-aandc/R5-11-2009-eng.pdf , last updated 2009

Table G12: Hatchet Lake First Nation/Wollaston Lake—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/individual counselling, consultative services, and emergency/crisis services	Athabasca Health Authority	Hatchet Lake Health Centre	Face-to-face	No age restriction	Ongoing—a mental health therapist provides counselling on a monthly basis	Not required	http://www.athabascahealth.ca/reports.html , last updated 2013
Addictions	Addictions Services	Offers screening, assessment, one-on-one counselling, support, and follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Athabasca Health Authority	Hatchet Lake Health Centre	Face-to-face	No age restrictions	Ongoing—two addictions workers are available	Not required	http://www.athabascahealth.ca/reports.html , last updated 2013
Addictions	Youth Addiction Prevention	Offers in-school prevention and health promotion materials for youth on subjects such as addictions, mental wellness, and bullying	Athabasca Health Authority	Provides services from Fond du Lac Denesuline Health Centre/Nursing Station, will travel to schools	Face-to-face	5-18 years	Ongoing—an assigned youth prevention addictions worker provides the programing	Not required	http://www.athabascahealth.ca/reports.html , last updated 2013
Education	Father Megret High School	Offers secondary education (grades 7-12)	Hatchet Lake First Nation	Father Megret Elementary School—Wollaston Lake	Face-to-face	Approx. 13-21 years	Ongoing	Not required	http://www.planningforgrowthnorthsk.com/uploads/7/9/7/4/7974185/wollaston._2012._community_highlights.pdf , last updated 2012
Employment	Employment and Training Services	Provides employment and training services to encourage and support	Woodland Cree Enterprises Inc.	Hatchet Lake Band Office	Face-to-face	Unknown	Ongoing—services are provided by	Not required	http://lrib.com/wp-content/uploads/2014/08/lrib-2013-

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		clients to enter the labour market and acquire technical institute, college, or professional qualifications					an employment and training worker		annual-report.pdf, last updated 2013 http://career.kcdc.ca/index.php/career-offices/29-career-offices/public-career-offices/33 , last updated 2016

Table G13: Ile-a-la-Crosse—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Cognitive Disability Supports	Offers services to address the unmet needs of people with cognitive disabilities. Assists families and individuals in developing a specified case plan that suits their needs. Also offers behavioural consultation, assessment, and guidance for implementation to parents, caregivers, or service providers	Government of Saskatchewan — Ministry of Social Services Keewawtin Yatthe Health Region	Keewawtin Yatthe Regional Health Authority Office—Ile-a-la-Crosse	Face-to-face	Unknown	Ongoing	Not required	http://www.sasklawcourts.ca/images/documents/Resources/CD_S_and_Assessment_Services_final.pdf (n.d.), accessed March, 2016 Phone communication with Saskatchewan Ministry of Justice representative, March 2016
Mental Health	Kids First North Home Visitor Program	Offers support from a home visitor who provides assistance regarding child development, parenting, and connecting to the community. Helps youth to access services such as childcare and parent support groups. Supports youth regarding literacy, nutrition, transportation, and specialized counselling services	Government of Saskatchewan Keewatin Yatthe Health Region Aboriginal Friendship Centres of Saskatchewan	Ile-a-la-Crosse Friendship Centre	Face-to-face	No age restrictions	Ongoing	Not required Must be prenatal or have a child five years or younger; must live off reserve	http://www.kidsfirstnorth.com/ , last updated 2016 http://www.afcs.ca/ile-a-la-crosse.html , last updated October, 2015
Mental Health	Mental Health	Provides services and interventions for individuals, families, and groups experiencing significant distress or dysfunction related to cumulative stress, situational difficulties or difficulties related to biochemical disorders	Keewatin Yatthe Health Region	St. Joseph's Hospital and Health Centre—Ile-a-la-Crosse	Face-to-face Telehealth is available	No age restrictions	Ongoing	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=281 , last updated 2009 http://www.kyrha.ca/News/KYRHA_2014-15_Annual_Report_Web.pdf , last updated 2015

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Parent Mentoring Program of Saskatchewan	Offers a home-visiting based, outreach program that provides assistance and support to parents who are pregnant or parenting newborn to 5 year olds	Aboriginal Friendship Centres of Saskatchewan	Ile-a-la-Crosse Friendship Centre	Face-to-face	Unknown	Ongoing	Not required	http://pmps.ca/ , (n.d.) accessed April 2016 http://www.afcs.ca/ile-a-la-crosse.html , last updated October, 2015
Addictions	Addictions Services (Outpatient)	Provides client education on the effects of alcohol and drug abuse, including one-on-one counselling, follow-up support, and home visits	Keewatin Yatthé Health Region	St. Joseph's Hospital and Health Centre— Ile-a-la-Crosse	Face-to-face Telehealth is available	Unknown	Ongoing— services provided by an addictions counsellor	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=281 , last updated 2009 Mental Health and Addictions Service Directory by Community, (n.d.) accessed April 2016 http://www.kyrha.ca/News/KYRHA_2014-15_Annual_Report_Web.pdf , last updated 2015
Addictions	Withdrawal Management Services (Addictions Detox)	Offers a social detox program (not staffed by nurses) for people with more severe substance use problems. Staff at these facilities work to provide a safe and comfortable environment in which the client is able to undergo the process of alcohol and other drug withdrawal and stabilization	Keewatin Yatthé Health Region	St. Joseph's Hospital— Family Healing Centre—Ile-a-la-Crosse	Face-to-face Telehealth is available	Unknown	Ongoing	Not required	http://www.canadadrugrehab.ca/SK/Saskatchewan-Detox-Medical-Drug-Rehab-Programs.html , last updated 2014 http://www.kyrha.ca/News/KYRHA_2014-15_Annual_Report_Web.pdf , last updated 2015

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Education	Adult Education	Offers adult education programming in addition to grades 7 to 12	Ile-a-la-Crosse School Division No. 112	Rossignol High School—Ile-a-la-Crosse	Face-to-face	17 years and older	Ongoing	Not required	http://icsd112.ca/ , last updated 2015
Education	College of Nursing Degree Programs	Offers a Bachelor of Science in Nursing (BSN) program, Master of Nursing (MN) program, Primary Healthcare Nursing Practitioner (NP) program and Post-Graduate Nurse Practitioner Certificate program	University of Saskatchewan	Various sites in Ile-a-la-Crosse (e.g., Northlands College campus, St. Joseph's Hospital and Health Centre)	Distributed learning technologies are employed, including video and web conferencing, mobile devices, asynchronous and hybrid learning environments, and remote presence technology	Unknown	Ongoing	Not required	https://www.usask.ca/nursing/campuses/distributed.php
Education	Gabriel Dumont Institute Programs	Offers adult basic education, essential skills for the workplace, and skills training (e.g., office administration, security officer, GED, safety tickets, trades, employment readiness)	Gabriel Dumont Institute	Gabriel Dumont Training and Education Centre—Ile-a-la-Crosse	Face-to-face	Unknown	Ongoing—specific program offered depends on semester	Not required	https://gdins.org/programs-and-courses/what-we-offer/ , last updated 2016
Education	Northlands College Programs	Offers adult education, technical and vocational training, trades, mining, and various health and university courses	Northlands College	Northlands College Program Centre—Ile-a-la-Crosse	Face-to-face Online high school and GED training is available	17 years and older	Ongoing—specific program offered depends on semester	Not required	http://trainnorth.ca/Courses , last updated 2016
Education	Rossignol High School	Offers primary and secondary education (grades 7-12)	Ile-a-la-Crosse School Division	Rossignol High School—Ile-a-la-Crosse	Face-to-face	Approx. 13-21 years	Ongoing	Not required	http://216.174.135.221/highschool.html , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Employment	CanSask Employment and Development Services	Offers a variety of resources, information, and services regarding postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and vocational training and adult basic education, as well as access to employment programs that address employment preparedness, work experience, and skills training	Government of Saskatchewan—CanSask Career and Employment Services	Labour Market Services Office— Ile-a-la-Crosse	Face-to-face Internet access and computers	Unknown	Ongoing	Not required	http://www.sasknet.ork.gov.sk.ca/html/Home/cansask/locations.htm#northwest , last updated 2016
	National Association of Friendship Centres (NAFC)/ Young Canada Works (YCW) Summer Student Employment	Assists Aboriginal youth in finding summer jobs, gaining practical work experience, and developing relevant skills	Aboriginal Friendship Centres of Saskatchewan	Ile-a-la-Crosse Friendship Centre	Face-to-face	16-30 years	Ongoing	Not required	http://www.afcs.ca/ile-a-la-crosse.html , last updated October, 2015 http://nafc.ca/wp-content/uploads/2014/06/43rd-AGM-Executive-Directors-Report-Final.pdf , last updated June, 2014

Table G14: La Loche—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Family Support Program	Provides counselling, support, education and information to families and individuals, including: intervention and prevention services, interpretive services, and advocacy in areas such as legal, medical, and education	Aboriginal Friendship Centres of Saskatchewan	La Loche Friendship Centre	Face-to-face	No age restrictions	Ongoing	Not required	http://www.afcs.ca/la-loche.html , last updated October, 2015 http://www.lalochefc.com/about.html#/, last updated February, 2016
Mental Health	Kids First North Home Visitor Program	Offers support from a home visitor who provides assistance regarding child development, parenting, and connecting to the community. Helps youth to access services such as childcare and parent support groups. Supports youth regarding literacy, nutrition, transportation, and specialized counselling services	Government of Saskatchewan Keewatin Yatthé Health Region	Kids First North La Loche Office	Face-to-face	No age restriction	As needed	Not required Must be prenatal or have a child five years or younger; must live off reserve	http://www.kidsfirstnorth.com/ , last updated 2016 http://www.mcrhealth.ca/programs_services/kids_first_north.html , last updated 2015
Mental Health	Mental Health Services	Provides services and interventions for individuals, families, and groups experiencing significant distress or dysfunction related to cumulative stress, situational difficulties, or difficulties related to biochemical disorders	Keewatin Yatthé Health Region	La Loche Health Centre and Hospital	Face-to-face Telehealth is available	No age restrictions	Ongoing	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=285 , last updated 2009 http://www.kyrha.ca/News/KYRHA_2014-15_Annual_Report_Web.pdf , last updated 2015
Mental Health	Psychiatric Services	A psychiatrist from Ontario periodically flies to La Loche to provide psychiatric services	Keewatin Yatthé Health Region	La Loche Health Centre and Hospital	Face-to-face	No age restrictions	Psychiatrist visits community	Not required	http://news.nationalpost.com/news/life-in-la-loche-the-town-without-hope-what-

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
							every 3-4 months		happened-isnt-surprising-at-all, last updated 2016
	Strengthening Families Program	Offers a 14-week session based program to families in the La Loche area to help families to learn and gain new skills and knowledge to utilize at home	Aboriginal Friendship Centres of Saskatchewan	La Loche Friendship Centre	Face-to-face	Unknown	Ongoing	Not required	http://www.lalochefc.com/about.html#/, last updated February, 2016 http://www.afcs.ca/la-loche.html, last updated October, 2015
	Youth Intervention Program	Helps youth involved with the criminal justice system access programs and services in the community, so they are able to get the help and support they may need to reduce the risk of re-offending	Aboriginal Friendship Centres of Saskatchewan	La Loche Friendship Centre	Face-to-face	Unknown	Ongoing	Not required	http://www.lalochefc.com/about.html#/, last updated February, 2016 http://www.afcs.ca/la-loche.html, last updated October, 2015
Addictions	Addictions Services	Provides client education on the effects of alcohol and drug abuse, including one-on-one counselling, follow-up support, and home visits	Keewatin Yatthé Health Region	La Loche Health Centre and Hospital	Face-to-face Telehealth is available	No age restrictions	Ongoing	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=285, last updated 2009 http://www.kyrha.ca/News/KYRHA_2014-15_Annual_Report_Web.pdf, last updated 2015
Education	Gabriel Dumont Institute Programs	Offers adult basic education, essential skills for the workplace, and skills training (e.g. office administration, security	Gabriel Dumont Institute	Gabriel Dumont Training and Education Centre—La Loche	Face-to-face	Unknown	Ongoing—specific program offered depends on	Not required	https://gdins.org/programs-and-courses/what-we-offer/, last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		officer, GED, safety tickets, trades, employment readiness)					semester		http://www.planningforgrowthnorthsk.com/uploads/7/9/7/4/7974185/laloche._2012._community_highlights.pdf , last updated 2012
Education	La Loche Community School	Offers primary and secondary education (grades K-12)	Northern Lights School Division	La Loche Community School	Face-to-face	5-21 years	Ongoing	No required	http://www.education.gov.sk.ca/adx/asp/adxGetMedia.aspx?DocID=89b084c1-8cbe-493e-b8d3-fde39464c81e&MediaID=22972&Filename=2014+Active+List+of+Saskatchewan+Schools+-+September+30%2C+2014.pdf&l=English , last updated 2014
Employment	CanSask Employment and Development Services	Offers a variety of resources, information, and services regarding postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and vocational training and adult basic education, as well as access to employment programs that address employment preparedness, work experience, and skills training	Government of Saskatchewan—CanSask Career and Employment Services	Labour Market Services Office—provides services from Ile-a-la-Crosse office (Approximately 164 km from La Loche)	Telephone	Unknown	Ongoing	Not required	http://www.sasknetwork.gov.sk.ca/html/Home/cansask/location.s.htm#northwest , last updated 2016 http://www.planningforgrowthnorthsk.com/uploads/7/9/7/4/7974185/laloche._2012._community_highlights.pdf , last updated 2012 Phone conversation with CanSask, April 2016

