



# Community Safety and Well-Being Initiatives Project Phase II – Addictions and Mental Health Treatment: Jurisdictional Gap Analysis

*FINAL REPORT - MAY 2024*



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# Executive Summary

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Increased mental health issues and the harmful use of alcohol and other drugs and substances is an enormous problem in Canada– a \$40 billion-a-year-problem (National Treatment Strategy Working Group, 2008). Unfortunately, the historic and ongoing investment and development of siloed organizations and services has resulted in a fractured response that does not consistently provide the services needed by vulnerable populations. In other words, existing organizations are often unable to provide coordinated and appropriate levels of services within a sustainable service delivery model. The purpose of this report is to illuminate the perceived and documented gaps in services that are preventing individuals in Yorkton, Saskatchewan from receiving the mental health and addictions support services they need to improve their wellbeing as well as that of their community.

The vast majority of Canadians affected by substance use problems do not use specialized addiction services. However, they do access other sectors of the health care system—as well as other systems such as social services, housing and education (Lins, 2020). A fundamental challenge in responding effectively to all potential clients is in co-ordinating a broad range of services and supports. Research findings suggest that providing appropriate services and supports across a range of systems not only reduces mental health and substance use problems but also improves a wide range of outcomes related to health, social functioning and criminal justice (Smetanin et al., 2011). Such a spectrum of services and supports is also a good investment for government, because it returns economic benefits that far outstrip its cost (National Treatment Strategy Working Group, 2008).





# Executive Summary

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In April 2023, the City of Yorkton released a Expression of Interest (EOI) seeking a research project consultant to assist the City with a Community Safety and Well-Being project focused investigating and creating “custom fit” plans to address two concerns in the Yorkton community – dilapidated buildings and graffiti. The goals of the project were focused on developing management strategies that could:

- a. Mitigate individual and community impacts arising from dilapidated buildings and graffiti.
- b. Increase the effectiveness and efficiency of the dilapidated buildings and graffiti management processes in the community.
- c. Recover City costs associated with the two safety and well-being issues.



Throughout the stakeholder engagement phase of this project, it was clear that stakeholders have grown increasingly concerned with the “root causes” of dilapidated and vacant buildings in the community. Many stakeholder stressed the increase in addictions issues and homelessness as key issues either leading to an increase in dilapidated and vacant buildings or exacerbating the safety and well-being issues associated with dilapidated and vacant buildings.

Upon completion of Phase I, the project consultants recommended that the City of Yorkton conduct an analysis of the gravity of these social issues in the community including an environmental scan and gap analysis of mental health and addictions support services in the community to determine whether a community response strategy is required. In March 2024, and with the support of the Government of Saskatchewan, the City of Yorkton was awarded funding to reengage The Impact Group consulting firm to complete Phase II of the community safety and well-being project. The goal of this phase is to develop recommendations to strengthen the mental health and addictions support services available to the Yorkton community in the short and long term.



# *Section 1:* **Introduction**

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Photo Credit: City of Yorkton




# Introduction

Recent Canadian data confirm the very high population burden of mental health and addictions (MHA) problems. In Canada, mental illness is the most prevalent cause of disability, accounting for nearly 30% of all disability claims and 70% of the total costs (Moroz N, Moroz I, D'Angelo MS, 2020). According to the Centre for Addictions and Mental Health (CAMH) the annual economic cost of mental illness in Canada is estimated at over \$50 billion per year. This includes health care costs, lost productivity, and reductions in health-related quality of life. The annual economic cost of substance use in Canada is estimated at nearly \$40 billion. This includes costs related to healthcare, criminal justice, and lost productivity. Alcohol and tobacco are responsible for more than two thirds of these costs (\$14.6 billion and \$12 billion, respectively). The next highest ranked substances are opioids (\$3.5 billion) and cannabis (\$2.8 billion) (Moroz N, Moroz I, D'Angelo MS, 2020).

The physical and mental health of Canadians, and the communities in which we live, are seriously affected by our use of alcohol and other drugs and substances. Potential harms (i.e., risks) and actual harms associated with substance use are distributed throughout the population and vary in their presentation. Harms include acute injuries that occur when a person is intoxicated, chronic illness resulting from years of heavy substance use, and everything in between. Because problematic substance use confers such a broad range of risks and harms, no single system or sector can be expected to provide the full range of services and supports required to adequately meet the needs and wants of people with substance use problems, and those of their families, friends and other carers.

Much like the rest of Canada, the province of Saskatchewan is currently experiencing a MHA crisis. According to a recent study published in the Canadian Journal of Psychiatry, about 14 per cent of Saskatchewan residents have an addiction to drugs or alcohol – the highest per-capita rate of drug and alcohol addiction in the country. According to police in the two largest cities in Saskatchewan, Regina and Saskatoon, there is evidence that both crystal meth and opiate use has become an uncontrollable health and social issue throughout the province. The bulk of these narcotics coming into the province are from highly sophisticated labs in China and Mexico, with drug cartels moving it into Vancouver, up to Edmonton, and down into Saskatoon (Gault, K., 2013)

The MHA public health crisis is also highly interconnected with other issues such violence, abuse, poverty, other forms of trauma, and high levels of daily stress. The crisis is also interconnected with and exacerbated by a lack of safe, affordable, and adequate housing. Individuals that are unstably housed are both susceptible to increased use of opioids and overdoses. Precariously housed individuals who use opioids are also more likely to utilize emergency services, which impacts both their individual health and wellness while having significant economic and social costs on society.



This document outlines the urgent need to address issues at the intersection of MHA service delivery and health care in the City of Yorkton. Through Phase II stakeholder engagement, it is clear that Yorkton service providers have grown increasingly concerned about the rise of MHA issues in the community. Health professionals, emergency responders, police, and community-based organizations are voicing major concerns and are struggling in their respective fields to respond to the scale and intensity of the related issues.

Through the data collection phase of this project, stakeholders reported gaps and needs pertaining to: the capacity of current healthcare & community sectors; and increase in mental health, trauma, and substances use; an increase in homelessness and transiency; poverty and social inequality; lack of affordable housing; income disparity; discrimination and stigma; and the current capacity of Yorkton's service delivery providers to respond and adapt to this rapidly shifting landscape.

This document provides an introductory overview of existing programs and services; identifies gaps in the community's ability to respond; and outlines some potential opportunities to implement solutions to the current challenges. It presents some of the identified short and longer term actions for Yorkton to strengthen MHA services and respond to intersectional issues such as houselessness. The gaps, needs, and actions presented in this document have been identified through consultation with service providers and persons with lived experiences (PWLE) in the City of Yorkton.

## Objectives

Following the completion of Phase I (Dilapidated Buildings & Graffiti), The The objectives of this Phase II: Community Safety and Well-Being Project are as follows:

- Identification of the capacity and scope of services currently offered in and around the community.
- Identification of any overlaps/duplications and gaps in services.
- Identification of connection points between services and service providers.
- Development of strategies among all community stakeholders to address unnecessary barriers to assist in defining and achieving better community outcomes.
- Identification of all relevant community stakeholders.
- Identification of silos among community service providers and recommendations for reducing them.

# *Section 2:* **Methodology & Approach**

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# Methodology & Approach

For this research study, we selected a descriptive qualitative research design as it is an appropriate approach to facilitate the exploration of participants' experiences and perspectives on MHA treatment and services. The methods used were a combined gap analysis with environmental scan of available MHA support services in the community. The consultant worked with the project leads from Fire Protective Services and the City of Yorkton Bylaw Services to recruit service users and service providers who are knowledgeable on access to mental health care through professional and lived experiences.

Together, a gap analysis and environmental scan provides a clear understanding of the MHA needs as well as the current available resources and services. The findings of these methods are intended to inform policy and program decision making and identify gaps in services, resources, and practices in the community. These methods also involve the opportunity to communicate with important stakeholders, which helps to ensure that there is broad representation in the project.

## Engagement

Significant feedback from stakeholders was collected during the course of this project that was used to develop the recommendations provided in this report. The consultants engaged stakeholders through interviews, semi-structured focus groups, and online surveys. The sessions were guided by a series of City of Yorkton approved questions focused on the current state of mental health and addictions in the community, barriers/challenges and gaps in programs and services, and potential solutions/models. Together, these community members and organizations have provided the information necessary to develop an informed understanding of service delivery, including gaps, needs, and opportunities.

In total, 7 internal and external stakeholder groups (Table 1) participated in the project including two focus group session with PWLE. The City of Yorkton identified all stakeholder groups to be consulted due to their significance for the purpose of this study. All interviews and focus groups were conducted between March 1st 2024 – April 26th 2024.

To request and verify participation in this study, all potential participants were individually contacted by consultants of The Impact Group by phone and email. A standardized script was utilized by The Impact Groups consultants to inform potential participants about the purpose of this study, why they were being contacted, and what their participation would entail. Furthermore, all potential participants were informed that their responses would be kept confidential with responses provided in the aggregate and that participation in the study was voluntary.