Table G15: La Ronge—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Cognitive Disability Supports	Offers services to address the unmet needs of people with cognitive disabilities. Assists families and individuals in developing a specified case plan that suits their needs. Also offers behavioural consultation, assessment and guidance for implementation to parents, caregivers or service providers	Government of Saskatchewan — Ministry of Social Services Mamawetan Churchill River Health Region (MCRHR)	Cognitive Disability Strategy Office—La Ronge	Face-to-face	Unknown	Ongoing	Not required	http://www.sasklawcourts.ca/images/documents/Resources/CD_S_and_Assessment_Services_final.pdf , (n.d.), accessed March, 2016
Mental Health	Family Support Program	Provides counselling, support, education and information to families and individuals such as intervention and prevention services, interpretive services and advocacy in such areas as legal, medical and education	Aboriginal Friendship Centres of Saskatchewan (ACFS)	Kikinahk Friendship Centre—La Ronge	Face-to-face	No age restrictions	Ongoing	Not required	http://www.afcs.ca/kikinahk.html , last updated October, 2015
Mental Health	Kids First North Home Visitor Program	Offers support from a home visitor who provides assistance regarding child development, parenting, and connecting to the community. Helps youth to access services such as childcare and parent support groups. Supports youth regarding literacy, nutrition, transportation and specialized counselling services	Government of Saskatchewan Mamawetan Churchill River Health Region (MCRHR) Aboriginal Friendship Centres of Saskatchewan (ACFS)	Kikinahk Friendship Centre—La Ronge	Face-to-face	No age restrictions	Ongoing	Not required Must be prenatal or have a child five years or younger; must live off reserve	http://www.mcrhealth.ca/programs_services/kids_first_north.html , last updated 2015 http://www.kidsfirstnorth.com/ , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Mental Health Services	Offers education, support, and/or counselling to individuals, families or groups, as well as advocacy and crisis intervention services	Mamawetan Churchill River Health Region (MCRHR)	La Ronge Health Centre	Face-to-face Telehealth is available	No age restrictions	Ongoing	Not required	http://www.mcrhealth.ca/facilities.html#LaRonge , last updated 2015
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/counselling, and consultative services	Lac La Ronge Indian Band	Jeannie Bird Health Clinic—Air Ronge	Face-to-face	No age restrictions	Ongoing	Not required Services may only be available to Lac La Ronge Indian Band members	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=84 , last updated 2009 Phone communication with Health Clinic, March, 2016
Mental Health	National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)	Provides youth suicide prevention and intervention services, parenting groups, AA meetings, mental health support and holistic wellness services	Lac La Ronge Indian Band	Jeannie Bird Health Clinic—Air Ronge	Face-to-face	No age restrictions	Ongoing—services are provided by mental health therapists and community development workers	Not required Services may only be available to Lac La Ronge Indian Band members	http://lribhs.org/prevention-recovery-program/ , (n.d.), accessed March, 2016
Mental Health	Psychiatric Services	Offers adult and pediatric psychiatric services	Mamawetan Churchill River Regional Health Authority	La Ronge Health Centre	Telehealth is available	No age restrictions	As needed	Psychiatric services by medical referral only	http://www.mcrhealth.ca/programs_services/telehealth.html , last updated 2015
Mental Health	Sexual Assault Services	Offers individual and group support, networking, referrals, advocacy, education, sharing circles, and activities for survivors of sexual assault	La Ronge Native Women's Council	Piwapan Women's Centre—La Ronge	Face-to-face	16 years and older	Ongoing	Not required	http://www.pwcprograms.com/services.html , last updated 2012
Mental Health	Special Needs Housing, Employment,	Provides opportunities for persons with physical and mental disabilities to have	North Sask Special Needs Housing,	North Sask Special Needs Housing,	Face-to-face	19 years and older	Ongoing	Not required	http://www.northernbusinessdirectory.ca/reports/LaRonge&Area

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
	and Recreation Services	safe and appropriate housing, meaningful employment, and rewarding recreational activities	Employment, Recreation, Inc. (NSN) /Scattered Site Outreach Program Mamawetan Churchill River Health Region (MCRHR)	Employment, Recreation, Inc. (NSN)/Scattered additioSite Outreach Program—La Ronge				Must be homeless or dealing with ns	CommunityBusiness Directory.pdf, last updated September, 2015 http://www.mcrhealth.ca/our_region/partnerships.html#NSN , last updated 2015
Mental Health	Teen and Young Parent Program	Provides counselling and support services to assist young parent(s) in their role as parents. Helps parent(s) understand child development, child care, and proper nutrition, and assists with budget management	Aboriginal Friendship Centres of Saskatchewan	Buffalo Narrows Friendship Centre	Face-to-face	No age restrictions	Ongoing	Not required	http://www.afcs.ca/kinahk.html , last updated October 2015
Mental Health	Women's Shelter and Outreach Services	Provides temporary shelter for mothers and children experiencing family violence and follow-up support after leaving the shelter including group programming.	La Ronge Native Women's Council	Piwapan Women's Centre—La Ronge	Face-to-face	16 years and older	Ongoing	Not required	http://www.pwcprograms.com/services.html , last updated 2012
Mental Health	Youth Centre Programs	Operates during non-school hours and provides opportunities for the youth to participate in recreational activities. Has eight computer stations available for use	Lac La Ronge Indian Band	Jonas Roberts Memorial Community Centre (JRMCC)—Youth Centre	Face-to-face	Unknown	Ongoing	Not required	http://lrib.com/wp-content/uploads/2014/08/lrib-2013-annual-report.pdf , last updated 2013
Mental Health	Youth Outreach Program	Works with street level at-risk youth to help them overcome barriers to healthy lifestyles	Aboriginal Friendship Centres of Saskatchewan (ACFS)	Kikinahk Friendship Centre—La Ronge	Face-to-face	Unknown	Ongoing	Not required	http://www.afcs.ca/kinahk.html , last updated October, 2015

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Addictions	Addiction Services	Offers screening, assessment, one-on-one and group counselling, treatment planning, support, and follow-up counselling. Opioid dependency and alcohol dependency groups meet twice weekly. Provides referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Mamawetan Churchill River Health Region (MCRHR)	La Ronge Health Centre	Face-to-face Telehealth is available	No age restrictions	Ongoing	Not required	http://www.mcrhealth.ca/programs_services/addictions_mental_health.html , last updated 2015
Addictions	Addictions Prevention and Recovery Program	Provides counselling sessions to individuals pursuing recovery from substance abuse. Offers assessments, screening, and referrals to other agencies and treatment centres, as well as follow-up care once individuals return to their communities. Also provides youth suicide intervention services, parenting groups, AA meetings, mental health support, and holistic wellness services	Lac La Ronge Indian Band	Jeannie Bird Health Clinic—Air Ronge	Face-to-face	No age restrictions	Ongoing—services are provided by mental health therapists and community development workers	Not required Services may only be available to Lac La Ronge Indian Band members	http://llribhs.org/prevention-recovery-program/ , (n.d.), accessed March, 2016
Addictions	Withdrawal Management Services (Detox)	Offers a social detox program for people with severe substance use problems. Staff work to provide a safe and comfortable environment in which the client is able to undergo the process of	Mamawetan Churchill River Health Region (MCRHR)	La Ronge Health Centre	Face-to-face	18 years and older	Ongoing	Not required	http://www.mcrhealth.ca/programs_services/addictions_mental_health.html , last updated 2015

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		alcohol/drug withdrawal and stabilization							
Addictions	Youth Addiction Services (Project Hope)	Provides one-to-one counselling, an addictions education program, and outpatient services Also offers youth drop in services regularly throughout the week	Mamawetan Churchill River Health Region (MCRHR) Aboriginal Friendship Centres of Saskatchewan (ACFS)	Kikinahk Friendship Centre—La Ronge	Face-to-face	17 years and younger	Ongoing	Not required	http://www.mcrhealth.ca/programs_services/addictions_mental_health.html , last updated 2015 http://www.afcs.ca/kikinahk.html , last updated October, 2015
Education	Churchill Community High School	Offers secondary education (grades 7-12)	Northern Lights School Division	Churchill Community High School—La Ronge	Face-to-face	Approx. 13-21 years	Ongoing	Not required	http://churchillcommunityschool.ca/ , last updated 2016
Education	NORTEP/ NORPAC and Extension Programs	Offers courses that count towards a Bachelor of Arts in Indigenous Studies, Nursing, Law, Social Work, Business Administration, or a Bachelor of Education	University of Saskatchewan—College of Education	Northern Teacher Education Program/ Northern Professional Access College—La Ronge	Face-to-face	17 years and older	Ongoing	Not required	http://explore.usask.ca/programs/colleges/education/nortep/index.php , last updated 2016 http://nortep-norpac.sk.ca/ , last updated 2016
Education	Northern Resource Trucking Training Program	Provides Class 1A training	Northern Resource Trucking Training Centre	Northern Resource Trucking	Northern Resource Trucking Training Centre	18 years and older	Ongoing	No required	http://www.nrtlp.com/index.php/training , last updated 2014
Education	Northlands College Programs	Offers adult education, technical and vocational training, trades, mining, and various health and university courses	Northlands College	Northlands College—La Ronge Campus	Face-to-face Online high school and GED training is available	17 years and older	Ongoing—specific program offered depends on semester	Not required	http://trainnorth.ca/Courses , last updated 2016
Education	SIIT Programs	Offers programs such as, trades/industrial	Saskatchewan Indian Institute of	Northern Work Prep Centre	Face-to-face	17 years and older	Ongoing—specific	Not required	http://www.siiit.ca/la-ronge/pdetails/about-

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		business/technology, health/community studies, adult basic education, and pre-employment skills training	Technologies (SIIT)	(NWPC)—La Ronge			program offered depends on semester		nwpc.html, last updated 2016
Employment	CanSask Employment and Development Program	Offers a variety of resources, information, and services regarding postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and vocational training and adult basic education, as well as access to employment programs that address employment preparedness, work experience, and skills training	Government of Saskatchewan—CanSask Career and Employment Services	Labour Market Services Office—La Ronge	Face-to-face	Unknown	Ongoing	Not required	http://www.sasknetwork.gov.sk.ca/html/Home/cansask/locations.htm , last updated March, 2016 http://www.economy.gov.sk.ca/lms-offices , last updated 2015
Employment	Employment and Training Services	Provides employment and training services to encourage and support clients to enter the labour market and acquire technical institute, college, or professional qualifications	Woodland Cree Enterprises Inc.	Lac La Ronge Indian Band Office—Air Ronge	Face-to-face	Unknown	Ongoing—services are provided by two employment and training workers	Not required Services may only be available to Lac La Ronge Indian Band members	http://lrib.com/wp-content/uploads/2014/08/lrib-2013-annual-report.pdf , last updated 2013
	Enhanced Service Delivery (ESD)/First Nations Job Fund (FNJF) Program	Supports First Nations youth who receive social assistance to become employable by identifying individual employment needs and establishing an individualized case management plan to overcome barriers to employment. Can assist	Aboriginal Affairs and Northern Development Canada Lac La Ronge Indian Band	Lac La Ronge Indian Band Office—Air Ronge	Face-to-face	Unknown	Ongoing—services are provided by a ESD personal development coach	Not required Services may only be available to Lac La Ronge Indian Band members	http://lrib.com/departments/social-development/enhanced-service-delivery-esd/ , (n.d.), accessed March, 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		with licenses, safety tickets, life skills training, pardons, literacy training, GED and GED prep, drug and alcohol rehabilitation, personal protection equipment, transitional supports (e.g., mileage to employment), drug and alcohol testing, identification, resumes, and career and education searches							
Employment	Job Coaching Program and Training	Assists participants with the development of employability skills, provides career counselling and advice, assists Career Centre participants overcome barriers to employment and training, and provides liaison between workers and employers	Saskatchewan Indian Institute of Technologies (SIIT)	Northern Work Prep Centre (NWPC)—La Ronge	Face-to-face	Unknown	Ongoing	Not required	http://www.siid.ca/la-ronge/pdetails/about-nwpc.html , last updated 2016
Employment	Resume Building	Provides assistance with resume building. Seven computers with Internet access are available to the public	La Ronge Public Library	La Ronge Public Library	Face-to-face	No age restrictions	Ongoing	Not required	http://www.pnls.lib.sk.ca/pahkisimon/public-libraries , last updated 2016 Phone communication with Library, April 2016

Table G16: Makwa Sahgaiehcán First Nation—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Community Justice Program	Provides restorative and community-based justice services, including alternative measures/extra judicial sanctions, program, victim offender mediations, the serious offense program, diversion programs, family conferencing, sentencing circles, community referrals, re-integration plans, healing circles, and youth and culture camps	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—Makwa Sahgaiehcán First Nation Band Office	Face-to-face	Unknown	Ongoing	Not required	About.php">http://www.mltc.ca/Justice>About.php , last updated 2016
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/counselling, and consultative services	Makwa Sahgaiehcán First Nation Meadow Lake Tribal Council	Makwa Sahgaiehcán First Nation Health Centre	Face-to-face	No age restrictions	Ongoing	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=101 , last updated 2009 http://www.mltc.ca/Health-Staff.php?id=25 , last updated 2016
Addictions	Addictions Services	Offers confidential community-based mental health assessment, treatment/counselling, and consultative services	Meadow Lake Tribal Council Makwa Sahgaiehcán First Nation	Makwa Sahgaiehcán First Nation Health Centre	Face-to-face	No age restrictions	Ongoing	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=101 , last updated 2009 http://mltc.ca/documents/general/Makwa%20Sahgaiehcán%202015%20-%20Audit.pdf , last updated 2015

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
									http://www.mlhc.ca/Health-About.php , last updated 2016
Addictions	Addictions Services (Outpatient)	Offers screening, assessment, counselling, treatment planning, support, and follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Prairie North Health Authority	Loon Lake Health Centre and Special Care Home (< 20km away)	Face-to-face	Unknown	Ongoing	Not required	http://www.pnrha.ca/bins/content_page.asp?cid=19-119&lang=1 , last updated 2016
Addictions	Mistahey Musqua Treatment Centre (Inpatient)	Provides counselling for alcohol and drug addictions. The treatment centre is a National Native Alcohol and Drug Abuse (NNADAP) program	Meadow Lake Tribal Council	Mistahey Musqua Treatment Centre—Loon Lake (< 20km away)	Face-to-face	18 years and older	Ongoing	Not required	http://healthycanadians.gc.ca/healthy-living-vie-saine/substance-abuse-toxicomanie/help-aide/treatment-centres-traitement-eng.php , updated January, 2016 http://www.mlhc.ca/Health-About.php , 2016
Education	Makwa Sahgaiehcan School	Offers primary and secondary education (grades K-12)	Makwa Sahgaiehcan First Nation and Meadow Lake Tribal Council	Makwa Sahgaiehcan School	Face-to-face	5-21 years	Ongoing	Not required	http://makwaschool.ca/ , last updated 2016
Education	Northwest College Programs	Offers adult basic education, GED prep, literacy programs, essential skills, trades, safety	Northwest College	Location may vary—can be delivered onsite at Makwa	Face-to-face Online training is available	18 years and older	Ongoing-program offered depends on semester	Not required	http://www.northwestcollege.ca/about_us/locations.html , last updated 2013

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		training, and various university programs		Sahgaiehcan First Nation					http://www.economy.gov.sk.ca/abe-on-reserve-review-report , last updated 2011
Employment	Aboriginal Skills and Employment Training Strategy (ASETS)	Guides clients through a career planning process and helps them develop an action plan outlining the steps required to attain employment in their area of interest	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—Makwa Sahgaiehcan First Nation Band Office	Face-to-face	18 years and older	Ongoing—services are provided by an ASETS worker	Not required Must currently receive Income Assistance	http://www.mltc.ca/ASETS.php , last updated 2016
Employment	Enhanced Service Delivery (ESD)/First Nations Job Fund (FNJF) Program	Supports First Nations youth who receive social assistance to become employable by identifying individual employment needs and establishing an individualized case management plan to overcome barriers to employment. Can assist with licenses, safety tickets, life skills training, pardons, literacy training, GED and GED prep, drug and alcohol rehabilitation, personal protection equipment, transitional supports (e.g., mileage to employment), drug and alcohol testing, identification, resumes, and	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—Makwa Sahgaiehcan First Nation Band Office	Face-to-face	18-24 years	Ongoing—services are provided by a community caseworker	Not required Must live in Meadow Lake area; must have an active Employment Insurance (EI) claim, have had one in the past three years, or have been on maternity leave in the past 5 years	http://www.mltc.ca/Enhanced%20Service%20DeliveryFirst%20Nations%20Job%20Fund.php , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		career and education searches							

Table G17: Meadow Lake—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Cognitive Disability Supports	Offers services to address the unmet needs of persons with cognitive disabilities. Assists families and individuals in developing a case plan that suits their needs. Also offers behavioural consultation, assessment and guidance for implementation to parents, caregivers or service providers	Government of Saskatchewan — Ministry of Social Services and Prairie North Health Authority	Meadow Lake Hospital	Face-to-face	Unknown	Ongoing	Not required	http://www.meadowlake.ca/2008-06/pdf/PNHR%20Community%20Contact%20Information.pdf , last updated June, 2008 Phone communication with Saskatchewan Ministry of Justice representative, March 2016
Mental Health	Community Justice Program	Provides restorative and community-based justice services, including alternative measures/extra judicial sanctions, program, victim offender mediations, the serious offense program, diversion programs, family conferencing, sentencing circles, community referrals, re-integration plans, healing circles, and youth and culture camps	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—Flying Dust First Nation Band Office	Face-to-face	Unknown	Ongoing	Not required Services may only be available to Flying Dust First Nation members	About.php">http://www.mltc.ca/Justice>About.php , last updated 2016
Mental Health	In Home Family Support Program	Provides in-home emotional support and guidance for families at risk. May assist with parenting, budgeting, nutrition, hygiene, and home management	Aboriginal Friendship Centres of Saskatchewan	Northwest Friendship Centre—Meadow Lake	Face-to-face	Unknown	Ongoing	Not required	http://www.afcs.ca/north-west.html , last updated 2012 http://www.meadowlake.ca/2008-06/pdf/PNHR%20Community%20Contact%20Information.pdf , last updated 2008

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Kids First North Home Visitor Program	Offers support from a home visitor who provides assistance regarding child development, parenting and connecting to the community. Helps youth access services such as childcare and parent support groups. Supports youth regarding literacy, nutrition, transportation, and specialized counselling services	Prairie North Health Authority	Meadow Lake Hospital	Face-to-face	No age restrictions	Ongoing	Not required Must be prenatal moms or moms with children under five years	http://www.meadowlake.ca/2008-06/pdf/PNHR%20Community%20Contact%20Information.pdf , last updated June, 2008 http://www.pnrha.ca/bins/content_page.asp?cid=21-158 , last updated 2016
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/counselling, and consultative services	Prairie North Health Authority	Mental Health and Addictions Services—Meadow Lake	Face-to-face Telehealth is available	No age restrictions	Ongoing	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=394 , last updated 2009 http://www.mlhc.ca/Health.php , last updated 2016
Mental Health	Mental Health Services	Offers assessment, individual and group counselling, and crisis intervention services	Meadow Lake Tribal Council Office and Flying Dust First Nation	Flying Dust First Nation Health Centre	Face-to-face	No age restrictions	Ongoing	Not required Services may only be available to Flying Dust First Nation members	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=394 , last updated 2009 http://www.flyingdust.net/mental-health.phpm (n.d.) accessed April 2016 http://www.mlhc.ca/Health-About.php , last updated 2016
Mental Health	Parent Mentoring Program	Matches youth who are prenatal or parenting a child up to five years of age with a volunteer mentor who	Prairie North Health Authority	Meadow Lake Health Facility	Face-to-face	No age restrictions	Ongoing	Not required Must be prenatal or	http://www.pnrha.ca/bins/content_page.asp?cid=21-127-12555 , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		supports the youth in his/her personal growth as a parent by enhancing his/her knowledge, skills and motivation				Priority is given to single parents under the age of 25 years		parenting at least one child under the age of five years	http://www.meadowlake.ca/2008-06/pdf/PNHR%20Community%20Contact%20Information.pdf , last update 2008
Mental Health	Psychiatric Services	Provides services to diagnose and treat mental disorders	Prairie North Health Authority	Meadow Lake Hospital	Face-to-face Telehealth is available	18 years and older	Available on a monthly basis	By medical referral only	http://www.meadowlake.ca/2008-06/pdf/PNHR%20Community%20Contact%20Information.pdf , last updated 2008 http://www.pnrha.ca/bins/content_page.asp?cid=21-160
Mental Health	Saskatchewan Youth in Care and Custody Network (SYICCN)	Advocates and supports youth in or from foster care/young offender systems. Offers educational workshops, speaking panels, youth-run projects, recreational and other activities, and positive peer support	Saskatchewan Youth in Care and Custody Network (SYICCN)	Meadow Lake Child and Family Services	Face-to-face	14-24 years	Ongoing	Not required	http://www.syiccn.ca/ , last updated 2007
Mental Health	Stop Lift Program	Offers an individual and group theft reduction education program for youth who have committed an act of shoplifting. Youth work with caseworkers to develop strategies to make better choices in the future and look at ways to deal with temptation and peer pressure	Meadow Lake Outreach Ministries Inc.— (The Door of Hope)	Meadow Lake Outreach Ministries Inc.— (The Door of Hope)	Face-to-face	Unknown	Ongoing	Referral from youth court, youth probation, schools, parents, etc.	http://www.meadowlake.ca/2008-06/pdf/PNHR%20Community%20Contact%20Information.pdf , last updated June, 2008

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Teen and Young Parents Program and Healthy Babies Right From the Start Program	Provides counselling and support services to assist young parent(s) in their role as parents. May offer pregnancy counselling, life choice planning, life skills management counselling, educational and vocational counselling, and group support. Also helps parent(s) understand child development, child care and proper nutrition, and assists with budget management	Aboriginal Friendship Centres of Saskatchewan	Northwest Friendship Centre—Meadow Lake	Face-to-face	Unknown	Ongoing	Not required	http://www.afcs.ca/north-west.html , last updated 2012 http://www.meadowlake.ca/2008-06/pdf/PNHR%20Community%20Contact%20Information.pdf , last updated 2008
Mental Health	Youth Centre	Provides a secure, culturally relevant setting for youth with an open-door policy to all youth. Assists youth with developing an action plan and offers programs to enhance social development, build self-esteem, and increase access to education and employment training	Aboriginal Friendship Centres of Saskatchewan	Other Side Youth Centre—Meadow Lake	Face-to-face	12-24 years	Ongoing	Not required	http://www.afcs.ca/north-west.html , last updated 2012 http://www.meadowlake.ca/2008-06/pdf/PNHR%20Community%20Contact%20Information.pdf , last updated 2008 http://www.justice.gov.sk.ca/justicereform/docs/afcsdirectoryofservices.pdf , 2003
Mental Health	Youth Mentoring Reintegration Program	Offers mentoring to youth who have been in contact with the criminal justice system and helps them to reintegrate into the community	Government of Saskatchewan—Ministry of Corrections, Public Safety and Policing	Meadow Lake Outreach Ministries Inc.—(The Door of Hope)	Face-to-face	Unknown	Ongoing	Not required	http://www.meadowlake.ca/2008-06/pdf/PNHR%20Community%20Contact%20Information.pdf , last updated June, 2008

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
									Phone communication with Saskatchewan Ministry of Justice Representative, March 2016
Addictions	Addictions Services	Offers screening, assessment, counselling, treatment planning, support, and follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Prairie North Health Authority	Robert Simard Centre—Meadow Lake	Face-to-face Telehealth is available	Unknown	Ongoing	Not required	http://www.pnrha.ca/bins/content_page.asp?cid=21-159 , last updated 2016 http://www.canadadrugrehab.ca/SK/Saskatchewan-Outpatient-Alcohol-Drug-Rehab-Programs.html , last updated 2014
Addictions	Addictions Services	Provides counselling for alcohol and drug addictions	Flying Dust First Nation	Flying Dust First Nation Health Centre	Face-to-face	No age restrictions	Ongoing	Not required Services may only be available to Flying Dust First Nation members	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=394 , last updated 2009 http://mltc.ca/documents/general/Flying%20Dust%202015%20-%20Audit.pdf , last updated 2015
Addictions	Withdrawal Management Services (Addictions Services)	Offers a social detox program (not staffed by nurses) for people with more severe substance use problems. Staff work to provide a safe and comfortable environment in which the client is able to undergo the process of	Prairie North Health Authority	Robert Simard Centre—Meadow Lake	Face-to-face	18 years or older	Ongoing	Not required	http://www.pnrha.ca/bins/content_page.asp?cid=21-159 , last updated 2016 http://www.canadadrugrehab.ca/SK/Saskatchewan-Detox-Medical-Drug-Rehab-Programs .

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		alcohol/drug withdrawal and stabilization							html, last updated 2014
Education	Carpenter High School	Offers secondary education (grades 10-12)	Northwest School Division	Carpenter High School—Meadow Lake	Face-to-face	Approx. 15-21 years	Ongoing	No required	http://www.edline.net/pages/carpenter , last updated 2016
Education	Gabriel Dumont Institute Programs	Offers adult basic education, university-based education, essential skills for the workplace, and skills training (e.g. office administration, security officer, GED, safety tickets, trades, employment readiness)	Gabriel Dumont Institute	Gabriel Dumont Training and Education Centre—Meadow Lake	Face-to-face	Unknown	Ongoing—specific program offered depends on semester	Not required	https://gdins.org/programs-and-courses/what-we-offer/ , last updated 2016
Education	Jonas Samson Junior High School	Offers primary and secondary education (grades 7-9)	Northwest School Division	Jonas Samson Junior High School—Meadow Lake	Face-to-face	Approx. 12-15 years	Ongoing	Not required	http://www.edline.net/pages/jsjh , last updated 2016
Education	Northwest College Programs	Offers adult basic education, GED prep, literacy programs, essential skills, trades, safety training, and various university programs	Northwest College	Northwest College—Meadow Lake Campus	Face-to-face Online training is available	18 years and older	Ongoing—specific program offered depends on semester	Not required	http://www.northwestcollege.ca/about_us/locations.html , last updated 2013
Education	SIIT Programs	Offers programs such as trades/industrial business/technology, health/community studies, adult basic education, and pre-employment skills training	Saskatchewan Indian Institute of Technology (SIIT)	Meadow Lake Learning Centre	Face-to-face	17 years and older	Ongoing—specific program offered depends on semester	Not required	http://www.siit.ca/pages/about-us.html , last updated January, 2016
Education	Vocational Training	Offers an alternative to traditional education by focusing on vocational training and employment readiness	Northwest School Division	Transition Place Education Centre—Meadow Lake	Face-to-face	21 years or younger	Ongoing	Not required	http://www.edline.net/pages/tpec , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Employment	Aboriginal Skills and Employment Training Strategy (ASETS)	Guides clients through a career planning process and helps them develop an action plan outlining the steps required to attain employment in their area of interest	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—Flying Dust First Nation Band Office	Face-to-face	18 years and older	Ongoing—services are provided by an ASETS worker	Not required Must currently receive Income Assistance; Services may only be available to Flying Dust First Nation Band members	http://www.mltc.ca/ASETS.php , last updated 2016
Employment	CanSask Employment and Development Services	Offers a variety of resources, information, and services regarding postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and vocational training and adult basic education, as well as access to employment programs that address employment preparedness, work experience, and skills training	Government of Saskatchewan—CanSask Career and Employment Services	Labour Market Services Office—Meadow Lake	Face-to-face Internet access and computers available for use	Unknown	Ongoing	Not required	http://www.sasknetw.ork.gov.sk.ca/html/Home/cansask/locations.htm#northwest , last updated 2016 http://www.economy.gov.sk.ca/lms-offices , last updated 2015
Employment	Enhanced Service Delivery (ESD)/First Nations Job Fund (FNJF) Program	Supports First Nations youth who receive social assistance to become employable by identifying individual employment needs and establishing an individualized case management plan to overcome barriers to employment. Can assist with licenses, safety tickets,	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—Flying Dust First Nation Band Office	Face-to-face	18-24 years	Ongoing—services are provided by a community caseworker	Not required Must live in Meadow Lake area; must have an active Employment Insurance (EI) claim, have had one in the past three years, or have	http://www.mltc.ca/Enhanced%20Service%20DeliveryFirst%20Nations%20Job%20Fund.php , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		life skills training, pardons, literacy training, GED and GED prep, drug and alcohol rehabilitation, personal protection equipment, transitional supports (e.g., mileage to employment), drug and alcohol testing, identification, resumes, and career and education searches						been on maternity leave in the past 5 years Services may only be available to Flying Dust First Nation Band members	
Employment	Job Coaching Program and Training	Assists participants with the development of employability skills, provides career counselling and advice, assists Career Centre participants overcome barriers to employment and training, and provides liaison between workers and employers	Saskatchewan Indian Institute of Technology (SIIT)	Meadow Lake Industrial Career Centre	Face-to-face	Unknown	Ongoing—specific program offered depends on semester	Not required	http://www.siiit.ca/meadow-lake/pdetails/about-mlicc.html , last updated, January, 2016
Employment	Multiworks Vocational Training Program	Provides residential, vocational, transportation, and employment supports for adults with cognitive disabilities	Multiworks Vocational Training Corporation—Meadow Lake	Multiworks Vocational Training Corporation—Meadow Lake	Face-to-face	22-64 years	Ongoing	Services provided by referral from Community Living Division of Social Services	http://www.meadowlake.ca/2008-06/pdf/PNHR%20Community%20Contact%20Information.pdf , last updated June, 2008 Phone communication with Saskatchewan Ministry of Justice representative, March 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Employment	Partners for Success	Offers a pre-employment program for those with barriers to employment	Meadow Lake Outreach Ministries Inc.— (The Door of Hope)	Meadow Lake Outreach Ministries Inc.— (The Door of Hope)	Face-to-face	16-65 years	Ongoing	Not required	<p>http://www.meadowlake.ca/2008-06/pdf/PNHR%20Community%20Contact%20Information.pdf, last updated June, 2008</p> <p>Phone communication with Saskatchewan Ministry of Justice Representative, March 2016</p>

Table G18: Melfort—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Mental Health Services	Provides outpatient rehabilitation services, therapy for victims of abuse, child and youth services, behaviour management counselling, psychological assessments, education, crisis services, and therapy for stress, anxiety, depression, and phobias. Also offers individual and group recreational therapy	Kelsey Trail Health Region	Melfort Hospital	Face-to-face Telehealth is available	No age restrictions	Ongoing	Not required	http://www.kelseytrailhealth.ca/Facilities/Melfort/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Programs/MHA/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Publications/Brochures/Documents/Mental%20Health%20and%20Addiction%20Services.pdf , last updated 2014
Mental Health	Personal Violence Prevention and Support Program	Provides supportive counselling, information, advocacy, referrals, assistance with crisis situations, assistance with access to shelter and planning for safety, suicide prevention, and outreach services	Northeast Outreach and Support Services	Northeast Outreach and Support Services—Melfort	Face-to-face	Unknown	Ongoing	Not required	http://northeastoutreach.ca/service/ , last updated 2016
Mental Health	Psychiatric Services	A visiting psychiatrist from Prince Albert Mental Health Clinic provides psychiatric services	Kelsey Trail Health Region	Melfort Hospital	Face-to-face Telehealth is available	Unknown	Ongoing—services are provided by a visiting psychiatrist either in person or via telehealth	By medical referral only	http://www.kelseytrailhealth.ca/Facilities/Melfort/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Programs/MHA/Pages/default.aspx