Interviews and focus groups were approximately 60 – 90 minutes in length and took place in-person or virtually using an online video conferencing platform. In addition to attending a focus group or interview, participants were given the option to complete an online survey that mimicked the focus group and interview questions designed for that specific group. We developed a semi-structured interviewing guide with several open-ended questions that focused on mental health and addiction service access. Questions were grouped in the following categories:

1. Current community human services/emergency services systems;
2. Current state of MHA needs in the community;
3. Strengths of current service model addressing MHA in the community;
4. Gaps/barriers/challenges of current service model addressing MHA in the community; and
5. Opportunities for improvement of current service model addressing MHA in the community.

All interviewee responses were compiled into a summary table and analyzed on a gap-by-gap basis. Similar comments concerning gaps and areas of improvement were extracted from the data pool.

Table 1: Stakeholder Group and Department/Position Title

STAKEHOLDER GROUP	DEPARTMENT/POSITION TITLE
Royal Canadian Mounted Police (RCMP)	RCMP Member (2), Civilian Employee (1)
Society for the Involvement of Good Neighbours (SIGN)	Program Manager (SIGN Housing Support Program), Outreach Support Worker (SIGN Housing Support Program), & Director of Operations
Saskatchewan Health Authority (SHA)	
Bruno's Place	Executive Director & 2 Support Workers
Habitat for Humanity	
Yorkton Public Library	Branch Manager
Yorkton Tribal Council	Resolution Health Support Worker (Indian Residential School Resolution Health Support Program), Mental Health & Accreditation Coordinator (Health Department)
Safe Haven (Yorkton Tribal Council)	

# Data Analysis

Triangulation of the multiple types of data collected for this study ensures the findings and recommendations are based on multiple streams of evidence. Recorded interview and focus group data was analyzed for recurring and unique comments to identify patterns and construct themes that illuminate central concepts/experiences. Interview notes were not analyzed using data analysis software as the volume of data collected did not warrant its use. Similarly, all reports and other secondary data sources were analyzed for recurring and unique findings to identify patterns and construct themes illuminating central concepts/experiences.

## Strengths & Limitations

The project's key strength is its exploration of MHA support services in Yorkton, a critical area in crisis which was explored through the perspectives of a multidisciplinary group of stakeholders and PWLE. The stakeholder groups included diverse multidisciplinary team members and project leads from the City of Yorkton Bylaw Services and Fire Protective Services provided greater depth and breadth to our understanding of MHA issues in the community. The diversity in stakeholder groups helped to contextualize access to MHA support services with an in-depth focus on different aspects related to access from different stakeholders.

The project also had a few limitations including a small number of PWLE participants. Our recruitment was limited to PWLE accessing Bruno's Place and those that could be recruited on the day of the focus group. We also did not recruit and/or facilitate a focus group specifically for family or friend that have lived experience supporting an individual experiencing MHA. Research shows that it is often family members and/or close friends that initiate access to support services so this not reaching this pool of participants limited our pool of stakeholders. The project was also on a limited timeline so secondary stakeholders such as newcomer focused support services, the local business community, and surrounding community support services were not engaged or did not respond to initial contact. Lastly, the Ministry of Social Services declined to participate in the project which was a stakeholder group perspective that would add an important perspective. We recommend further research to have a deeper understanding of family or friend that have lived experience supporting an individual experiencing MHA. We also recommend that future research aims to have greater representation of secondary stakeholders, surrounding community support services, and Ministry of Social Services participation.

# *Section 3:* **City of Yorkton**

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Photo Credit: City of Yorkton





# City of Yorkton

The objective of this section is to determine the main gaps, challenges and barriers in the MHA support services model in Yorkton and highlight any existing strategies and services that align with the gaps, challenges, and barriers. First, the perceived drivers of crime and social disorder as well as “cracks in the system” by key stakeholders will be discussed. Subsequently, the results of an environmental scan will represent the extent to which existing strategies and services address the identified gaps, challenges and barriers in the MHA support services model

## Perceived Drivers of Increased Addictions and Mental Health Support Services

Overall the service provider participants reported that both the community services and emergency services models in Yorkton are strong and well coordinated. The majority of service providers described their relationship with emergency services as positive and noted that local RCMP were responsive and “easy to work with”. Some of the service providers’ also emphasized concern for the RCMP’s expanding role and capacity to respond to growing addictions and mental health issues in the community. This was further emphasized by RCMP participant’s that reported that the “drastic increase” in addictions and mental health call volume is “forcing RCMP officers to act outside of the scope of their positions” and into areas that should otherwise be reserved for addictions and mental health professionals.

*“Everyone in this community takes a role in ensuring that we live in a safe environment. I truly believe that with the help of community groups and increase of RCMP presence that we keep awareness and watch out for one another to lower our chances of crime.” – Service Provider*

Both service providers and the RCMP stressed that the combined strain on mental health services and lack of adequate community support services can lead to situations of “unsafe discharge” from inpatient services leading to patients being stuck in a ‘continuous revolving door’ of care and discharge. In addition to the potential for unsafe discharges, RCMP reported that due to the lack of treatment placement beds and adequate community support services, in particular after hours support, members are spending increased hours accompanying individuals at the hospital and upon discharge which is impacting both their capacity and response times for other non-MHA related urgent calls.

*“If there is no where for people in mental health or addictions crisis to go, it falls on the RCMP and we are spending more and more time in hospital settings”. - RCMP Member*

A number participating service provider organizations described the community service delivery system in Yorkton as a uniquely cooperative, supportive, and coordinated model. In addition to the strong network of community service providers, there are a number of community advisory groups and committees that meet regularly to discuss and collaborate on social issues in the community however a few participants did note that the involvement of more key decision/policy makers' involvement on those committees was desired. In addition to a strong collaborative community services model, the participants reported no significant overlap or duplication of support services in the community.

All of the participating service providers identified that MHA and corresponding interconnected issues (i.e., transiency and houselessness) in Yorkton have increased in the last 5 years and are a high-priority concern in the community with expected issues continuing to increase in coming years. When asked about contributing factors to increased MHA issues in the community, the overarching themes that emerged were **lack dedicated mental health and addictions treatment beds; lack of support services in surrounding communities; lack of provincial transportation system leading to individuals being “stranded” in the community; lack of adequate, safe, and affordable housing; rising cost of living & poverty; family conflict; lack and capacity of health professionals; and lack of available basic needs resources.** In addition, a theme that was identified in both Phase I and Phase II of this project was the fact that the City of Yorkton is a connector community to 5 major highways therefore making it a central hub location for drug trafficking from neighbouring provinces. In addition to increased criminal activity in the community, health professional participants reported a growing concern of safety and security issues at healthcare facilities including an increased presence of weapons and risk of violence.

PWLE reported similar contributing factor themes and added concerns about stigma and fear of discrimination by health professionals, lack of access to communication technology (i.e., cell phones), job loss, issues associated with lost and replacement of identification, intergenerational trauma within Indigenous family structures and communities, system navigation, and the lack of access to support services in surrounding rural and Indigenous communities. . Fear and misunderstanding often lead to prejudice against people with mental illness, substance use and addiction challenges. Given the negative view society has about people who use drugs, the stigma and multiple barriers to access care can be even more problematic.

*“Stigma around everything. People are concerned about being judged for having problems. There are resources, but the city is small and everyone knows everyone and sometimes you don’t want people to know about your life and issues.” – PWLE*

It should be noted that there was two different views about the quality and capacity of support services between the two groups of PWLE. The first group of participants that were all residing at the Bruno’s Place Shelter at the time of the focus group, reported that they were impressed with the amount and quality of support they had received by service providers in the community. The other group, held at the Parkland Library, reported feeling frustrated with the support model, service providers, and system navigation in the community. The second group also reported a lack of awareness regarding what services are available which was also echoed by a few community stakeholders and healthcare professionals alike confirming that it is unclear which services are available in the community and how to access them.

*“If you are in a crisis, it is very hard to get the help you need at the right time. I am passed around from place to place and feel like a ping pong ball”.*  
– PWLE

Both groups of PWLE reported that having a sense of community was found to be a further contributing factor to mental health and addictions in Yorkton. The lack of support services in surrounding communities was an identified contributing factors driving individuals and families from surrounding areas into Yorkton. Participants described not having ties to local residents and therefore did not have the same community ties as someone who has resided in the area for their entire lives; this can be an isolating experience for many. One key informant spoke of her experience of immigrating to Yorkton and described the difficulties she faced trying to integrate into the community. Discussions during the focus groups and community engagement sessions reflected that isolation and sense of community are factors contributing to mental health and addiction issues in Yorkton.