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
									spx, last updated 2016 http://www.kelseytrailhealth.ca/Publications/Brochures/Documents/Mental%20Health%20and%20Addiction%20Services.pdf , last updated 2014
Mental Health	Salvation Army Community and Family Services	Provides emergency social services to people in need, including food, clothing, household items, referrals to other agencies, assistance with housing searches, emergency shelter, and personal counselling	Salvation Army Family Services	Salvation Army Family Services—Melfort	Face-to-face	No age restrictions	Ongoing	Not required	http://www.cityofmelfort.ca/Directory/Salvation+Army+Family+Services/ , last updated 2016
Mental Health	Saskatchewan Youth in Care and Custody Network (SYICCN)	Advocates and supports youth in or from foster care/young offender systems. Offers educational workshops, speaking panels, youth run projects, recreational and other activities, and positive peer support	Saskatchewan Youth in Care and Custody Network (SYICCN)	Melfort Child and Family Services	Face-to-face	14-24 years	Ongoing	Not required	http://www.syiccn.ca/about.php , last updated 2007
Mental Health	Teen and Young Parents Program	Provides counselling and support services to assist young parent(s) in their role as parents. May offer pregnancy counselling, life choice planning, life skills management counselling, educational and vocational counselling, and group support. Also	Kelsey Trail Health Region	Community Resources and Employment—Melfort	Face-to-face	Unknown	Ongoing	Not required	http://www.kelseytrailhealth.ca/Publications/Brochures/Documents/Early%20Childhood%20Resources.pdf , last updated 2014

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		helps parent(s) understand child development, child care and proper nutrition, and assists with budget management							
Addictions	Addictions Services	Offers screening, assessment, counselling, treatment planning, support and follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Kelsey Trail Health Region	Melfort Hospital	Face-to-face Telehealth is available	Unknown	Ongoing	Not required	http://www.kelseytrailhealth.ca/Facilities/Melfort/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Programs/MHA/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Publications/Brochures/Documents/Mental%20Health%20and%20Addiction%20Services.pdf , last updated 2014
Education	Cumberland College Programs	Offers adult education, GED, employment readiness, trades, certificate and diploma programs, English language courses, and various university courses	Cumberland College	Cumberland College Melfort Campus	Face-to-face	18 years and older	Ongoing	Not required	http://www.cumberlandcollege.sk.ca/index.php?id=27 , last updated 2016
Education	Melfort and Unit Comprehensive Collegiate (MUCC)	Offers primary and secondary education (grades 7-12)	North East School Division	Melfort and Unit Comprehensive Collegiate (MUCC)	Face-to-face	12-21 years	Ongoing	Not required	http://www.nesd.ca/School/mucc/Pages/default.aspx , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Education	Sylvan Learning Centre Programs	Offers one-on-one tutoring, homework help and test preparation	Sylvan Learning Centre	Sylvan Learning Centre—Melfort	Face-to-face	No age restrictions	Ongoing	Not required	http://locations.sylvanlearning.com/ca/prince-albert-sk/satellite/80083 , last updated 2016
Employment	CanSask Employment and Development Program	Offers a variety of resources, information, and services regarding postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and vocational training and adult basic education, as well as access to employment programs that address employment preparedness, work experience, and skills training	Government of Saskatchewan—CanSask Career and Employment Services	Service Canada Centre- Labour Market Services Office—Melfort	Face-to-face	Unknown	Ongoing	Not required	http://www.sasknetwork.gov.sk.ca/html/Home/cansask/location.s.htm , last updated 2016
Employment	Resume Building	Provides assistance with resume building and offers job search advice. Five computers with Internet access are available to the public	James Smith Public Library	James Smith Public Library	Face-to-face	No age restrictions	Ongoing	Not required	http://www.pnls.lib.sk.ca/pahkisimon/public-libraries , last updated 2016 Phone communication with Library, April 2016
Employment	Salvation Army Employment-Related Services	Provides assistance with job search and resume completion	Salvation Army	Salvation Army Family Services—Melfort	Face-to-face	No age restrictions	Ongoing	Not required	http://www.cityofmelfort.ca/Directory/Salvation+Army+Family+Services/ , last updated 2016

Table G19: Montreal Lake Cree Nation—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/counselling, and consultative services	Montreal Lake Cree Nation	William Charles Health Centre— Montreal Lake Cree Nation	Face-to-face	No age restrictions	Ongoing—services are provided by a mental health therapist	Not required	http://www.mlcn.ca/Departments/#HealthAnchor , last updated 2016 http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=86 , last updated 2009
Addictions	Addictions Services— National Native Alcohol and Drugs Addictions Program (NNADAP)	Offers screening, assessment, counselling, treatment planning, support and follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Montreal Lake Cree Nation	William Charles Health Centre— Montreal Lake Cree Nation	Face-to-face	Unknown	Ongoing—services are provided by 2 NNADAP workers	Not required	http://www.mlcn.ca/Departments/#HealthAnchor , last updated 2016 http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=86 , last updated 2009
Education	Montreal Lake School	Offers primary and secondary education (grades K-12)	Montreal Lake Cree Nation	Montreal Lake School	Face-to-face	5-21 years	Ongoing	Not required	http://www.mlcn.ca/Departments/#EducationAnchor , last updated 2012

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Employment	Employment and Training Services	Provides employment and training services to encourage and support clients to enter the labour market and acquire technical institute, college, or professional qualifications	Woodland Cree Enterprises Inc.	Montreal Lake Cree Nation Band Office	Face-to-face	Unknown	Ongoing—services are provided by an employment and training worker	Not required	http://lrib.com/wp-content/uploads/2014/08/lrib-2013-annual-report.pdf , last updated 2013 http://www.mlc.ca/Departments/#lifestylesAnchor , last updated 2016

Table G20: Muskoday First Nation—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Child and Family Services Program	Offers intervention and support to families to encourage healthy families and prevent breakdown. Includes providing information, assessment, intervention strategies and advocacy	Muskoday First Nation	Muskoday First Nation Health Centre	Face-to-face	No age restrictions	Ongoing	Not required	http://muskodayfn.ca/muskoday-community-health-center/ , last updated 2016
Mental Health	Justice Program	Offers programs such as fine option, community service orders, healing circles, victim/offender mediation, family mediation, community group conferencing, and family group conferencing	Muskoday First Nation	Muskoday First Nation Administration Building	Face-to-face	Unknown	Ongoing	Not required	http://muskodayfn.ca/justice/ , last updated 2016
Mental Health	Mental Health Community Wellness/Living Well Program	Offers confidential community-based mental health assessment, treatment/counselling, and consultative services	Muskoday First Nation	Muskoday First Nation Health Centre	Face-to-face	No age restrictions—students are encouraged to seek counselling	Ongoing—services are provided by a community wellness worker	Not required	http://muskodayfn.ca/muskoday-community-health-center/ , last updated 2016
Addictions	Addictions Services	Offers screening, assessment, home visits and one-one counselling, treatment planning, support and follow-up counselling. Provides referrals to inpatient, self-help and other community services. Also offers education, support and counselling for those affected by others' substance abuse	Muskoday First Nation	Muskoday First Nation Health Centre	Face-to-face	Unknown	Ongoing—services are provided by a community awareness addictions worker	Not required	http://muskodayfn.ca/muskoday-community-health-center/ , last updated 2016
Education	Adult Basic Education	Offers courses in basic literacy, grade 10-12, GED	Cumberland College	Cumberland College—	Face-to-face	Unknown	Ongoing	Not required	http://www.cumberlandcollege.sk.ca/index

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		preparation and GED testing		Muskoday First Nation					.php?id=17, last updated 2016
Education	Muskoday First Nation Community School	Offers primary and secondary education (grades K-9)	Muskoday First Nation	Muskoday First Nation Community School	Face-to-face	5-approx. 15 years	Ongoing	Not required	http://muskodayfn.ca/muskoday-first-nation-community-school/ , last updated 2016
Employment	Active Measures	Helps young, on-reserve First Nations persons transition from welfare dependency to labour force participation, post-secondary education and training and self-sufficiency	Muskoday First Nation	Muskoday First Nation Administration Building	Face-to-face	Unknown	Ongoing	Not required	http://muskodayfn.ca/active-measures/ , last updated 2016

Table G21: Nipawin—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Child Development and Nutrition, Culture, Literacy and Community Inclusion Program	Teaches good nutrition practices for children, youth and families, and helps develop independent living skills for children and their families, including new ways to prepare food, budgeting, shopping, safe food handling and preserving. Also includes Cree culture and language, literacy, outdoor, and community activities	Ministry of Social Services and Nipawin Oasis Community Centre Cooperative Ltd.	Nipawin Oasis Community Centre	Face-to-face	Unknown	Ongoing	Not required	http://www.nipawinasis.com/programs_services.html , last updated April, 2016
Mental Health	Family Support Program	Provides direct support services to families in the family home by strengthening communication and problem solving skills, enhancing family cohesion, and decreasing the number of children coming into the care of the Ministry of Social Services. Services provided are parenting programs and skills, home visiting and drop in support	Ministry of Social Services and Nipawin Oasis Community Centre Cooperative Ltd.	Nipawin Oasis Community Centre	Face-to-face	Unknown	Ongoing	Not required	http://www.nipawinasis.com/programs_services.html , last updated April, 2016
Mental Health	Kids First Program	Offers support from a home visitor who provides assistance regarding child development, parenting, and connecting to the community. Helps youth to access services such as childcare and parent support groups. Supports youth regarding literacy,	Government of Saskatchewan Kelsey Trail Health Region	Kids First North Office—Nipawin	Face-to-face	No age restriction	As needed	Not required Must be prenatal or have a child five years or younger; must live off reserve	http://www.kelseytrailhealth.ca/Publications/Brochures/Documents/Early%20Childhood%20Resources.pdf , last updated 2014

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		nutrition, transportation, and specialized counselling services							
Mental Health	Mental Health Services	Provides outpatient rehabilitation services, therapy for victims of abuse, child and youth services, behaviour management counselling, psychological assessments, education, crisis services, and therapy for stress, anxiety, depression, and phobias	Kelsey Trail Health Region	Nipawin Hospital	Face-to-face Telehealth is available	No age restrictions	Ongoing	Not required	http://www.kelseytrailhealth.ca/Facilities/Nipawin/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Programs/MHA/Pages/default.aspx , last updated 2016
Mental Health	Mental Health Support Program/COPE	Supports people diagnosed with schizophrenia, depression, bipolar disorder and other chronic mental health problems by holding group meetings with outreach workers, volunteers and a mental health nurse to carry out the various social and recreation activities	Kelsey Trail Health Region and Nipawin Oasis Community Centre Cooperative Ltd.	Nipawin Oasis Community Centre	Face-to-face	Unknown	Ongoing—twice per week	Not required	http://www.nipawinosis.com/programs_services.html , last updated April, 2016
Mental Health	Parent Mentoring Program of Saskatchewan	Offers home visit-based, outreach services to provide assistance and support to parents who are pregnant or parenting newborn. Parents are matched with a volunteer mentor or paraprofessional who will enhance the parent's ability to effectively care for his/her child and self	Kelsey Trail Health Region	Nipawin Hospital	Face-to-face	Unknown	Ongoing	Not required Must be pregnant or parenting child five years or under	http://pmps.ca/ , (n.d.), accessed April, 2016 http://www.kelseytrailhealth.ca/Publications/Brochures/Documents/Parent%20Mentoring%20Program%20of%20Saskatchewan.pdf , last updated 2013

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Personal Violence Prevention and Support Program	Provides supportive counselling, information, advocacy, referrals, assistance with crisis situations, assistance with access to shelter and planning for safety, suicide prevention, and outreach services	Northeast Outreach and Support Services	Northeast Outreach and Support Services—Nipawin	Face-to-face	Unknown	Ongoing—counsellors visit community every two weeks	Not required	http://northeastoutreach.ca/service/ , last updated 2016
Mental Health	Psychiatric Services	A visiting psychiatrist from Prince Albert Mental Health Clinic provides psychiatric services	Kelsey Trail Health Region	Nipawin Hospital	Face-to-face Telehealth is available	Unknown	Ongoing—services are provided by a visiting psychiatrist either in person or via telehealth	By medical referral only	http://www.kelseytrailhealth.ca/Facilities/Nipawin/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Programs/MHA/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Publications/Brochures/Documents/Mental%20Health%20and%20Addiction%20Services.pdf , (n.d.), last updated 2014
Mental Health	Salvation Army Community and Family Services	Provides emergency social services to people in need including, food, clothing, household items, referrals to other agencies, housing searches, emergency shelter and personal counselling	Salvation Army Family Services	Salvation Army Family Services—Nipawin	Face-to-face	No age restrictions	Ongoing	Not required	http://www.nipawin.com/community-organizations.html , (n.d.), accessed April, 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Saskatchewan Youth in Care and Custody Network (SYICCN)	Advocates and supports youth in or from foster care/young offender systems. Offers educational workshops, speaking panels, youth run projects, recreational and other activities, and positive peer support	Saskatchewan Youth in Care and Custody Network (SYICCN)	Nipawin Child and Family Services	Face-to-face	14-24 years	Ongoing	Not required	http://www.syiccn.ca/ , last updated 2007
Addictions	Addictions Services	Offers screening, assessment, counselling, treatment planning, support and follow-up counselling. Provides referrals to inpatient, self-help and other community services. Also offers education, support and counselling for those affected by others' substance abuse	Kelsey Trail Health Region	Nipawin Hospital	Face-to-face Telehealth is available	Unknown	Ongoing	Not required	http://www.kelseytrailhealth.ca/Facilities/Nipawin/Pages/default.aspx , last updated 2016 http://www.kelseytrailhealth.ca/Programs/MHA/Pages/default.aspx , last updated 2016
Education	Cumberland College Programs	Offers adult education, GED, employment readiness, trades, certificate and diploma programs, English language courses, and various university courses	Cumberland College	Cumberland College Nipawin Campus	Face-to-face	18 years and older	Ongoing	Not required	http://www.cumberlandcollege.sk.ca/index.php?id=27 , last updated 2016
Education	Family Literacy Programs	Offers various family literacy programs, services and supports to strengthen literacy development at home and in the community	Nipawin Oasis Community Centre Cooperative Ltd.	Nipawin Oasis Community Centre	Face-to-face	Unknown	Ongoing—specific program offered depends on day of the week	Not required	http://www.nipawinoasis.com/programs_services.html , last updated April, 2016
Education	Gabriel Dumont Institute Programs	Offers adult basic education, essential skills for the workplace, and skills training (e.g. office	Gabriel Dumont Institute	Gabriel Dumont Institute Training and Employment—Nipawin	Face-to-face	17 years and older	Ongoing—specific program offered	Not required	https://gdins.org/programs-and-courses/what-we-