*“Lots of people fall through the cracks of society, simply because they cannot function on the same level as society thinks they should. They are living in poverty and their lives are very stressful”.* – Community-based Service Provider

A need for increased dedicated mental health and addictions treatment beds was addressed during the focus groups and key informant interviews. In addition, a need for more mental health and addiction professionals (e.g. counsellors, psychologist, psychiatrists and mental health nurses) in the community was highlighted. Healthcare professionals referring patients to various mental health and addiction services in the community felt patients are being “lost in the shuffle”, with many being waitlisted for weeks or months before receiving treatment. In addition, a lack of communication tools and individuals travelling back to rural communities from Yorkton was identified as significant barriers to both consistent communication and relationship building which were identified by health professionals as imperative to providing healthcare and support for individual experiencing MHA. During focus groups and key stakeholder interviews, health professionals also expressed concern for the large geographical area that the current Yorkton Saskatchewan Health Authority covers and the combined lack of available outreach programs and services to effectively meet the needs of those rural communities.

*“People need access to the right provider at the right time and we desperately need workers in areas where we have not traditionally had positions if we are going to meet the needs and provide adequate healthcare”.* – Healthcare Professional

In regards to discussions focused on the impact on acute care services in the community, healthcare professionals reported that the increase in MHA issues in the community has had a significant daily impact on both acute care, resuscitative measures, and the community healthcare system in general. There is an increase in alcohol and narcotic related physical health issues such as endocytosis or cervical osteomyelitis that require long-term antibiotic treatment. In addition to an increase in physical illnesses, acute care has also witnessed an increase in drug induced psychosis which can cause individuals to experience delusions or hallucinations as a direct result of substance use. These MHA issues have had a significant impact on the healthcare system in Yorkton and effects the capacity for the healthcare system to treat other patients.

Aside from a lack of dedicated mental health and addictions treatment beds in Yorkton and support services in surrounding communities, other significant gaps and barriers to community members accessing MHA support were found to be lack of adequate, safe, and affordable housing, rising cost of living & poverty, and lack of provincial transportation system. With people feeling the effects of the rising costs of living downturn, experiences with poverty and the ability to meet basic human needs affordability of services was a concern for both service providers and PWLE. In addition, the impact of the closure of the Saskatchewan Transportation System (STC) in 2017 was highlighted by the majority of both service providers and PWLE. The STC closure has negatively affected individual former users (i.e., healthcare access, psychosocial and financial impacts), family members (i.e., broken relationships and other burdens), communities (i.e., shrinking commons), and entire healthcare systems (i.e., health worker stress and inefficiencies). Participants also described various forms of 'transportation poverty', a combination of system reduction of mobility, decreased access to goods and services, and the absence of other forms of travel leading to the lack of a bus system as a fundamental driver of both social and health inequalities.

Respondents also felt that service hours are a significant barrier to people seeking support. The need for extended services outside of normal business hours was resounded in the focus groups and key informant interviews with health service providers speculating this would also provide relief to the hospital's ER. A common theme reported by participants was the almost complete lack of support services outside of regular business hours including mental health outreach, addictions counselling, and crisis response support services in general. Service providers and PWLE did reference the "Love Lives Here" mobile outreach bus that is delivered by Prairie Harvest Christian Life Centre as a beneficial resource to the community however noted that the program was not facilitated by mental health or addictions professionals nor had the capacity to operate as a mobile crisis response support service.

It was also noted by several service providers that the Turning Point Program previously offered an outreach support program which had a positive impact however the funding contract has since expired in the summer of 2023. Service providers also stressed the importance of having the capacity to "meet people where they are" as opposed to delivering programs that are dependent on the initiative of the client to attend organized sessions or drop-in programming. Instead, participants expressed the need for a community outreach approach that encourages organizations to seek out individuals experiencing or at risk of experiencing MHA issues and provide the necessary consultative and clinical support.





In addition to feedback regarding support services outside of regular business hours, stakeholders reported perceive there to be an issue with the utilization of a program focused operating model as opposed to a client-focused operating model. Stakeholders identified this as leading to challenges in the current service delivery model and consequently causing gaps in service. In general, a program-focused approach is perceived to be a detriment to addressing mental health, addiction, and houselessness due to the clientele's living circumstances and level of need. Generally, vulnerable individuals experiencing a crisis or addressing multiple high-risk factors will require support 24/7 as opposed to only between 9:00 am and 5:00 pm. Moreover, vulnerable individuals are less likely to have access to reliable transportation to move from location to location to receive the support services they require. Additionally, some vulnerable individuals do not feel comfortable receiving support services or entering clinical settings, for instance, due to previous bad experiences or personal feelings of shame or guilt. Consequently, stakeholders perceive that there is a gap in service from not providing multiple forms of supportive services that meet the needs of clients. Without receiving the support where and when it is needed, vulnerable individuals are more likely to have exacerbated conditions ultimately requiring more emergency services with a positive outcome becoming less probable.

*"Mental health continues to be seen as outside the formal health-care system. So when you break your leg, you go the hospital, you get a cast, and you get referrals to do follow-up, et cetera. It's just not the same when you have a mental health concern."- Healthcare Professional*

Of significant note, many service providers expressed concern regarding the Saskatchewan Income Support (SIS). Service providers asserted that the SIS program is insufficient and ineffective and leaves vulnerable segments of the population poorly served, contributing to a higher incidence of houselessness and addictions. In particular, participants voiced great concern over the change that removes direct payments to landlords and utility providers leading to an increase in missed rent and utility payments, higher levels of evictions, and rising levels of houselessness.

*"The new changes to Income Assistance are devastating on people, and it has created homelessness and struggle and overdose." – Service Provider*

Furthermore service providers conveyed additional concerns over the Government of Saskatchewan decision to restrict funding for several harm reduction measures. In January of 2024, the government announced that it will no longer provide funding for the provision of pipes for smoking methamphetamine, crack cocaine, or other illicit drugs. Under the change, no third-party organization will be permitted to use funding provided by the Ministry of Health or the Saskatchewan Health Authority (SHA) for these purposes. Service providers called these changes "regressive" and voiced that the new measures will lead to increases in both blood-borne diseases and substance use related deaths which will further strain the provincial healthcare system. They also expressed that the impacts of the changes will disproportionately impact Indigenous communities and rural and remote areas where harm reduction and treatment options are already stretched very thin.

*"Gone is the day where we had quality over quantity. We're not giving quality work to the clients. Some days I feel like I can no longer do this work." – Community-based Service Provider*

Lastly, all of the service providers and PWLE groups identified the lack of housing availability for individuals with substance use and mental health conditions and the community in general. Service providers noted changes to the community such as population growth due to increased immigration, increased post-secondary options at Suncrest College driving an influx of new student populations to the community, and the development of neighbouring canola crushing plants leading to an increase in temporary workers in the community as all contributing forces to the low vacancy rates. Participants identified the following gaps in housing availability for individuals with substance use and mental health conditions:

- Lack of affordable housing for patients discharged from hospital.
- Lack of affordable housing in general for people living with substance use and mental illness.
- Lack of supportive housing and living options for clients with severe substance use and/or persistent mental illness.
- Lack of housing for people with a dual diagnosis, this is, housing that provides treatment for addictions (substance use and gambling) and treatment or supports that address the mental health needs of tenants.
- Lack of transitional/supportive housing that allows for a gradual decrease in support until the tenant's life skills and community living skills reach a point where the tenant is able to live independently.

Participants also expressed concern over a perceived “monopoly” of available rental housing in the community. With an already dangerously low vacancy rate in the community, a monopoly of available rental properties allows the housing provider to increase rental rates beyond affordability, destabilizing the community and leaving everyone from seniors, families with children and students living in communal housing and struggling to meet basic needs. A low vacancy rate combined with a monopoly on rental properties also allows property managers to develop stringent application processes and deny applications from applicants to individuals and families living on income assistance or disability benefits.

## Indigenous Engagement

Indigenous engagement in social projects is crucial for fostering inclusive and sustainable development. By actively involving indigenous communities, we honor their unique knowledge, traditions, and perspectives, ensuring that projects are culturally appropriate and respectful of their rights. This engagement promotes genuine partnership and empowers indigenous peoples to contribute their wisdom towards solutions that benefit both their communities and broader society. It also helps bridge historical divides, promoting reconciliation and equity while safeguarding the environment and promoting social justice.

“There are not enough supports and resources for people struggling with addictions, trauma, mental health, suicidal behaviour, and an increased need for counselling. We do not have the required supports to provide for the needs of the communities and instead of doing in depth work, many of the front line workers are simply putting out fires”. – YTC Member

This project included engagement with members of the Yorkton Tribal Council (YTC)'s domestic violence programs, mental health programs, and Indian Residential School Resolution Health Supports Program. It should be noted that the YTC is only able to provide services to on reserve members and noted that the council does not have the funding capacity to provide services to urban members.

In summary, respondents expressed similar concerns to other stakeholder groups. Respondents stressed gaps in emergency outreach services, supportive housing programs, services for youth and men, harm reduction programming, emergency counselling, and a lack of culturally supportive services. The respondents stressed the need to explore the development of a collaborative crisis response services and/or team that would include culturally supportive services and also noted that the lack of supports in surrounding communities and Indigenous communities is a significant contributing factor to an increase in needs in Yorkton and other urban cities in the province. During one of the PWLE session, a Indigenous participant also stressed that the addictions, trauma, mental health issues, and suicide rates in the surrounding Indigenous communities has reached a critical state.

*"My mom struggles with meth, I struggle with meth, and everyone I know on the reserve is addicted or struggling with mental health. I don't want to be away from my community but there is so much trauma that it is also hard to be home and have to see it everyday so I just left". – Indigenous PWLE Participant*

## Summary

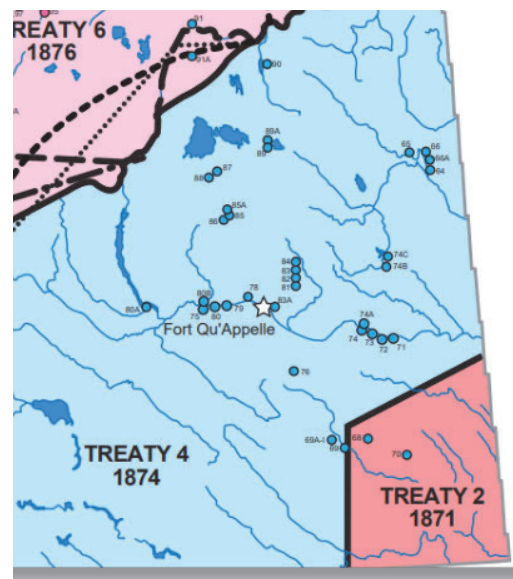


Photo Credit: Office of the Treaty Commissioner, Map of Treaty 4 First Nation communities near Yorkton, Sk.

The issues identified by stakeholders are not perceived to be mutually exclusive but to coexist and compound one another. For example, an individual experiencing houselessness may be struggling to find affordable housing after losing gainful employment and, due to their precarious circumstances, have turned to substance use to self-medicate an undiagnosed case of depression (Chad Lins, 2020). The intersecting nature of these issues ultimately illuminate the 'cracks in the system' as service providers are perceived to be failing to consistently and effectively provide coordinated services (i.e. wrap-around) for individuals with 'complex needs' (i.e. two or more co-occurring conditions). Furthermore, support services to meet the individual needs are perceived to be limited in their duration and difficult to provide to individuals for a period substantial enough to be effective. For instance, individuals may be provided with drug treatment services with little to no supportive housing options after completing an initial treatment program. The gaps and challenges are perceived to be most pronounced for individuals that have severe substance use and/or persistent mental illness (Pearson, C., Janz, T., & Ali, J., 2015).

Finally, preventative services are perceived to be limited. For instance, there is a perception that there are not enough services available to help high-risk individuals from becoming more involved in criminality or from becoming involved in criminality in the first place (Chad Lins, 2020).

In general, stakeholders perceive there to be inadequate detox/addiction treatment services, mental health supports including mobile and community-based services, as well as 24/7 shelter services and long-term affordable housing availability. The results of the systematic barriers to care have huge implications for the Yorkton community. Too many people end up not getting the care they need until their condition is severe and requires more extensive and expensive treatment. Those treatments often tend to be fragmented, with people having difficulty navigating their way between primary, community and acute or emergency services. Compounding this fragmentation of services is the increased demand on systems of care. For example, increasing rates of alcohol-related hospitalization and climbing death rates involving alcohol have coincided with the emergence of methamphetamine and fentanyl in the illicit drug supply to heighten the demand for addiction prevention, treatment and recovery services.

It should be noted that there was a general consensus among stakeholders that the primary determinant of almost any form of improved to MHA support services in and surrounding the community, would be increased targeted funding from multiple levels of government. Recent research suggests that federal government must increase its cash contribution to the provinces and territories by a minimum of \$277.5 million a year in order to make minimal improvements to MHA support services throughout Canada (CMHA National, 2020).

Overall, when discussing gaps, challenges and carriers for individuals experiencing MHA issues in Yorkton, stakeholders perceived issues can be categorized into two main areas of concern: 1. a lack of capacity and resources; and, 2. public policy and system level practices that negatively affect people experiencing or at risk of experiencing MHA. All participating stakeholders agreed that the existing human service ecosystem needs a change to better utilize existing resources to achieve better outcomes. Specifically, further investment to expand the capacity of current programs and services and develop new vital programs and services based on a system-wide continuum of care that is agreed upon by all relevant service providers in the community.





# *Section 4:* **Environmental Scan**

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# Environmental Scan

Following the investigatory work of Phase I of this Community Safety and Wellbeing Project (Dilapidated Buildings & Graffiti), it was clear that an environmental scan was required in the City of Yorkton, to compile a comprehensive list of services, programs and tools being offered by a diverse range of sectors and organizations that support mental health, addictions and houselessness.

The purpose of this Section is to identify existing service providers in Yorkton and assess the degree of alignment between the services provided and the gaps, challenges, and barriers as identified in Section 3. This section will also summarize existing strategies to address the perceived underlying problems within the community.



## Ongoing Efforts to Address MHA in Yorkton

Stakeholder input and secondary research has identified multiple ongoing efforts to address the increase in MHA in Yorkton. Multiple strategies exist between various not-for-profit organizations and government and non-government organizations. Presently, there is no overarching strategic plan or applicable service model establishing shared priorities, performance metrics, and continuum of care. Since the coordination of complex services requires the existence of a strategic plan and service model, there may be a perception amongst stakeholders that the community human services system is uncoordinated. The development of an overarching model for coordinating existing organizations can provide ongoing, wrap-around services for individuals in need.

# Ongoing Efforts to Address MHA in Yorkton

Table 2: Summary of Existing Committees in Yorkton

Committee	Key Partners	Objectives	Outcomes
<b>Social Housing Committee</b>	28 members representing 14 organizations	<p>The purpose of the committee is to:</p> <ul style="list-style-type: none"> <li>Continue to monitor Yorkton's housing needs.</li> <li>To identify and maximize federal and provincial funding for social housing initiatives.</li> <li>To encourage innovation and creativity in the pursuit of housing solutions, and to explore opportunities for partnerships between public, private and community based organizations to meet the housing needs in the community.</li> </ul>	<p>Lead to the development of a Housing Needs Assessment (SIGN) and subsequent funding for Bruno's Place</p> <p>Working collaboratively to provide the various organizations stats to complete funding requests to get additional housing.</p> <p>Committee is in the very early stages of looking at doing a Houselessness Count in the community and potentially surrounding areas as well.</p>
<b>Protective Services Committee</b>	8 committee member - 2 City Counsellors and 6 community members Consulting members - RCMP, CN Police, Fire protective Services, City Bylaw, EMS, and Parkland Search and Rescue	<ul style="list-style-type: none"> <li>To review and recommend policies and bylaws and submit suitable amendments to Council.</li> <li>Recommend an Emergency Measures Organization Plan and/or Bylaw under the direction of the EMO Coordinator.</li> <li>To identify the social and economic implications of its recommendations.</li> <li>To review any matters of a protective services nature that Council may refer to it.</li> <li>To hold public meetings and publish information for the purpose of obtaining the participation and cooperation of the residents of the municipality in determining the solution to problems or matters affecting protective services of the municipality.</li> </ul>	<p>Supported Phase I of the Community Safety and Well-Being Project.</p> <p>Committee brings together the various emergency services agencies within the community to discuss any current issues and fosters a collaborative solution-based approach to community safety issues.</p>
<b>Harm Reduction Committee</b>	29 members representing 16 organizations	<ul style="list-style-type: none"> <li>To provide and support a safe environment in the City of Yorkton through:</li> <li>Providing safe sharps disposal in the City</li> <li>Creating a forum to discuss harm reduction activities and ideas in the City</li> <li>Education about harm reduction programs.</li> </ul>	<p>Established needle bin placement around the community and worked with businesses community to pick the most appropriate locations.</p> <p>Coordinated effort to ensure that the community is educated and informed about available programs and services.</p>

# Current Frontline Service Providers

The below table provides a summary of existing front-line service providers in Yorkton. The list of front-line service providers in Table 3 has been compiled based on input from stakeholders in Yorkton as well as additional online research. The community services identified in the below table illustrate the service offerings available to individuals experiencing MHA as well as congruent interconnected issues.