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		administration, security officer, GED, safety tickets, trades, employment readiness)					depends on semester		offer/, last updated 2016 http://career.kcdc.ca/index.php/career-offices/29-career-offices/public-career-offices/33 , last updated 2016
Education	L.P. Miller Comprehensive School	Offers primary and secondary education (grades 7-12)	North East School Division	L.P. Miller Comprehensive School—Nipawin	Face-to-face	Approx. 12-21 years	Ongoing	Not required	http://www.nesd.ca/School/lpmiller/Pages/default.aspx , last updated 2016
Education	Nipawin Bible College Programs	Offers 1 to 4 year programs ranging from Foundations for Life to Bachelor degree programs focused on youth ministry, pastoral, leadership, missions, or biblical studies	Nipawin Bible College	Nipawin Bible College	Face-to-face	17 years and older	Ongoing—specific program offered depends on semester	Not required	http://nipawin.org/academics/programs/ , last updated 2016
Education	"Try a Tool" Program	Offers 40 hands on activities that engage women and girls, and encourage them to consider trades as a possible career. Also includes Cree language and culture, math, science, mechanical, processes, various trades skills, and electrical activities	Nipawin Oasis Community Centre Co-operative Ltd.	Nipawin Oasis Community Centre	Face-to-face	Unknown	Ongoing	Not required	http://www.nipawinosis.com/programs_services.html , last updated April, 2016
Employment	CanSask Employment and Development Program	Offers a variety of resources, information, and services regarding postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and	Government of Saskatchewan—CanSask Career and Employment Services	Nipawin Business Centre	Face-to-face	Unknown	Ongoing	Not required	http://www.sasknetwork.gov.sk.ca/html/Home/cansask/location_s.htm , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		vocational training and adult basic education, and access to employment programs that address employment preparedness, work experience, and skills training							
Employment	Resume Building	Provides assistance with resume building and job searching. Two computers with Internet access are available to the public	Nipawin Public Library	Nipawin Public Library	Face-to-face	No age restrictions	Ongoing	Not required	http://www.pnls.lib.sk.ca/pahkisimon/public-libraries , last updated 2016 Phone communication with Library, April 2016
Employment	Salvation Army Employment—Related Services	Provides assistance with job searching and resume completion	Salvation Army	Salvation Army Family Services—Nipawin	Face-to-face	No age restrictions	Ongoing	Not required	http://www.nipawin.com/community-organizations.html , (n.d.), accessed April, 2016

Table G22: Patuanak/English River First Nation—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Community Justice Program	Provides restorative and community-based justice services, including alternative measures/extra judicial sanctions, program, victim offender mediations, the serious offense program, diversion programs, family conferencing, sentencing circles, community referrals, re-integration plans, healing circles, and youth and culture camps	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—English River First Nation Band Office	Face-to-face	Unknown	Ongoing	Not required	About.php">http://www.mlhc.ca/Justice>About.php , last updated 2016
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/counselling, and consultative services. Counselling services offered include one-on-one counselling, as well as group, family, and couples counselling depending on need. Provides home visits on request	English River Health Services	Great River Health Clinic	Face-to-face	No age restrictions	Ongoing—services are provided by a mental health therapist	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=99 , last updated 2009 Phone communication with Health Centre, April 2016
Addictions	National Native Alcohol and Drugs Addictions Program (NNADAP)	Provides assessments and counselling for alcohol and drug addictions	English River Health Services	Great River Health Clinic	Face-to-face	No age restrictions	Ongoing—services are provided by an addictions worker	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=99 , last updated 2009 http://www.erfn.net/facilities/ , (n.d.) accessed April 2016 Phone communication with

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
									Health Centre, April 2016
Education	St. Louis School	Offers primary and secondary education (grades K-12)	English River First Nation and Meadow Lake Tribal Council	St. Louis School—English River First Nation	Face-to-face	5-21 years	Ongoing	Not required	http://englishriverschool.ca/ , last updated 2016
Employment	Aboriginal Skills and Employment Training Strategy (ASETS)	Guides clients through a career planning process and helps them develop an action plan outlining the steps required to attain employment in their area of interest	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—English River First Nation Band Office	Face-to-face	18 years and older	Ongoing—services are provided by an ASETS worker	Not required Must currently receive Income Assistance	http://www.mltc.ca/ASETS.php , last updated 2016
Employment	CanSask Employment and Development Services	Offers a variety of resources, information, and services regarding postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and vocational training and adult basic education, as well as access to employment programs that address employment preparedness, work experience, and skills training	Government of Saskatchewan—CanSask Career and Employment Services	Labour Market Services Office—provides services from Ile-a-la-Crosse office (Approximately 181 km from English River First Nation)	Telephone	Unknown	Ongoing	Not required	http://www.sasknetwork.gov.sk.ca/html/Home/cansask/locations.htm#northwest , last updated 2016 http://www.planningforgrowthnorthsk.com/uploads/7/9/7/4/7974185/englishriver-patuanak_2012_community_highlights.pdf , last updated 2012 Phone conversation with CanSask, April 2016
Employment	Enhanced Service Delivery (ESD)/First Nations Job Fund (FNJF) Program	Supports First Nations youth who receive social assistance to become employable by identifying individual employment needs and establishing an individualized case	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—English River First Nation Band Office	Face-to-face	18-24 years	Ongoing—services are provided by a community caseworker	Not required Must live in Meadow Lake area; must have an active Employment	http://www.mltc.ca/Enhanced%20Service%20DeliveryFirst%20Nations%20Job%20Fund.php , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		management plan to overcome barriers to employment. Can assist with licenses, safety tickets, life skills training, pardons, literacy training, GED and GED prep, drug and alcohol rehabilitation, personal protection equipment, transitional supports (e.g., mileage to employment), drug and alcohol testing, identification, resumes, and career and education searches						Insurance (EI) claim, have had one in the past three years, or have been on maternity leave in the past 5 years	

Table G23: Pelican Narrows—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/counselling (including one-on-one counselling), and consultative services	Peter Ballantyne Cree Nation Health Services Inc.	Angelique Canada Health Centre—Pelican Narrows	Face-to-face Telehealth is available	No age restriction	Ongoing—a worker comes twice per month or as needed. Specific services (e.g., crisis counselling, workshops) may be requested	Not required	http://www.peterballantyne.ca/health/pelicannarrows.html , last updated 2009
Mental Health	Pelican Narrows Therapeutic Group Home	Provides family centered programing to address the physical, mental, emotional and spiritual needs of youth. Programs and services include goal setting, social and life skills, holistic healing and education on traditional values, language and culture	Peter Ballantyne Cree Nation Child and Family Services	Pelican Narrows Group Home	Face-to-face	10-15 years	Ongoing	Application is required. Preference is given to: a) Peter Ballantyne Cree Nation (PBCN) members living on reserve; b) PBCN members living off-reserve; c) other First Nations youth; and d) male or female youth 10-15 years of age	http://www.pbcfs.net/GH.html , last updated 2011
Addictions	Addictions Services	Offers screening, assessment, counselling, treatment planning, support and follow-up counselling. Provides	Peter Ballantyne Cree Nation Health Services Inc.	Angelique Canada Health Centre—Pelican Narrows	Face-to-face Telehealth is available	No age restriction	Ongoing	Not required	http://www.peterballantyne.ca/health/pelicannarrows.html , last updated 2009

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse							
Education	Opawikoscikan School	Offers primary and secondary education (grades 5-12)	Peter Ballantyne Cree Nation	Opawikoscikan School—Pelican Narrows	Face-to-face	Approx. 10-21 years	Ongoing	Not required	http://www.planningforgrowthnorthsk.com/uploads/7/9/7/4/7974185/pelicanarrows_2012_community_highlights.pdf , last updated 2012
Employment	Employment and Training Services	Provides employment and training services to encourage and support clients to enter the labour market and acquire technical institute, college, or professional qualifications	Woodland Cree Enterprises Inc.	Pelican Narrows Band Office	Face-to-face	Unknown	Ongoing—services are provided by an employment and training worker	Not required	http://lrib.com/wp-content/uploads/2014/08/lrib-2013-annual-report.pdf , last updated 2013 http://career.kcdc.ca/index.php/career-offices/29-career-offices/public-career-offices/33 , last updated 2016

Table G24: Prince Albert—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Active Parenting	Teaches parents effective ways to use non-violent discipline techniques, improve communication with their children, and encourage healthy relationships and growth	Prince Albert Catholic Family Services	Prince Albert Catholic Family Services	Face-to-face	No age restrictions	Ongoing	Not required Must be parents of children aged 5-12 years	http://www.cfspa.ca/active-parenting.html , last updated 2015
Mental Health	Calming the Storm	Provides anger management skills to help individuals recognize, acknowledge and cope with anger	Prince Albert Catholic Family Services	Prince Albert Catholic Family Services	Face-to-face	13 years and older (teen and adult groups available)	Ongoing	Not required	http://www.cfspa.ca/calming-the-storm.html , last updated 2015
Mental Health	Child and Youth Development Clinic Services	Completes assessments for diagnoses that affect a young person's development, including FASD, autism spectrum disorders, intellectual disabilities and other complex neurodevelopmental disorders	Prince Albert Parkland Health Region (PAPHR)	Child and Youth Development Clinic—Prince Albert	Face-to-face	17 years or younger	Ongoing	Referrals accepted from health care professionals, mental health care providers, and school divisions	http://paphr.ca/services/addiction-mental-health , last updated 2016 http://paphr.ca/Portals/0/documents/services/Child%20Youth%20Development%20Clinic.pdf?ver=2016-01-04-091645-717 , (n.d.), accessed April, 2016
Mental Health	Child Care and Education Centre	Provides therapeutic care and specialized education programming to children placed in care, including individual counselling, group counselling, family support, and consultative support. Individualized education plans are developed for each student	Prince Albert Grand Council (PAGC)	PAGC Child Care and Education Centre	Face-to-face	17 years or younger	Ongoing	Referrals are accepted from the Ministry of Social Services and First Nations Child and Family Services agencies	http://www.sfnfci.ca/ckfinder/userfiles/files/2013-14%20SFNFCI%20Annual%20Report.pdf , last updated 2014 http://www.pagc.sk.ca/wp-content/uploads/2015/10/pagc-ar2015-

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
									ccec.pdf, last updated 2015
Mental Health	Children's Haven	Offers a 24-hour home-like environment as a safe haven for children and a support for parents when a crisis occurs in a family	Prince Albert Children's Haven	Prince Albert Children's Haven	Face-to-face	No age restrictions	Ongoing	Not required	http://www.pachildrenshaven.ca , last updated March 2016
Mental Health	Climbing the Rock: For Teens Exposed to Interpersonal Violence	Uses behavioral and skills oriented strategies to help improve self-esteem, make positive life choices, avoid unhealthy situations and reduce risk factors that may lead to violence	Prince Albert Catholic Family Services	Prince Albert Catholic Family Services	Face-to-face	12-17 years	Ongoing	Not required	http://www.cfspa.ca/climbing-the-rock-for-teens-exposed-to-interpersonal-violence.html , last updated 2015
Mental Health	Cognitive Disability Supports	Offers services to address the unmet needs of people with cognitive disabilities. Assists families and individuals in developing a specified case plan that suits their needs. Also offers behavioural consultation, assessment, and guidance for implementation to parents, caregivers or service providers	Government of Saskatchewan — Ministry of Social Services and Prince Albert Parkland Health Region (PAPHR)	Regional Health Centre—Prince Albert	Face-to-face	Unknown	Ongoing	Not required	http://www.sasklawcourts.ca/images/documents/Resources/CD_S_and_Assessment_Services_final.pdf , (n.d.), accessed March, 2016
Mental Health	Community Programs for Addictions and Mental Health	Offers counselling and support for abused women, individual, family and group counselling, workshops and classes, self-help support groups, methadone-assisted recovery, advocacy and referrals	Prince Albert Co-operative Health Centre and Community Clinic	Prince Albert Co-operative Health Centre and Community Clinic	Face-to-face	Unknown	Ongoing	Not required	http://www.coophealth.com/communityprog.html , last updated 2009
Mental Health	Elder Services	Provides culturally relevant	Aboriginal Friendship	Indian and Metis Friendship Centre	Face-to-face	No age restrictions	Ongoing	Not required	http://www.afcs.ca/prince-albert.html , last

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		services to First Nations individuals	Centres of Saskatchewan	of Prince Albert					updated October, 2015
Mental Health	Family Services	Provides a Family Wellness Worker and a Family Service Worker who offer support and healing that is culturally and community based	Aboriginal Friendship Centres of Saskatchewan	Indian and Metis Friendship Centre of Prince Albert	Face-to-face	No age restrictions	Ongoing	Not required	http://www.afcs.ca/prince-albert.html , last updated October, 2015
Mental Health	Forensic Services	Provides court-ordered assessment under the Youth Criminal Justice Act, individual and group counselling/treatment, a high risk violent youth offender program, an adolescent sexual offender treatment program, and consultative services	Prince Albert Parkland Health Region (PAPHR)	Regional Health Centre—Prince Albert	Face-to-face Telehealth is available	17 years or younger	Ongoing	Psychiatric services by medical referral only	http://paphr.ca/services/addiction-mental-health , last updated 2016
Mental Health	Homeward Bound	Offers support to chronically or episodically homeless individuals by providing individual needs assessments, referrals, and intensive outreach services to participants, including home visits and crisis intervention, independent living skills development, and advocacy	YWCA of Prince Albert	YWCA of Prince Albert	Face-to-face	No age restrictions	Ongoing	Not required	http://www.ywcaprincealbert.ca/homeward-bound.html , (n.d.), accessed March, 2016
Mental Health	Mental Health—Adult Inpatient Services	Provides diagnostic and treatment services to restore a person's capacity to live in the community	Prince Albert Parkland Health Region (PAPHR)	Regional Health Centre—Prince Albert	Face-to-face Telehealth is available	18 years and older	Ongoing	Psychiatric services by medical referral only	http://paphr.ca/services/addiction-mental-health , last updated 2016
Mental Health	Mental Health—Adult	Offers individual assessment and treatment, anxiety and depression	Prince Albert Parkland Health Region (PAPHR)	Prince Albert Victoria Square	Face-to-face Telehealth is	18 years and older	Ongoing	Psychiatric services by medical	http://paphr.ca/services/addiction-mental-health , last updated