**Table 3: Current Frontline Services Workers**

Organization	Description	Services Provided
<b>Society for the Involvement of Good Neighbours (SIGN)</b>	A family and community service agency which develops and delivers services to enhance the quality of life for individuals and groups in the Yorkton area. Provides leadership, programs and services that assist, support and empower children, adults and families to achieve lifelong success, leading to strong and caring citizens and communities.	<p>Youth:</p> <ul style="list-style-type: none"> <li>Early Learning Centre (Childcare Centre)</li> <li>Before &amp; After School Programs</li> <li>Life Skills Program</li> <li>Adolescent Group Home</li> </ul> <p>Families:</p> <ul style="list-style-type: none"> <li>KidsFirst (Home Visit Program)</li> <li>Triple P (Parenting Program for Children with a disability)</li> <li>Family Preservation Program</li> <li>Family Support Program</li> <li>Kamsack Family Centre (On-site Programming)</li> <li>Yorkton Early Years Family Resource Centre (Drop In)</li> <li>All in One Family - Ka peyakoskanewihk</li> </ul> <p>Adults:</p> <ul style="list-style-type: none"> <li>Senior Mobility</li> <li>Housing Support</li> <li>Positive Impact</li> <li>Choose to Change</li> <li>Vocational Employment</li> <li>Independent Living</li> <li>Life Without Barriers</li> <li>Trustee Services</li> </ul> <p>Counselling Services:</p> <ul style="list-style-type: none"> <li>Rapid Access Counselling (Free Counselling Service)</li> <li>Book RAC Appointment</li> <li>Next Steps (Workshops &amp; Speakers Series Program)</li> </ul>
<b>Saskatchewan Brain Injury Association (Yorkton)</b>	The Yorkton Chapter holds a Survivor Support group monthly. With support groups, participants are able to socialize with others who understand the challenges of living with a brain injury. The support group provides an opportunity to make friends and connect with others.	<ul style="list-style-type: none"> <li>Support Group (Virtual Community Meeting)</li> </ul>



**Table 3: Current Frontline Services Workers (Continued)**

Organization	Description	Services Provided
<p><b>Saskatchewan Health Authority (SHA)</b></p>	<p>Responsible for the planning, organization, delivery and evaluation of health services within the Sunrise Health Region.</p>	<p>Children/Youth:</p> <ul style="list-style-type: none"> <li>◦ Autism Spectrum Disorder Program</li> <li>◦ Early Childhood Psychology</li> <li>◦ Occupational Therapy</li> <li>◦ Speech Language Pathology</li> <li>◦ Primary Health Services Targeted KidsFirst</li> </ul> <p>General Public:</p> <ul style="list-style-type: none"> <li>◦ Diabetes Education Program Diagnostic Imaging</li> <li>◦ Emergency Medical Services</li> <li>◦ Heart to Heart Program</li> <li>◦ HIV Testing</li> <li>◦ Hospitals</li> <li>◦ Laboratory Services</li> <li>◦ Lifeline Program</li> <li>◦ LiveWell with Chronic Conditions</li> <li>◦ Non-Emergency Ambulance Transportation</li> <li>◦ Palliative Care</li> <li>◦ Primary Health Care Clinics</li> <li>◦ Public Health; <ul style="list-style-type: none"> <li>▪ Inspectors</li> <li>▪ Breastfeeding Support Drop-In Clinic</li> <li>▪ Child Health Clinics</li> <li>▪ International Travel &amp; Immunization Clinics</li> <li>▪ Prenatal Classes</li> </ul> </li> <li>◦ Pulmonary rehabilitation Program</li> <li>◦ Respite Care</li> <li>◦ Social Work Services</li> <li>◦ Stroke Prevention Clinic</li> <li>◦ Therapies (Physical &amp; Occupational)</li> <li>◦ Turning Point Program (Helps individuals and families who are infected or affected by HIV or Hepatitis C achieve positive health and social outcomes.)</li> </ul>
<p><b>Bruno's Place – Prairie Harvest Community Centre</b></p>	<p>A low-barrier 15-bed drop-in Centre and emergency shelter for adults experiencing homelessness and have no assets.</p>	<p>Adults:</p> <ul style="list-style-type: none"> <li>◦ Short-term, non-medical detox beds</li> <li>◦ Drop-in programs; <ul style="list-style-type: none"> <li>▪ Healing Circle</li> <li>▪ Narcotics Anonymous Meeting</li> <li>▪ Systems Navigation/Case Planning</li> </ul> </li> <li>◦ Community Counselling (Free Counselling Service)</li> <li>◦ Community Meals</li> </ul>

**Table 3: Current Frontline Services Workers (Continued)**

Organization	Description	Services Provided
<p><b>SaskAbilities</b></p>	<p>Provides services and programs to individuals with disability in Saskatchewan.</p>	<p>Youth/Young Adults:</p> <ul style="list-style-type: none"> <li>◦ Young Adult Group (Ages 16-29, Life Skills Program &amp; Recreation)</li> <li>◦ SLYP-Out (Ages 13-22, After School Recreational Program)</li> <li>◦ SummerFUN (Ages 6-22, Recreational Program)</li> </ul> <p>Families:</p> <ul style="list-style-type: none"> <li>◦ Strengthening Families Program (10-week Program)</li> </ul> <p>General Public/Adult:</p> <ul style="list-style-type: none"> <li>◦ Accessible Transit Program</li> <li>◦ Accessible Parking Program</li> <li>◦ Acquired Brain Injury (ABI) Programs (Rehabilitation)</li> <li>◦ Adaptive Technology Services</li> <li>◦ Camp Easter Seal</li> <li>◦ Employment Services</li> <li>◦ Mental Health Drop-In Centre Day Program</li> <li>◦ Orthopedics</li> <li>◦ Quality of Life Day Programs</li> <li>◦ Safe TALK Training</li> <li>◦ Special Needs Equipment</li> <li>◦ The Afterhours Gang (Recreational Program)</li> <li>◦ Yoga Classes</li> </ul>
<p><b>Yorkton Tribal Council (YTC)</b></p>	<p>A not-for-profit organization that provides second level services to six member First Nations including Cote, Kahkewistahaw, Keeseekoosew, Ocean Man, The Key, and Zagime Anishinabek First Nations.</p> <p>YTC Offers support in the following sectors:</p> <ul style="list-style-type: none"> <li>◦ Education</li> <li>◦ Economic Development</li> <li>◦ Health and Social Development</li> <li>◦ Justice</li> <li>◦ Safe Haven (Temporary Family Shelter)</li> <li>◦ Technical Services</li> </ul>	<p>Children/Youth:</p> <ul style="list-style-type: none"> <li>◦ Early Childhood Health &amp; Social Development Programs</li> <li>◦ Youth Outreach Program &amp; Workshops</li> <li>◦ Justice Services - Youth Reintegration</li> </ul> <p>Families:</p> <ul style="list-style-type: none"> <li>◦ Maternal Child Health Program &amp; Workshops</li> <li>◦ Canadian Prenatal Nutrition and Brighter Futures (Programs, Workshops &amp; Classes)</li> </ul> <p>Adults:</p> <ul style="list-style-type: none"> <li>◦ Adult Training and Employment - Labour Force Development</li> <li>◦ Health and Social Development - Addictions</li> <li>◦ Health and Social Development - Addictions</li> <li>◦ Health and Social Development - Fetal Alcohol Spectrum Disorder</li> <li>◦ Health and Social Development - Fetal Alcohol Spectrum Disorder</li> <li>◦ Health and Social Development - Fetal Alcohol Spectrum Disorder</li> <li>◦ Health and Social Development - Water Quality</li> <li>◦ Justice Services - Aboriginal Court Worker</li> <li>◦ Justice Services - Alternative Measures/Extra Judicial Sanctions</li> <li>◦ Justice Services - Community Based Justice Initiative</li> <li>◦ Safe Haven</li> <li>◦ Safe Haven - Crisis Line</li> <li>◦ Safe Haven - Family Violence Outreach</li> </ul>

# Trends in Operational Approaches

## Situational Tables / Hubs

Situation tables are perceived to be effective in addressing chronic individuals that require intensive and ongoing support. Referred to by different names depending on the jurisdiction, Situational Tables are working groups involving multiple agencies and a variety of disciplines from health, justice, education, and not-for-profit sectors that coordinate their services to ensure the highest-risk individuals receive the support they require. Specifically, participating representatives share information and data on a regular basis to ensure strategic coordination of services to reduce crime and disorder in the municipality. For example, individuals that are coming into contact with police, paramedic, or emergency hospital staff on a daily basis. Once identified, the team will work together to stabilize the individual by providing wrap-around services from their respective organizations (Nilson, C., 2014).

A situational table/Hub meets on a regular basis to collaborate on interventionist opportunities and address situations of acutely-elevated risk. The focus of meetings is generally on identifying complex risks of individuals and families that cannot be addressed by a single agency alone. Situations are brought to the group by one of the partner groups and the discussion focuses on connecting that individual or family to the appropriate services with a 24-48 hour period (Virgo Planning and Evaluation Consultants Inc., 2018). This model is usually based on a risk assessment criteria to determine acutely-elevated risks such as probability of harm occurring, severe intensity of harm, and the multi-disciplinary nature of elevated risk (Nilson, C., 2014).

## Crisis Intervention Teams

These teams support emergency services by responding to social disorder incidents involving addictions and houselessness. These teams generally have training to provide medical assistance as well as social service navigation for individuals in need. Depending on the jurisdiction, these teams may provide referral services for shelters, detoxification, addiction treatment services, health needs, crisis counselling, advocacy and basic needs like food, housing and clothing.

## Police & Crisis Teams

These teams provide a joint mental health/police team available for response to mental health crises; an integrated intervention model which ensures proper determination of care and referral. The team is called to assist in situations in the community where mental health and/or concurrent mental health and addictions issues contribute to the individual's crisis to decrease potential escalation of the situation and/or criminal charges.



## *Section 5:*

# Recommendations & Actions

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# Recommendations & Actions

Table 4: Recommendations & Actions (Continued Next Page)

Recommendation	Priority Actions
<b>Strategic Plan / Framework</b>	<p>Develop a strategic plan or framework at the municipal level that establishes priorities to align funding from all sectors and levels of government that includes shared priorities, data collection, performance metrics, and oversight by an effective governance structure.</p> <p>Plan should be focused on the development of a co-ordinated, integrated and interdisciplinary system of addiction prevention and care that works for all of those who need it. This means considering how best to design and deliver services to allow people to move smoothly from one service to another to meet their changing needs and circumstances, while maintaining their connection to care. The plan should consider the need to modernize treatment services as well as integrating approaches to substance use prevention, treatment and recovery goals throughout other systems, such as housing and employment</p> <p>Data collection, analysis, and governance policies and procedures should be included within an augmenting implementation plan to ensure there is a centralized pool of information for all service providers, funders, and decision makers to reference and use to understand the problems and ongoing efforts to address them.</p>
<b>Communication Plan</b>	<p>Develop a communication plan that provides information necessary for public and professionals to gain a better understanding of what services are presently available including the development of a 'street survival guide' for service recipients.</p> <p>Plan should also include a professional resource directory that lists services with professionals, including areas of practice and treatment modalities.</p>
<b>Increased Funding Strategy</b>	<p>Develop a funding strategy that focuses on lobbying for increased funding and targeted investments to MHA within Federal, Provincial, and Regional health budgets, as well as dedicated funding for a range of housing with supports for people with MHA challenges.</p> <p>Strategy should include a form of regional mobilization and collaboration with surrounding regional government leaders (see below).</p>
<b>Regional Mobilization</b>	<p>Mobilize and collaborate with other regional government leaders and other stakeholders to determine/develop shared priorities, targeted areas of required investment, and measurable outcomes. Shared priorities and increased investments should focus on all sectors that intersect with MHA, such as, but not limited to, health, education, housing, and justice, to ensure that the social determinants of health are adequately addressed.</p> <p>In collaboration with regional group, conduct a formal "systems audit" of barriers within and across the region sectors to service access, coordination and effective transitions A key focus of this recommendation should be identifying barriers and potential solutions to the sharing of information across sectors/providers.</p>

Recommendation	Priority Actions
<b>Community Situation Table/Hub</b>	Develop a working group involving multiple agencies from health, justice, education, and not-for-profit sectors that coordinate their services to ensure the highest-risk individuals receive the support they require.
<b>Awareness Campaign</b>	Develop an ongoing awareness campaign(s) focused on decreasing the stigma associated with mental health and addictions.
<b>Development of Strategies to Minimize Existing Barriers</b>	Develop a strategy to address existing barriers to support services (i.e., hours of operation and transportation) and develop 24/7 mobile and outreach services that meet people where they are and help ensure individuals receive the support they require.
<b>Formal Health Response Structure</b>	Create a formal health response structure to manage emerging MHA challenges, such as the opioid overdose crisis or the current crystal methamphetamine situation, and community issues that have an impact on MHA, such as extreme weather conditions that require displacement of whole communities for extended periods of time.
<b>‘No Wrong Door’ Collaboration</b>	Establishing formal agreements between existing entities providing similar services that includes the adoption of a ‘no wrong door’ policy. Under this policy, an individual would be referred to the service provider(s) they require no matter whom they initially speak with or contact.
<b>Jurisdictional Supports</b>	Develop and/or expand services and resources so that individuals requiring mental health and addiction services in surrounding areas are able to remain in their home community thus not losing their supports provided through social networks and community supports.
<b>Integrated Team-Based Service Delivery Model</b>	<p>Develop integrated team-based service delivery to support and complement primary care and community-based services based on regional need and existing community-based treatment models (e.g. primary care settings, addiction clinics, intensive outpatient treatment, and acute care and recovery services). Model is tailored to address gaps in pathways of care for substance-specific and poly-substance use and addiction.</p> <p>Model may include social workers, nurses, clinical counsellors, Elders, outreach and lived-experience support workers. They will deliver services, such as screening, case management, medication management, outreach, harm reduction, drop-in counselling, recovery supports and individual and group therapy that assist individuals in achieving and maintaining recovery and increasing health and wellness.</p>
<b>Supportive Housing Program</b>	<p>Development of a strategy lobbying for the development of a Supportive Housing Program that provides individuals experiencing MHA with secure, safe, and affordable housing.</p> <p>Program should be developed as a partnership and should be developed using a harm reduction philosophy and harm reduction best practices standards. Supports may include life skills/functional support, support to secure and maintain housing, recreation opportunities, system navigation and referral, screening and assessment, support coordination, and direct counselling.</p>
<b>Social Needs Assessment</b>	<p>Develop a social needs assessment that includes feedback from citizens, professionals and organizational input into the social well-being of Yorkton.</p> <p>Through a variety of data collection and analysis methods, a social needs assessment will provide the community with a comprehensive picture of social wellness in the community.</p>

# *Section 6:*

## **Conclusion & References**

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Photo Credit: Reconciliation Yorkton

# Conclusion

Through several processes, including comparative research and stakeholder engagement processes such as focus groups, interviews, and online surveys, we developed a thorough picture of the current state of MHA support services in Yorkton, Saskatchewan. During this project, we retained a strong focus on issues related to access to, and coordination of, MHA services, while also allowing wider conversations to occur that would inform the gap analysis and recommendations.

As we draw the work on this project to a close, we would be remiss not to emphasize the picture of the extremely high level of need and complexity that emerges from our synthesis, as well as critically important regional and population-specific disparities. It is also important to keep focused on the often tragic individual and community stories that underlie the identification of these issues.

In closing, it will be important for the community to move forward with confidence and a sense of collaboration and partnership. There is a lot at stake, both economically, and in terms of the burden that that MHA challenges are exacting among individuals, families and whole communities. This project and recommendations offers a starting point and way forward to improved MHA support services in the Yorkton community and surrounding areas.







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# Appendices:

1. Stakeholder Group A: Service Provider Stakeholders  
Interview Guide 24
2. Stakeholder Group A: Service Provider Survey Results
3. Stakeholder Group B: Persons with Lived Experience  
(PWLE) Focus Group Guide

## Stakeholder Group A: Service Provider Stakeholders Interview Guide

### Introduction

The Impact Group has been engaged by the City of Yorkton to conduct an Addictions and Mental Health Treatment Jurisdictional Gap Analysis. After completing the initial Phase I, it was identified that the root causes and associated issues of dilapidated buildings are incredibly interconnected with addictions, mental health issues and houselessness. The purpose of this Phase II analysis, is to help the community better understand what services are available, identify opportunities, and develop recommendations for harm reduction strategies and programs that can be implemented in the short and long-term future in the community.

As part of our data collection activities, we are interviewing key internal and external stakeholders identified by the City of Yorkton to gather feedback on what are the perceived issues causing an increasing demand in community services in Yorkton as well as the strengths and weaknesses of the existing response to addictions and mental health support services. The results of these interviews, research and data analysis will inform a final report to the City of Yorkton identifying the capacity and scope of services currently offered in and around the community and potential opportunities for policy/process changes to improve system navigation and services to community members.