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
	Outpatient Services	groups, grief counselling (individual and group), maternal mental health support, and consultative services		Associate Medical Clinic West Hill Medical Clinic	available			referral only	2016
Mental Health	Mental Health—Child and Youth Inpatient Services	Provides diagnostic and treatment services to restore youth's capacity to live in the community	Prince Albert Parkland Health Region (PAPHR)	Regional Health Centre—Prince Albert	Face-to-face	17 years or younger	Ongoing	Not required	https://www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services/mental-health-support/mental-health-services#child-and-youth-community-mental-health-services , last updated 2016 http://paphr.ca/services/addiction-mental-health , last updated 2016
Mental Health	Mental Health—Child and Youth Outpatient Services	Provides assessment and treatment services, school-based counselling services, clinical consultation, and child and youth groups for anxiety and depression	Prince Albert Parkland Health Region (PAPHR)	Regional Health Centre—Victoria Hospital—Prince Albert	Face-to-face Telehealth is available	17 years or younger	Ongoing	Psychiatric services by medical referral only	http://paphr.ca/services/addiction-mental-health , last updated 2016
Mental Health	Mobile Crisis Services	Provides 24-hour psychological support to individuals experiencing crisis	Prince Albert Parkland Regional Emergency Services	Prince Albert Mobile Crisis Unit Cooperative	Face-to-face	No age restrictions	Ongoing	Not required	http://www.canadadrugrehab.ca/SK/Prince-Albert-Parkland.html , last updated 2014
Mental Health	The Nest	Provides a safe space for mental health participants	The Canadian Mental Health	The Canadian Mental Health	Face-to-face	No age restrictions	Ongoing	Not required	https://pa.cmha.ca/our-services/our-

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		to spend time together casually and provide support as they live with mental illness	Association (CMHA)	Association (CMHA)					programs/, last updated 2016
Mental Health	New Choices for Men	Provides group counselling services for men who use abusive behaviors	Prince Albert Parkland Health Region (PAPHR)	Prince Albert Mental Health Centre	Face-to-face	Unknown	Ongoing	Not required	http://www.phac-aspc.gc.ca/sfv-avf/sources/fem/fem-dir-trtmt-male/sk-eng.php , last updated July, 2012
Mental Health	Our House Services	Offers a 24-hour crisis shelter, transitional living, cold weather shelter, walk-in services (such as laundry telephone use, showers and basic needs), AA and NA, assistance with income support and housing, and 24-hour support staff	YWCA of Prince Albert	YWCA of Prince Albert—Our House	Face-to-face	No age restrictions	Ongoing	Not required	http://www.ywcaprin cealbert.ca/our-house.html , (n.d.), accessed March, 2016
Mental Health	Power of a Girl Conference	Offers a leadership conference for girls including workshops on self-esteem, healthy relationships, dating, discrimination, body image, sexual health, bullying, and Internet safety	YWCA of Prince Albert	YWCA of Prince Albert	Face-to-face	12-17 years	Annually - during YWCA's Week Without Violence	Not required	http://www.ywcaprin cealbert.ca/power-of-being-a-girl.html , (n.d.), accessed March, 2016
Mental Health	Psychiatric Services	Provides psychiatric consultation and treatment for children and youth, psychiatric treatment and assessment services for adults, community mental health nursing and rehabilitation services, and consultative services	Prince Albert Parkland Health Region (PAPHR)	Regional Health Centre—Victoria Hospital—Prince Albert	Face-to-face Telehealth is available	No age restriction	Ongoing	By medical referral only	http://paphr.ca/services/addiction-mental-health , last updated 2016
Mental Health	Rendalyn Home	Offers a safe, supportive home environment for	YWCA of Prince Albert	YWCA of Prince Albert—	Face-to-face	16-21 years	Ongoing	Services provided by	http://www.ywcaprin cealbert.ca/rendalyn-

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		youth who are expecting a child or have children and are involved with the Ministry of Social Services		Rendalyn Home				referral from the Ministry of Social Services	home.html, (n.d.), accessed March, 2016
Mental Health	Riding the Wave: A Program for Children and Families Exposed to Violence	Assists children process and understand the violence and abuse they have witnessed or experienced, and helps parents learn how to help their children practice and use the skills they have learned	Prince Albert Catholic Family Services	Prince Albert Catholic Family Services	Face-to-face	Ages 6-13 years for children No age restrictions for parents	Ongoing	Not required	http://www.cfspa.ca/riding-the-wave-for-children--families-exposed-to-interpersonal-violence.html , last updated 2015
Mental Health	Saskatchewan Youth in Care and Custody Network (SYICCN)	Advocates and supports Youth in or from foster care/young offender systems. Offers educational workshops, speaking panels, youth run projects, recreational and other activities and positive peer support	Saskatchewan Youth in Care and Custody Network (SYICCN)	Prince Albert Child and Family Services	Face-to-face	14-24 years	Ongoing	Not required	http://www.syiccn.ca/ , last updated 2007
Mental Health	Women Helping Women	Provides counselling, support, referrals and advocacy to victims and survivors of family violence on an individual and/or group basis. Offers in-home visits	Prince Albert Co-operative Health Centre and Community Clinic	Regional Mental Health Centre—Victoria Hospital—Prince Albert Safe Shelter for Women—Prince Albert	Face-to-face	No age restrictions	Ongoing	Not required	http://coophealth.com/support_programs/iskwew.html , last updated 2009
Mental Health	Writing for Your Life	Provides a creative writing class for mental health participants	The Canadian Mental Health Association (CMHA)	The Canadian Mental Health Association (CMHA)	Face-to-face	No age restrictions	Twice a month	Not required	https://pa.cmha.ca/our-services/our-programs/ , last updated 2016
Mental Health	Youth Peer Support Home	Provides supportive and transitional housing for young men and women. Youth have access to 24-	YWCA of Prince Albert	YWCA of Prince Albert—Youth Peer Support Home	Face-to-face	16-21 years	Ongoing	Services provided by referral from the Ministry of	http://www.ywcaprincealbert.ca/youth-peer-support-home.html , (n.d.),

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		hour support staff, culturally sensitive programming, crisis intervention and recreational activities						Social Services	accessed March, 2016
Mental Health	Youth Shelter Program	Offers a safe place to stay for youth whom, while residing there, have access to a number of services including meals, cultural activities, recreation, life skills and 24 hour support	YWCA of Prince Albert	YWCA of Prince Albert—Central Avenue Residential Services	Face-to-face	16-18 years	Ongoing	Services provided by referral from the Ministry of Social Services, the Young Offenders Program or ICFS	http://www.ywcaprincealbert.ca/ywca-central-avenue.html , (n.d.), accessed March, 2016
Addictions	Addictions Services	Offers assessments, weekly counselling sessions, consultations, and referrals to appropriate inpatient services	City of Prince Albert	Bernice Sayese Centre—Prince Albert	Face-to-face	Unknown	Ongoing	Not required	http://citypa.ca/Residents/Community/Community-Clubs-and-Centres/Bernice-Sayese-Centre , last updated 2016
Addictions	Addictions Services—Alcohol, Other Drugs, and Problem Gambling	Offers screening, assessment, counselling, treatment planning, support and follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Prince Albert Parkland Health Region (PAPHR)	Addictions Services Office—Prince Albert	Face-to-face Telehealth is available	No age restrictions	Ongoing	Not required	http://paphr.ca/services/addiction-mental-health , last updated 2016
Addictions	Addictions Services—Brief and Social Detox	Offers a social detox program for people with more severe substance use problems. Staff at these facilities work to provide a safe and comfortable	Prince Albert Parkland Health Region (PAPHR)	Regional Health Centre—Prince Albert	Face-to-face Telehealth is available	Unknown	Ongoing	Not required	http://paphr.ca/services/addiction-mental-health , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		environment in which the client is able to undergo the process of alcohol and other drug withdrawal and stabilization							
Addictions	Addictions Services—Family Treatment Centre	Allows for up to eight mothers to access inpatient alcohol and drug addiction treatment. Onsite childcare and school services are provided	Prince Albert Parkland Health Region (PAPHR)	Regional Health Centre—Prince Albert	Face-to-face Telehealth is available	Unknown	Ongoing	Not required	http://paphr.ca/services/addiction-mental-health , last updated 2016 http://www.saskatchewan.ca/government/news-and-media/2013/april/12/oneofakind-family-treatment-centre-in-prince-albert-improves-access-and-care , last updated 2013
Addictions	Al-Anon Family Group	Provides meetings for individuals who have family members with alcohol addiction issues	Al-Anon Family Group	Location varies (e.g., Prince Albert Friendship Centre, First Baptist Church)	Face-to-face	Unknown	Ongoing—specific time varies during the month	Not required	http://sk-alanon.ca/pdfs/alanon_meetings.pdf , last updated March 2016 http://www.al-anon.org/is-alanon-for-you , last updated 2015
Addictions	Metis Addictions Services (Inpatient and Outpatient)	Offers inpatient and outpatient services, stabilization post-relapse, holistic harm reduction field services, and day programs focused on a harm reduction approach to recovery from drugs and alcohol	Metis Addictions Council of Saskatchewan (MACSI)	Metis Addictions Council of Saskatchewan (MACSI) Prince Albert Centre	Face-to-face	Unknown	Ongoing	Not required	http://www.macsi.ca/Prince_Albert_Center.html , (n.d.), accessed March, 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Addictions	Narcotics Anonymous (NA) Meetings	Provides group support for recovery from addictions using the 12-step program	Central Saskatchewan Area of Narcotics Anonymous	Location varies (e.g., Cornerstone Free Methodist Church)	Face-to-face	No age restrictions	Ongoing	Not required	http://www.csana.org , last updated 2016
Addictions	Valley Hill Youth Treatment Centre (Addictions Services)	Offers a 6-week residential treatment program, including cognitive behavioral therapy, NA/AA support groups, social skills training, and Aboriginal healing processes for youth experiencing addiction issues	Valley Hill Youth Treatment Centre	Valley Hill Youth Treatment Centre	Face-to-face	12-17 years	Ongoing	Not required	http://www.vhytc.ca , last updated 2016
Education	Academy of Education College Programs	Offers programs in accounting, business, customer service, information technology, and healthcare	Academy of Education College	Academy of Education College Prince Albert Campus	Face-to-face	17 years and older	Ongoing	Not required	http://www.academyoflearning.com/sk/locations/prince-albert , last updated 2014
Education	Arthur Pechey Public School	Offers primary education (grades K-8) in French and English	Saskatchewan Rivers School Division	Arthur Pechey Public School—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	https://ap.srsd119.ca/ , last updated 2016
Education	Blessed Marie Rivier Catholic School	Offers primary and secondary education (grades 7-12) in English	Prince Albert Catholic School Division	Blessed Marie Rivier Catholic School—Prince Albert	Face-to-face	Approx. 12-21 years	Ongoing	Not required	http://www.pacsd.ca/Our-Schools/rivier-academy.html , last updated 2016
Education	Carlton Comprehensive Public High School	Offers secondary education (grades 9-12) in English and French	Saskatchewan Rivers Public School Division	Carlton Comprehensive Public High School—Prince Albert	Face-to-face	Approx. 14-21 years	Ongoing	Not required	https://www.carlton.srsd119.ca/wordpress/
Education	College of Nursing Degree Programs	Offers a Bachelor of Science in Nursing (BSN) program, Master of Nursing (MN) program, Primary Healthcare Nursing Practitioner (NP) program and Post-Graduate Nurse Practitioner Certificate	University of Saskatchewan – College of Nursing	University of Saskatchewan—College of Nursing Prince Albert Campus	Face-to-face	17 years and older	Ongoing	Not required	https://www.usask.ca/nursing/campuses/princealbert.php , last updated 2015

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		program							
Education	Eagle Nest Youth Ranch Education Program	Offers individualized education programs to help youth with behavioral, emotional and social issues transition into a community school setting	Eagle Nest Youth Ranch and Saskatchewan Rivers School Division	Eagle Nest Youth Ranch Prince Albert Classroom	Face-to-face	Unknown	Ongoing	Not required	http://www.enyr.ca/education/ , last updated 2014
Education	East Central Public School	Offers primary education (grades K-8)	Saskatchewan Rivers School Division	East Central Public School—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	https://ec.srsd119.ca/ , last updated 2016
Education	Ecole Holy Cross	Offers primary education (grades K-8) in French	Prince Albert Catholic School Division	Ecole Holy Cross—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	http://www.pacsd.ca/Our-Schools/ecole-holy-cross.html , last updated 2016
Education	Ecole St. Anne	Offers primary education (grades K-8) in French and English	Prince Albert Catholic School Division	Ecole St. Anne—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	http://www.pacsd.ca/Our-Schools/ecole-st-anne-school.html , last updated 2016
Education	Ecole Vickers Public School	Offers primary education (grades K-8) in French	Saskatchewan Rivers School Division	Ecole Vickers Public School — Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	https://vk.srsd119.ca/ , last updated 2016
Education	English in the Workplace	Offers a free, customized ESL course for individuals whose first language is not English	Prince Albert Multicultural Centre	Prince Albert Multicultural Centre	Face-to-face	No age restrictions	Ongoing—10 hours per week	Not required	http://www.princealbertliteracy.ca/literacy-programs.html , (n.d.), accessed March, 2016
Education	Family Literacy Program, Training and Support	Teaches individuals basic literacy skills, pre-employment training and support	Prince Albert Literacy Network	Red Cross—Prince Albert	Face-to-face	Unknown	Ongoing	Not required	http://www.princealbertliteracy.ca/literacy-programs.html , (n.d.), accessed March, 2016
Education	First Nations University of Canada Programs	Offers various cultural educational programs such as business and public administration, English, indigenous health studies, indigenous social work, resource and environmental	First Nations University of Canada	First Nations University of Canada Prince Albert Campus	Face-to-face	Unknown	Ongoing	Not required	http://fnuniv.ca/programs , (n.d.), accessed March, 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		studies and science							
Education	Gabriel Dumont Institute Programs	Offers adult basic education, essential skills for the workplace, and skills training (e.g. office administration, security officer, GED, safety tickets, trades, employment readiness)	Gabriel Dumont Institute	Gabriel Dumont Institute—Prince Albert Campus	Face-to-face	Unknown	Ongoing—specific program offered depends on semester	Not required	https://gdins.org/programs-and-courses/what-we-offer/ , last updated 2013
Education	John Diefenbaker Public School	Offers primary education (grades K-8)	Saskatchewan Rivers School Division	John Diefenbaker Public School—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	https://jd.srsd119.ca/ , last updated 2016
Education	King George Public School	Offers primary education (grades K-8)	Saskatchewan Rivers School Division	King George Public School—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	https://kg.srsd119.ca/ , last updated 2016
Education	Learning Disabilities Association of Saskatchewan Programs	Offers adult basic education upgrading, GED preparation, assistance with technology, and clinical reading and spelling assessments	Learning Disabilities Association of Saskatchewan	Learning Disabilities Association of Saskatchewan—Prince Albert	Face-to-face	Unknown	Ongoing	Not required	http://www.princealbertliteracy.ca/literacy-programs.html , (n.d.), accessed March 2016
Education	Osborne Public School	Offers primary education (grades K-8)	Saskatchewan Rivers School Division	Osborne Public School—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	https://os.srsd119.ca/ , last updated 2016
Education	Prince Albert Collegiate Institute	Offers secondary education (grades 9-12)	Saskatchewan Rivers School Division	Prince Albert Collegiate Institute	Face-to-face	Approx. 14-21 years	Ongoing	Not required	https://pa.srsd119.ca/ , last updated 2016
Education	Princess Margaret Public School	Offers primary education (grades K-8)	Saskatchewan Rivers School Division	Princess Margaret—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	https://pm.srsd119.ca/ , last updated 2016
Education	Queen Mary Public School	Offers primary education (grades K-8)	Saskatchewan Rivers School Division	Queen Mary—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	https://qm.srsd119.ca/ , last updated 2016
Education	Riverside Public School	Offers primary education (grades K-8)	Saskatchewan Rivers School Division	Riverside—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	https://rv.srsd119.ca/ , last updated 2016
Education	Saskatchewan Polytechnic	Offers a variety of training programs such as	Saskatchewan Polytechnic	SIAST Woodland Campus—Prince	Face-to-face	17 years and older	Ongoing	Not required	http://saskpolytech.ca/programs-and-