Participant Name(s):	
Participant Position/Title(s):	
Date of Interview:	
Interviewer:	

### Stakeholder Interview Questions

1. Please describe your organization/service. :
2. Please describe your role.

3. Please describe the human services/social safety net system in your community?
  - a. Emergency services
  - b. Community/Social services
  - c. What are, if any, the overlaps and gaps in the services in the community that are driving higher addictions and mental health issues and demand for community services?
4. With regards to the current service model in your community addressing addictions and mental health issues:
  - a. What is working well i.e. what are the strengths of the model?
  - b. What are, if any, the key barriers/challenges?
5. Based on your professional experience and position, do you believe demand for addictions and mental health community services are increasing? Please explain why or why not.
6. Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?
7. Do you believe the current service model should be modified or changed in any way? Please explain why or why not.
8. Have there been changes to the service model over the last 5 years that you feel have helped?
9. Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?
10. Do you believe there are services that are not being offered and should be? Or if there are existing services that should be enhanced? Please explain why or why not.
11. Are there specific opportunities for policy or process changes within the system that would enable better service to the community?
12. Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?
13. Based on our conversation today, would you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that you made during our interview? Or would help provide pertinent information to the City of Yorkton to help inform the final report?



#1

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, April 03, 2024 10:51:04 AM  
**Last Modified:** Wednesday, April 03, 2024 11:59:31 AM  
**Time Spent:** 01:08:27  
**IP Address:** 69.11.47.213

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Page 1: Introduction

Q1

Please describe your organization/service.

Bruno's Place

Q2

Respondent skipped this question

Please describe your role.

Q3

Respondent skipped this question

How would you describe the emergency services system in your community?

Q4

Respondent skipped this question

How would you describe the community-based/social services system in your community?

Q5

Based on your professional experience and position, do you believe a demand for addictions and mental health support services are increasing? Please explain why or why not.

Top 2 addictive Substances: Alcohol/Meth - recognized.

Q6

Respondent skipped this question

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What are, if any, the key barriers/challenges?

**Covid-19 posed barriers and changed/affected user behaviours, administration barriers**

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**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

Yes (emergency employment, stranded in Yorkton). People in outside communities being transferred or brought here in ambulances or just came to Yorkton to "party" etc. will get stranded here and have no way home and no resources to get home to home community.

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**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

Whats going well: RCMP wanting to work with BP, but the tag-teaming to connect people to resources is challenging. Mobile crises required. Strained relationship with EMS. EMS not always informed of what BP responsibilities are.

BP pushed to have HUB established. Addiction counselors now have permission to conduct outreach. Outreach (Turning Point) was a 1-yr contract and expired last summer. Need this again - however outside bank hours though.

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**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?

No social supports outside of typical 8-4pm office hours, no mobile crises unit. Not enough beds in Pine (down to 10 beds, pine is the mental health dept. in the hospital) very challenging to get people admitted in there. Staffing challenges in the hospital may also be a factor.

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**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

Medical and Social support services working shifts outside of the limited 8:00am-4:00pm - more shift and extended hours are needed. Overnight support for stranded individuals requiring services or care.

There is no mobile crises unit.

The HUB community - underutilized, not accepting cases. Micro-changes may contribute to positive changes.

Bruno's is an adult facility (18+) 16&17 year olds fall in a grey area bracket, even though that age group technically need adult services, for safety reasons they can't access the services here as "youth".

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**Q12**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

Social workers - typically work 8am-4pm - no after hours or on-call availability. No holistic care outside of medical under social. Bruno's Place does not administer medications, but they can hold them. Nurses/doctors/medical staff can come here if administered by a doctor. Individuals need to be in a stable "baseline" before they can be in a position to help them.

Bruno's contacts hospital: One rep for homelessness - one for child protection.

No strict tolerance policy, have to be coherent in filling out their intake forms. Case-by-case basis.

Centralizing services to regina - hurt this community. individuals may not have access to resources to stay connected to office in regina to ensure they receive care and services.

\*\*It needs to be easier to get a mental health order. \*\* Capacity

Access to treatment. Because there's no treatment or detox near here (1 hr away cote or walking buffalo or regina) clients transition back into the community but tend to be on a wait list. Who's responsibility is it to ensure they're not using while they wait for treatment. These goals are on SK Housing needs assessment.

Awareness amongst program/service providers and also for clients needing to access resources or treatment

---

**Q13**

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

TIG Question: Where are families going for emergency shelter?

Response: Family units will be put up in hotel. Stays are limited at 3 nights.

Magicpill: Access to mental health, medical professionals, all outside of bank hours. An ER for mental health service rather than physical health emergencies. someone to stabilize them Friday night until someone can get to them on Monday morning.

Education - for young adults. access to education awareness of available resources (Friday Night Bus - Love Bus, food, companionship..)

---

**Q14**

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

Housing Needs Assessment

Yorkton servicing people in a large rural area..into Manitoba and other outside communities..meals stays ..etc stats could be shared re: who is accessing services.

---

#2

COMPLETE

**Collector:** Web Link 1 (Web Link)  
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**Last Modified:** Wednesday, April 03, 2024 2:33:56 PM  
**Time Spent:** 01:20:30  
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Page 1: Introduction

Q1

Please describe your organization/service.

SIGN - Yorkton 24 programs serve mainly Yorkton - also serve Kamsack. Different programs serve a 3-hour radius and working with a lot of rural families but budget restricts to local. Rapid Access - Counseling Program. Houselessness - social support services. Staff use personal vehicles to help clients with moves.

---

Q2

Please describe your role.

Housing Outreach Support Worker/Programmer,

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Q3

Respondent skipped this question

How would you describe the emergency services system in your community?

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Q4

Respondent skipped this question

How would you describe the community-based/social services system in your community?

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Q5

Based on your professional experience and position, do you believe a demand for addictions and mental health support services are increasing? Please explain why or why not.

Not enough new housing being built, not enough old houses being repaired, CIS, COVID-19, general inflation, food services.

---

Q6

Respondent skipped this question

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

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**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What is working well and/or what are the key strengths of the model?

What are, if any, the key barriers/challenges?

**Turning Point (7-8 Years), there are a lot of commities in Yorkton, partnership commitments,**

**More outreach, need mental health worker, more addictions, more capacity n general. Transportation is a huge barrier.. public transport system in yorkton, not efficient enough. Treatment centre for addictions, no social or aftercare detox. Transitional or supportive Housing. Silo'd..Wait times at the hospital, mental health "emergency" call-back issue..lack of trauma informed care. One walk-in clinic.**

**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

Yes, rural communities are coming to Yorkton for health care services, resources, to "party" etc. and they stay for access to resources and supports, but also get stuck here. People feel lost in "the system" when they get sent to bigger city centres like regina/saskatoon. People on the Yorkton Housing Corp. List (160 ppl) theres a chance you'll get matched with a unit that costs more than CIS provides.

Key Problems in Yorkton? Meth, Alcoholism.

Key Trends: Un-diagnosed Brain injuries or cognitive disabilities,

People are driven here: for safe supplies, methadone.

Kamsack: low/no Housing, addictions issues in kamsack, FN reserves travel too Kamsack for Methodone/Opiod clinic - lots of HIV diagnoses. Cote Keeseecoosse and Key FN. population 1261.

**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

2018, SIGN Housing has been developed in the last 5 years, that's been a positive.

**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?

SHA changed triaging system in the last 3 years

SHA changed the needle/pipe procedure - now risk level increased for shared needles risk and higher HIV AIDS etc.

Immigration.. theres no housing inventory.

No housing inventory is driving renters out of the community which also means transportation issues

Suncrest college needs housing

**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

Income Assistance

Income Assistance does not cover Avenue Living

Landlord requirements \*\* what are rights of landlords and renters

---

**Q12**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

Income Assistance - increase the \$ and the workers/ capacity. Jordans Principal increases a families ability to extend motel stays if they need it.. (2-3 months max).

---

**Q13**

Respondent skipped this question

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

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**Q14**

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

Needs Assessment, SIGN provided client demographic error rate is unknown. Andrew collects those stats annually.

---

#3

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, April 17, 2024 11:17:37 AM  
**Last Modified:** Wednesday, April 17, 2024 11:31:06 AM  
**Time Spent:** 00:13:28  
**IP Address:** 198.169.34.9

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Page 1: Introduction

Q1

Please describe your organization/service.

Health care

Q2

Please describe your role.

Health care provider

Q3

How would you describe the emergency services system in your community?

It's very short staff and the waiting time is very long.

Q4

How would you describe the community-based/social services system in your community?

There's a lot but a lot of people don't realize they're there. But there is no enough facilities to follow through with client's needs and treatments.

Q5

Based on your professional experience and position, do you believe a demand for addictions and mental health support services are increasing? Please explain why or why not.

The personnel for social services and programs are increasing but there is not enough facilities or actual buildingd that would cater for long term treatments, admissions or rehabilitation .

**Q6**

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

There is not enough facilities/buildings that provides for placement for continous care or treatment facility.

---

**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What is working well and/or what are the key strengths of the model?

**There's services offered.**

What are, if any, the key barriers/challenges?

**Access to these services and ff-up treatment facilities**

---

**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

No, I dont thinks there's even some in the surrounding communities. Bigger cities like Regina and saskatoon have them, but they're not accessible to most people and not even enough to cater the needs of the population.