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
	Programs	addictions counselling, carpentry, electrician, esthetician, industrial mechanics, aboriginal policing, practical nursing, and welding		Albert	Online distance learning is available				courses/browse-programs/by-campus.aspx?loc=Prince%20Albert, last updated 2016
Education	Saskatchewan Urban Native Teacher Education Program (SUNTEP)	Offers a fully accredited Bachelor of Education program focusing on Native studies, First Nations history, and theory and skills of teaching	Gabriel Dumont Institute	Gabriel Dumont Institute Prince Albert Campus	Face-to-face	17 years and older	Ongoing	Not required	https://gdins.org/programs-and-courses/what-we-offer/suntep/ , last updated 2013
Education	Saskatchewan Indian Institute of Technology (SIIT) Programs	Offers programs such as trades/industrial business/technology, health/community studies, adult basic education, and pre-employment skills training	Saskatchewan Indian Institute of Technology (SIIT)	Saskatchewan Indian Institute of Technology (SIIT) Prince Albert Campus	Face-to-face	17 years and older	Ongoing—specific program offered depends on semester	Not required	http://www.siit.ca/programs.html , last updated 2016
Education	St. Francis School	Offers primary education (grades K-8) in English	Prince Albert Catholic School Division	St. Francis School—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	http://www.pacsd.ca/Our-Schools/st-francis.html , last updated 2016
Education	St. John Community School	Offers primary education (grades K-8) in English	Prince Albert Catholic School Division	St. John Community School—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	http://www.pacsd.ca/Our-Schools/st-john.html , last updated 2016
Education	St. Mary High School	Offers secondary education (grades 9-12)	Prince Albert Catholic School Division	St. Mary High School—Prince Albert	Face-to-face	Approx. 14-21 years	Ongoing	Not required	http://www.pacsd.ca/Our-Schools/st-mary.html , last updated 2016
Education	St. Michael Community School	Offers primary education (grades K-8) in English	Prince Albert Catholic School Division	St. Michael Community School—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	http://www.pacsd.ca/Our-Schools/st-michael.html , last updated 2016
Education	Sylvan Learning Centre	Offers one-on-one tutoring, homework help and test preparation	Sylvan Learning Centre	Sylvan Learning Centre	Face-to-face	No age restrictions	Ongoing	Not required	http://cities.sylvanlearning.com/ca/saskatchewan/prince-albert ,

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
	Programs								last updated 2016
Education	Vincent Massey Public School	Offers primary education (grades K-8)	Saskatchewan Rivers School Division	Vincent Massey—Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	https://vm.srsd119.ca/ , last updated 2016
Education	Wesmor Public High School	Offers secondary education (grades 9-12)	Saskatchewan Rivers School Division	Wesmor Public High School—Prince Albert	Face-to-face	Approx. 14-21 years	Ongoing	Not required	https://wm.srsd119.ca/ , last updated 2016
Education	Westview Public School	Offers primary education (grades K-8)	Saskatchewan Rivers School Division	Westview — Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	https://wv.srsd119.ca/ , last updated 2016
Education	W.J. Berezowsky Public School	Offers primary education (grades K-8)	Saskatchewan Rivers School Division	W.J. Berezowsky —Prince Albert	Face-to-face	5-approx. 14 years	Ongoing	Not required	https://bz.srsd119.ca/ , last updated 2016
Education	Won Ska Cultural Public School	Offers secondary education (grades 9-12)	Saskatchewan Rivers School Division	Won Ska Cultural Public School—Prince Albert	Face-to-face	Approx. 14-21 years	Ongoing	Not required	https://ws.srsd119.ca/ , last updated 2016
Education	Youth Literacy Program	Teaches basic literacy skills to youth. Offers grade 12 completion courses, as well as employment and life skills training. Youth also have access to counselling, outreach and justice workers	Won-Ska Cultural School	Carlton Comprehensive Public High School—Prince Albert	Face-to-face	13-21 years	Ongoing	Not required	http://www.princealbertliteracy.ca/literacy-programs.html , (n.d.), accessed March, 2016
Employment	BRIDGES	Helps individuals successfully transition from the Provincial Correctional System into the community by assisting them in securing employment	Prince Albert Catholic Family Services	Prince Albert Catholic Family Services	Face-to-face	No age restrictions	Ongoing	Not required	http://www.cfspa.ca/bridges.html , last updated 2015
Employment	CanSask Employment and Development Program	Offers a variety of resources, information, and services regarding postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and vocational training and	Government of Saskatchewan-CanSask Career and Employment Services	Labour Market Services Office—Prince Albert	Face-to-face Internet access and computers available for use	Unknown	Ongoing	Not required	http://www.sasknetw.ork.gov.sk.ca/html/Home/cansask/location.s.htm , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		adult basic education, as well as access to employment programs that address employment preparedness, work experience, and skills training							
Employment	Guiding Future Visions	Provides assessment, action planning (for employment, childcare, housing, accommodation), budget management supports and learning for individuals transitioning from income support to employment, employment counselling, referrals to other community resources, resume writing; job search, and employment supports	Prince Albert and District Community Service Centre (PACSC)	Prince Albert and District Community Service Centre (PACSC)	Face-to-face	Unknown	Ongoing	Not required	http://www.pacsc.com/gfvisions.html , (n.d.), accessed March, 2016
Employment	Job Coaching Program and Training	Assists participants with the development of employability skills, provides career counselling and advice, assists Career Centre participants overcome barriers to employment and training, and provides liaison between workers and employers	Saskatchewan Indian Institute of Technology (SIIT)	Industrial Career Centre—Prince Albert	Face-to-face	Unknown	Ongoing	Not required	http://www.siit.ca/pages/job-coaching.html , last updated 2016
Employment	Prince Albert Supported Employment (PASE)	Provides individualized employment exploration and readiness, job search assistance and techniques, support with establishing an action plan, employment matching and job coaching,	Prince Albert and District Community Service Centre (PACSC)	Prince Albert and District Community Service Centre (PACSC)	Face-to-face	Unknown	Ongoing	Not required	http://www.pacsc.com/pase.html , (n.d.), accessed March 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		and ongoing support and follow-up. Coordinate vocational assessments, job carving, and work assessments							
Employment	SMART Career and Employment Program	Assists people in obtaining and maintaining meaningful employment by offering CPR/First Aid training, conflict resolution skills, resume and interviewing skills, WHMIS certification, customer service skills and goal setting	YWCA of Prince Albert	YWCA of Prince Albert—Our House	Face-to-face	No age restrictions	Twice a year (January and September)	Not required	http://www.ywcaprincealbert.ca/smart-career--employment.html , (n.d.), accessed March 2016
Employment	Steps to Employment	Provides a 16-week training program designed to prepare participants for employment	Prince Albert and District Community Service Centre (PACSC)	Prince Albert and District Community Service Centre (PACSC)	Face-to-face	18-30 years	Ongoing	Not required	http://www.pacsc.com/steps.html , (n.d.), accessed March 2016
Employment	Way to Work	Offers a 40-week employment readiness program for adults with diverse disabilities. Includes interview and communication skills, presentation for the work environment, punctuality and attitude, reliability, interaction with bosses and co-workers. Offers certificates and training in First Aid/CPR Level C, WHMIS and Food Safe Handling	Saskatchewan Polytechnic	SIAST Woodland Campus—Prince Albert	Face-to-face	Unknown	Ongoing	Not required	http://saskpolytech.ca/about/school-of-human-services-and-community-safety/employment-readiness.aspx , last updated 2016

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Employment	Work Preparation Centre Program	Provides services in vocational planning, work assessments, and correlating aptitude testing, skills testing, vocational and psychological assessments. Also teaches job search skills and how to negotiate wage subsidies	Prince Albert and District Community Service Centre (PACSC)	Prince Albert and District Community Service Centre (PACSC)—Work Preparation Centre	Face-to-face	18 years and older	Ongoing	Not required	http://www.pacsc.com/workprep.html , (n.d.), accessed March 2016

Table G25: Red Earth Cree Nation—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, counselling, and consultative services. Home visits are available on request	Red Earth Cree Nation	Red Earth Health Centre	Face-to-face	No age restrictions	Ongoing—services are provided by a mental health therapist	Not required	http://reearthcreenation.com/Health_Center.html , last updated 2013 Phone communication with Health Centre, April 2016
Mental Health	Parenting Program	Offers workshops about healthy parenting skills, stress management, and men and women's healing groups	Red Earth Cree Nation	Red Earth Health Centre	Face-to-face	No age restrictions	Ongoing	Not required	http://www.pagc.sk.ca/first-nations/red-earth/ , last updated 2015
Addictions	National Native Alcohol and Drugs Addiction Program (NNADAP)	Provides counselling for alcohol and drug addictions	Red Earth Cree Nation	Red Earth Health Centre	Face-to-face	No age restrictions	Ongoing—services are provided by a NNADAP worker	Not required	http://www.pagc.sk.ca/first-nations/red-earth/ , last updated 2015 Phone communication with Health Centre, April 2016
Addictions	Youth Cultural Workshops	Delivers a wellness model solvent and substance abuse program, teaches problem solving skills, and offers cultural advice from Elders based on aboriginal values and traditions	Red Earth Cree Nation	Red Earth Health Centre	Face-to-face	Unknown	Ongoing	Not required	http://www.pagc.sk.ca/first-nations/red-earth/ , last updated 2015
Education	Adult Basic Education	Provides adult basic education courses that focus on employability, literacy, math, and communication skills	Cumberland College	Red Earth Cree Nation Health Centre	Face-to-face	18 years and older	Ongoing—specific program offered depends on semester	Not required	https://www.cumberlandcollege.sk.ca/index.php?id=146&track=red+earth+cree+nation , last updated 2015

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Education	John William Head Memorial Education Centre	Provides primary and secondary education (grades 8-12)	Red Earth Cree Nation	John William Head Memorial Education Centre—Red Earth Cree Nation	Face-to-face	Approx. 13-21 years	Ongoing	Not required	http://reearthcreenation.com/Education_2.php , last updated 2013

Table G26: Sandy Bay—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Family Wellness and Support Programs	Offers a variety of programming including drop-in services, a clothing depot, family wellness and support programs, and good food boxes	Ministry of Education - Early Years Branch Ministry of Social Services	Breaking Trails Family Place – Sandy Bay	Face-to-face	No age restriction	Ongoing	Not required	http://www.nhsp.ca/#!sandy-bay-family-resource-centre/c1kqy , (n.d.) accessed April 2016
Mental Health	Family Wellness Centre (FWC)	Provides services to assist families in wellness, including First Nations healing and cultural practices, Elder services, sharing circles, individual and group counselling, cultural and spiritual teachings, positive coping, drug and alcohol counselling, personal life management, independent living, grief and anger workshops, assertiveness training, recreation opportunities, and programs related to the cycle of violence, interpersonal relationships, and sexual abuse	Peter Ballantyne Cree Nation Child and Family Services	Sandy Bay Family Wellness Centre	Face-to-face	No age restriction	As needed	FWC services by referral from PBCN family and child services Worker	http://www.pbcfs.net/fwelness.html , last updated 2011
Mental Health	Kids First North	Offers support from a home visitor who provides assistance regarding child development, parenting, and connecting to the community. Helps youth to access services such as childcare and parent support groups. Supports youth regarding literacy, nutrition, transportation and	Government of Saskatchewan Mamawetan Churchill River Regional Health Authority	Sandy Bay Family Wellness Centre	Face-to-face	No age restriction	As needed	Not required Must be prenatal or have a child five years or younger; must live off reserve	http://www.kidsfirstnorth.com/ , last updated 2016 http://www.mcrhealth.ca/programs_services/kids_first_north.html , last updated 2015

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		specialized counselling services							
Mental Health	Mental Health Services	Provides education, support and/or counselling to individuals and families, as well as advocacy and crisis intervention services	Mamawetan Churchill River Regional Health Authority	Sandy Bay Health Centre	Face-to-face Telehealth is available	No age restriction	Ongoing	Not required	http://www.mcrhealth.ca/programs_services/addictions_mental_health.html , last updated 2015
Mental Health	Psychiatric Services	Provides pediatric and adult psychiatric services via telehealth	Mamawetan Churchill River Regional Health Authority	Sandy Bay Health Centre	Telehealth is available	No age restriction	Ongoing	Not required	http://www.mcrhealth.ca/programs_services/telehealth.html , last updated 2015
Addictions	Addictions Services	Offers screening, assessment, counselling, treatment planning, support and follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Mamawetan Churchill River Regional Health Authority	Sandy Bay Outpatient Centre	Face-to-face Telehealth is available	No age restriction	Ongoing	Not required	http://www.mcrhealth.ca/facilities.html#SandyBay , last updated 2015
Education	Hector Thiboutot Community School	Provides primary and secondary education (grades K-12)	Northern Lights School Division	Hector Thiboutot Community School —Sandy Bay	Face-to-face	5-21 years	Ongoing	Not required	http://hectorthiboutot.weebly.com/ , last updated 2015
Employment	Employment and Training Services	Provides employment and training services to encourage and support clients to enter the labour market and acquire technical institute, college, or professional qualifications	Woodland Cree Enterprises Inc.	Woodland Cree Office—Sandy Bay	Face-to-face	Unknown	Ongoing—services are provided by an employment and training worker	Not required	http://lrib.com/wp-content/uploads/2014/08/lrib-2013-annual-report.pdf , last updated 2013 http://career.kcdc.ca/index.php/career-offices/29-career-offices/public-career-offices/33 , last updated 2016

Table G27: Southend—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/counselling, and consultative services. Home visits are available upon request	Peter Ballantyne Cree Nation Health Services Inc.	Arthur Morin Memorial Health Centre—Southend	Face-to-face Telehealth is available	No age restriction	As needed—services are provided by a holistic health coordinator and holistic intervention workers; a mental health therapist visits monthly	Not required	http://www.peterballantyne.ca/health/southend.html , last updated 2009 Phone communication with Health Centre, April 2016
Mental Health	Southend Therapeutic Group Home	Provides family centered programming to address the physical, mental, emotional and spiritual needs of youth. Programs and services include goal setting, social and life skills, holistic healing and education on traditional values, language, and culture	Peter Ballantyne Cree Nation Child and Family Services	Southend Group Home	Face-to-face	10-15 years	Ongoing	Application is required. Preference given to: a) Peter Ballantyne Cree Nation (PBCN) members on reserve; b) PBCN members off-reserve; c) other First Nations youth; d) male or female youth 10-15 years of age	http://www.pbcfs.net/GH.html , last updated 2011
Addictions	Addictions Services	Offers screening, assessment, counselling, treatment planning, support and follow-up counselling.	Peter Ballantyne Cree Nation Health Services Inc.	Arthur Morin Memorial Health Centre—Southend	Face-to-face Telehealth is available	No age restrictions	As needed—services are provided by	Not required	http://www.peterballantyne.ca/health/southend.html , last updated 2009

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		Provides referrals to inpatient, self-help and other community services. Also offers education, support and counselling for those affected by others' substance abuse. Home visits are available upon request					mental health staff		http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=76 , last updated 2009 Phone communication with Health Centre, April 2016
Education	Reindeer Lake School	Provides primary and secondary education (grades K-12)	Peter Ballantyne Cree Nation	Reindeer Lake School—Southend	Face-to-face	5-21 years	Ongoing	Not required	http://www.planningforgrowthnorthsk.com/uploads/7/9/7/4/7974185/southend._2012._community_highlights.pdf , last updated 2012
Employment	Employment and Training Services	Provides employment and training services to encourage and support clients to enter the labour market and acquire technical institute, college, or professional qualifications	Woodland Cree Enterprises Inc.	Southend Band Office	Face-to-face	Unknown	Ongoing—services are provided by an employment and training worker	Not required	http://lrib.com/wp-content/uploads/2014/08/lrib-2013-annual-report.pdf , last updated 2013 http://career.kcdc.ca/index.php/career-offices/29-career-offices/public-career-offices/33 , last updated 2016

Table G28: Stanley Mission First Nation—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/counselling, and consultative services. This location currently has 1 mental health therapist	Stanley Mission Health Services	Stanley Mission Health Centre	Face-to-face	No age restrictions	Ongoing—services are offered by a mental health therapist	Not required	http://www.smhs.ca/services.html , last updated 2014 http://www.stanleymission.com/community.html , (n.d.), accessed March, 2016
Mental Health	Youth Centre Services	Offers 24 hour support to youth, various youth programs and allows youth to socialize through recreational activities such as pool, karaoke, video games, table tennis and air hockey	Stanley Mission First Nation	Youth Drop-in Centre—Stanley Mission First Nation	Face-to-face	Unknown	Ongoing	Not required	http://www.stanleymission.com/community.html , (n.d.), accessed April, 2016
Addictions	Addictions Services	Offers screening, assessment, counselling, treatment planning, support, and follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Stanley Mission Health Services	Stanley Mission Health Centre	Face-to-face	Unknown	Ongoing—services are provided by 2 addictions workers	Not required	http://www.smhs.ca/services.html , last updated 2014 http://www.stanleymission.com/community.html , (n.d.), accessed March, 2016
Education	Rhoda Hardlotte Memorial School	Provides primary and secondary education (grades 7-12)	Lac La Ronge Indian Band	Rhoda Hardlotte Memorial School—Southend	Face-to-face	Approx.. 12-21 years	Ongoing	Not required	http://www.planningforgrowthnorthsk.com/uploads/7/9/7/4/7974185/stanleymission._2012._community_highlights.pdf , last updated 2012

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Employment	Employment and Training Services	Provides employment and training services to encourage and support clients to enter the labour market and acquire technical institute, college, or professional qualifications	Woodland Cree Enterprises Inc.	Stanley Mission Band Office	Face-to-face	Unknown	Ongoing—services are provided by an employment and training worker	Not required	http://lrib.com/wp-content/uploads/2014/08/lrib-2013-annual-report.pdf , last updated 2013
Employment	Enhanced Service Delivery (ESD)/First Nations Job Fund (FNJF) Program	Supports First Nations youth who receive social assistance to become employable by identifying individual employment needs and establishing an individualized case management plan to overcome barriers to employment. Can assist with licenses, safety tickets, life skills training, pardons, literacy training, GED and GED prep, drug and alcohol rehabilitation, personal protection equipment, transitional supports (e.g., mileage to employment), drug and alcohol testing, identification, resumes, and career and education searches	Aboriginal Affairs and Northern Development Canada Lac La Ronge Indian Band	Stanley Mission Enhanced Service Delivery Satellite Office	Face-to-face	Unknown	Ongoing—services are provided by a ESD personal development coach	Not required	http://lrib.com/departments/social-development/enhanced-service-delivery-esd/ , (n.d.), accessed March, 2016
Employment	Resume Building	Provides assistance with resume building and offers job search advice. Ten computers with Internet access are available to the public	Keethanow Public Library	Keethanow Public Library	Face-to-face	No age restrictions	Ongoing	Not required	http://www.pnls.lib.sk.ca/pahkisimon/public-libraries , last updated 2016 Phone communication with Library, April 2016

Table G29: Sturgeon Lake First Nation—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/counselling (including group, marital, and one-one), and consultative services. Also provides traditional parenting courses, men's and women's talking circles, family violence programming, Elder services and traditional ceremonies	Sturgeon Lake First Nation	Sturgeon Lake First Nation Health Centre	Face-to-face	No age restrictions	Ongoing—a mental health therapist is available twice a week	Not required	http://www.sln.ca/?page_id=63 , (n.d.), accessed March, 2016
Addictions	National Native Alcohol and Drugs Addictions Program (NNADAP)	Offers screening, assessment, counselling, treatment planning, support, and follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse	Sturgeon Lake First Nation	Sturgeon Lake First Nation Health Centre	Face-to-face	No age restrictions	Ongoing—services are offered by a NNADAP Coordinator	Not required	http://www.sln.ca/?page_id=63 , (n.d.), accessed March, 2016
Addictions	Youth Inhalant and Treatment and Intervention Program	Provides inpatient counselling for alcohol and drug addictions	Government of Canada—Youth Solvent Addictions Committee	White Buffalo Youth Inhalant Treatment Centre	Face-to-face	12-17 years	Ongoing	Not required	http://ysac.info/?page_id=18 , (n.d.), accessed March 2016
Education	Adult Basic Education	Offers courses in basic literacy, grades 10-12, GED preparation and GED testing	Saskatchewan Indian Institute of Technology (SIIT)	Sturgeon Lake Central School	Face-to-face	17 years and older	Ongoing—specific program offered depends on semester	Not required	http://martincollegiate.rbe.sk.ca/fnmi , last updated 2013

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Education	Sturgeon Lake Central School	Provides primary and secondary education (grades K-12)	Sturgeon Lake First Nation	Sturgeon Lake Central School	Face-to-face	5-21 years	Ongoing	Not required	http://www.sfn.ca/?page_id=57 , (n.d.), accessed August 2016
Employment	Active Measures	Helps young, on-reserve First Nations persons transition from welfare dependency to labour force participation, post-secondary education and training and self-sufficiency	Sturgeon Lake First Nation	Sturgeon Lake First Nation Main Office	Face-to-face	Unknown	Ongoing	Not required	http://www.sfn.ca/?page_id=79 , (n.d.), accessed March 2016
Employment	Community Transportation Program	Provides transportation for First Nations individuals who are looking for work, attending job interviews, working off-reserve, or attending training/education programs	Sturgeon Lake First Nation	Sturgeon Lake First Nation Main Office	Face-to-face	No age restrictions	Ongoing	Not required Must be actively searching for employment, employed off-reserve, or enrolled in training/education to offered on reserve	http://www.sfn.ca/?page_id=79 , (n.d.), accessed March 2016
Employment	Initial Steps to Employment (ISE)	Helps individuals access on and off-reserve work experience opportunities	Sturgeon Lake First Nation	Sturgeon Lake First Nation Main Office	Face-to-face	Unknown	Ongoing	Not required	http://www.sfn.ca/?page_id=79 , (n.d.), accessed March 2016
Employment	Job Coaching Program and Training	Assists participants with the development of employability skills, provides career counselling and advice, assists Career Centre participants overcome barriers to employment and training, and acts as a liaison between workers and employers	Saskatchewan Indian Institute of Technology (SIIT)	Construction Careers Prince Albert—will travel to Sturgeon Lake First Nation	Face-to-face	Unknown	Ongoing	Not required	http://www.sfn.ca/?page_id=59 , (n.d.), accessed March 2016

Table G30: Turnor Lake/Birch Narrows Dene Nation—Inventory of Mental Health, Education, and Employment Programs

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Mental Health	Community Justice Program	Provides restorative and community-based justice services, including alternative measures/extra judicial sanctions, program, victim offender mediations, the serious offense program, diversion programs, family conferencing, sentencing circles, community referrals, re-integration plans, healing circles, and youth and culture camps	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—Birch Narrows Dene First Nation Band Office	Face-to-face	Unknown	Ongoing	Not required	http://www.mltc.ca/Justice-About.php , last updated 2016
Mental Health	Mental Health Services	Offers confidential community-based mental health assessment, treatment/counselling, and consultative services. Provides individual, group, family, and community intervention services, including home visits	Birch Narrows Dene First Nation	Turnor Lake Health Clinic — Birch Narrows First Nation Annie Bagg Memorial Nursing Station	Face-to-face	No age restrictions	Ongoing—services are provided by a mental health therapist	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=94 , last updated 2009 http://mltc.ca/documents/general/Birch%20Narrows%20Dene%20Nation%202014%20Auditors%20Report.pdf , last updated 2014 Phone communication with Health Centre, April 2016
Addictions	Addictions Services	Offers screening, assessment; individual, group, and family counselling; treatment planning, support and	Birch Narrows Dene First Nation	Turnor Lake Health Clinic — Birch Narrows First Nation Annie	Face-to-face	No age restrictions	Ongoing—services are provided by an	Not required	http://www.ehealth-north.sk.ca/facility.aspx?m=4&facility=94 , last updated 2009

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
		follow-up counselling. Provides referrals to inpatient, self-help, and other community services. Also offers education, support, and counselling for those affected by others' substance abuse		Bagg Memorial Nursing Station			addictions worker		http://mltc.ca/documents/general/Birch%20Narrows%20Dene%20Nation%202014%20Auditors%20Report.pdf , last updated 2014 Phone communication with Health Centre, April 2016
Education	Birch Narrows Community School	Provides primary and secondary education (grades K-12)	Birch Narrows Dene Nation and Meadow Lake Tribal Council	Birch Narrows Community School	Face-to-face	5-21 years	Ongoing	Not required	http://birchnarrowsschool.ca/index.php , last updated 2016
Employment	Aboriginal Skills and Employment Training Strategy (ASETS)	Guides clients through a career planning process and helps them develop an action plan outlining the steps required to attain employment in their area of interest	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office—Birch Narrows Dene First Nation Band Office	Face-to-face	18 years and older	Ongoing—services are provided by an ASETS worker	Not required Must currently receive Income Assistance	http://www.mltc.ca/ASETS.php , last updated 2016
Employment	CanSask Employment and Development Services	Offers a variety of resources, information, and services regarding postsecondary education, apprenticeships, trades, and employment. Includes referrals to technical and vocational training and adult basic education, as well as access to employment programs that address employment preparedness, work experience, and skills training	Government of Saskatchewan—CanSask Career and Employment Services	Labour Market Services Office—provides services from Ile-a-la-Crosse office (Approximately 148 km from Birch Narrows Dene Nation)	Telephone	Unknown	Ongoing	Not required	http://www.sasknetwork.gov.sk.ca/html/Home/cansask/locations.htm#northwest , last updated 2016 http://www.planningforgrowthnorthsk.com/uploads/7/9/7/4/7974185/birchnarrows-turnorlake._2012._community_highlights.pdf , last updated 2012

Type of Program	Name of Program	Program Description	Service Provider	Service Delivery Site(s)	Service Delivery Mode	Ages of Youth Served	Frequency of Service	Service Referral Requirements	Information Source and Last Update
Employment	Enhanced Service Delivery (ESD)/First Nations Job Fund (FNJF) Program	Supports First Nations youth who receive social assistance to become employable by identifying individual employment needs and establishing an individualized case management plan to overcome barriers to employment. Can assist with licenses, safety tickets, life skills training, pardons, literacy training, GED and GED prep, drug and alcohol rehabilitation, personal protection equipment, transitional supports (e.g., mileage to employment), drug and alcohol testing, identification, resumes, and career and education searches	Meadow Lake Tribal Council	Meadow Lake Tribal Council Office— Birch Narrows Dene First Nation Band Office	Face-to-face	18-24 years	Ongoing— services are provided by a community caseworker	Not required Must live in Meadow Lake area; must have an active Employment Insurance (EI) claim, have had one in the past three years, or have been on maternity leave in the past 5 years	http://www.mltc.ca/Enhanced%20Service%20DeliveryFirst%20Nations%20Job%20Fund.php , last updated 2016

APPENDIX H: PROVINCIAL MENTAL HEALTH, EDUCATION, AND EMPLOYMENT RESOURCES

Type of Program	Name Of Program	Program Description	Service Provider	Service Delivery Mode	Ages of Youth Served	Availability	Eligibility	Information Source and Last Update
Mental Health	Online Therapy USER (Unit for Service, Education and Research)	Offers adults living in Saskatchewan free online cognitive behavioral therapy for depression, anxiety and pain. This involves reviewing educational material online and corresponding with a therapist over a secure messaging system	University of Regina, Department of Psychology	Online	18 years and older	Available online anywhere in Saskatchewan Entry into program is ongoing	Must pass a screening test to enroll in the program	https://www.onlinetherapyuser.ca/ , (n.d.), accessed March 2016
Education	Edcentre.ca—Northern Saskatchewan's Online High School	Edcentre.ca is registered with the Ministry of Education in partnership with Northlands College and the Northern Lights School Division. This online format offers students all of the Saskatchewan core high school courses with the flexibility to plan their own personal program and schedule. Students have access to tutor support on their home computers using online tools	Northern Lights School Division (based in La Ronge) Northlands College	Online	Must be able to perform school work at a grade 10 level or higher; program is open to adults	Ongoing—enrollment occurs throughout the year	Open to students in the Northern Lights School Division or who live in communities under the jurisdiction of Northlands College Students outside the jurisdiction of Northern Lights School Division and Northlands College may be accepted when availability allows	http://edcentre.ca/wp-content/uploads/2015/10/School-Handbook-2015-2016.pdf , last updated 2015
Education	Virtual Learning Portal	Matches a volunteer tutor and learner and allows them to connect from anywhere they have an internet connection and computer. The volunteer or learner could be from anywhere in Saskatchewan, while the learner could be from anywhere in Canada	Frontier College	Online	No age restrictions	Online	Not required	http://www.frontiercollege.ca/english/literacy/saskatoon.html
Employment	Aboriginal Construction Careers	Offers a resource for connecting Aboriginal community members to careers in construction. Includes an online resume builder tool	Government of Canada's Aboriginal Skills and Training Strategic Investment Fund	Online	No age restriction	Ongoing	Focused on Aboriginal persons	http://www.aboriginalconstructioncareers.ca/ , Last updated 2010