---

**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

lots

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**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?

yes,

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**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

We need more mental health beds, detox centers and shelters for the homeless.

---

**Q12**

**Respondent skipped this question**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

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**Q13**

Respondent skipped this question

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

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**Q14**

Respondent skipped this question

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

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## #4

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, April 16, 2024 11:02:31 AM  
**Last Modified:** Wednesday, April 17, 2024 1:33:44 PM  
**Time Spent:** Over a day  
**IP Address:** 216.197.250.53

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## Page 1: Introduction

## Q1

Please describe your organization/service.

SIGN is a non-profit organization that has several programs under its umbrella. My program, Positive Impact, is contracted by SHA to provide social work services to people living with, or at high risk of HIV

---

## Q2

Please describe your role.

I am an outreach social worker working in Yorkton (1 day/week) and Kamsack (4 days/week). I help clients reach their goals which can range from food for the day, a place to sleep tonight, socks, obtaining identification, completing taxes, completing paperwork for various things such as day school applications/post secondary applications/child tax/housing/etc.

I also do a great deal of advocating for my clients and community events to help tackle some myths and misconceptions about HIV and the stigma around the virus and people living with it

---

## Q3

How would you describe the emergency services system in your community?

In Yorkton there are more services than there are when I am working in Kamsack, but I would say "emergency services" are very limited. If your heart stops, we have a functional ER, but if you don't have food, or a place to stay, or transportation to a place to stay, access to phone/internet, mental health supports, etc. you aren't able to access those things emergently.

---

## Q4

How would you describe the community-based/social services system in your community?

I think we need more baseline services. Safe places for people to land and be for the day. From a Maslow's hierarchy of needs perspective, there are services for people working in love and belonging, and some safety needs, but many people's physiological needs aren't being met, so resume building (for example) is too high level. Services need to be high tolerance and low barrier (higher tolerance and lower barrier than they say they are)

---

**Q5**

Based on your professional experience and position, do you believe a demand for addictions and mental health support services are increasing? Please explain why or why not.

Yes. We talk a lot more openly about it than we used to, and people are now starting to be ok with the idea that they need to talk to someone about their anxiety. I can help complete the application for school, but if their anxiety is so crippling they can't tolerate being in the classroom, it won't be a good fit.

Harm reduction policy changes also mean we are supposed to be helping people move towards abstinence based recovery - this means we need more access to these supports. It would also be great to be able to access on demand (strike when the irons hot) and before crisis hits (proactive rather than reactive)

**Q6**

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

transportation to services, childcare for families to access services, after hours care, on demand mental health/addictions, local medical detox and treatment, family doctors to deal with underlying medical conditions, a decent living wage from SIS, affordable housing, supportive/transitional housing

**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What is working well and/or what are the key strengths of the model?

What are, if any, the key barriers/challenges?

**I don't think I have a good enough understanding of the current model to answer this question**

**access. people need on demand and inperson option. virtual is great for some people, but many do not have a private place to make that call. There also needs to be better communication so we understand what they are doing and they understand what we do and we don't get frustrated assuming each other isn't doing their job**

**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

Absolutely. I tell my clients to move to Yorkton for jobs, services, post secondary education, food bank, housing, transportation, child care, Turning Point supports, pharmacies that prescribe OAT

**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

i've worked in this job for 6 years, and 3 of those years were covid. There have been some improvements (Bruno's place and SIGN housing support exist), but it's hard to say those have made much of a dent

**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?

We have misunderstandings and expectations of these new services and i think are incorrectly referring clients to resources hoping they will fill the gaps.

---

**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

After hours drop in, Letting people stay at Bruno's place all day, detox and treatment in Yorkton, family doctors, addictions and mental health workers at Turning Point full time. Outreach/mobile services to outlying areas so people can stay where they are without flooding Yorkton

---

**Q12**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

better communication between primary health and mental health would be huge.  
Hiring professionals into leadership roles. People have good hearts and want to help, but don't have foundational understanding of things which makes it difficult to provide the best care.

---

**Q13**

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

"Yorkton" services a huge area and I tried to answer my questions specific to Yorkton, but there are people driving an hour to access services in Yorkton because it is the closest major center. It would be worth while considering the needs of those outside of an S3N postal code

---

**Q14**

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

Prince Albert has a housing support program they run out of de-commissioned hotels which I think is fascinating. putting a roof over a person's head doesn't necessarily fix their housing situation if they have no idea how to live independently

---

#5

COMPLETE

**Collector:** Web Link 1 (Web Link)  
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**Last Modified:** Wednesday, April 17, 2024 3:32:43 PM  
**Time Spent:** 01:38:16  
**IP Address:** 198.169.34.9

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## Page 1: Introduction

## Q1

Please describe your organization/service.

Public Health - providing prenatal, post partum, newborn care , immunization services, and communicable disease follow up to Yorkton and area

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## Q2

Please describe your role.

prenatal education, breastfeeding support, post partum and newborn care

---

## Q3

How would you describe the emergency services system in your community?

sparse - not enough coverage to meet the population/rural areas

---

## Q4

How would you describe the community-based/social services system in your community?

overwhelmed, as there are more and more people requiring the services and less staff to help them

---

## Q5

Based on your professional experience and position, do you believe a demand for addictions and mental health support services are increasing? Please explain why or why not.

yes. I have seen a huge increase in post partum depression/anxiety since the start of the pandemic in my practice. Our mental health program hasn't been able to meet their needs, and many of them are too acutely unwell to access the 811 maternal wellness program. I have examples of clients with post partum depression who have been refused to be seen by our mental health program because they missed answering an unplanned phone call from mental health. this is not proper client care.

I have co-workers who work in other roles who have also seen addictions/substance abuse of their clients increase greatly as well. We have no local treatment centres or support for their recovery.

---

**Q6**

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

there aren't enough staff or community resources to support the high demand. staff are burnt out. care is delayed. clients fall through the cracks due to admission requirements to such programs. we do not have a local treatment centre for addictions recovery.

---

**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What are, if any, the key barriers/challenges?

**lack of treatment centres, admission requirements to programs, location of community supports**

---

**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

I think many people in Yorkton are suffering due to the gaps in services in Yorkton itself. It seems Regina and Saskatoon get most of the health care programs and rural (including Yorkton) have very little

---

**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

no

---

**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?

harm reduction services have been impacted - we have decreased services to these clients without a full plan for recovery/treatment centers (we are told this will be happening but how long in the future??) Also these decreases will have an impact on the number of communicable diseases contracted.

---

**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

I have examples of clients with post partum depression who have been refused to be seen by our mental health program because they missed answering an unplanned phone call from mental health. this is not proper client care. they need mental health workers that can reach out more and be more supportive of their needs.

---



**Q12**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

unsure.

---

**Q13**

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

Yorkton unfortunately has been seeing more homelessness, people wandering the streets, using needles and leaving them lying around. I am worried for my children finding such drug paraphernalia and possible residue on these items

---

**Q14**

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

unsure

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#6

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, April 18, 2024 11:54:49 AM  
**Last Modified:** Thursday, April 18, 2024 12:10:59 PM  
**Time Spent:** 00:16:09  
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Page 1: Introduction

Q1

Please describe your organization/service.

Yorkton Public Library is the local library branch in Yorkton, serving as Reference Centre for the Parkland Region by providing books, film, video games, digital resources, programs, information services, children's activities, public access computers, and a welcoming space to all members of the community.

---

Q2

Please describe your role.

Branch Manager: I oversee the facility, staff, and services at Yorkton Public Library.

---

Q3

How would you describe the emergency services system in your community?

The emergency services as we have had to use them at Yorkton Public Library have been surprisingly robust, with quick response and no delays causing any issues.

---

Q4

How would you describe the community-based/social services system in your community?

Lacking. The number of individuals we serve who require expanded community and social services in order to re-establish or improve their lives is large and expanding. We have a limited number of resources to provide and an insufficient number of services to direct them to, especially for those in desperate need.

---

**Q5**

Based on your professional experience and position, do you believe a demand for addictions and mental health support services are increasing? Please explain why or why not.

Addictions supports are one of the most lacking aspect of Yorkton services. The number of identifiable and often self-admitted addicts is increasing and are the largest demographic of patrons we serve who cause issues. There are virtually no major supports for these individuals, who come to the library in lieu of these services that do not exist and who we are ill-equipped to support in the ways they need. This has become a notable area of concern, especially in the last few years, and we have modified our facility, operation, and services in response.

---

**Q6**

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

The gaps are either communication or the lack of existence of these services at all. Few people are aware of the supports that exist in Yorkton when they do exist, and the capacity is far outstripped by the demand who are often forced to seek support in Regina because Yorkton cannot adequately meet their needs.

---

**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What are, if any, the key barriers/challenges?

**Lack of availability and ease of access.**

---

**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

Yes, and this is directly admitted to by those coming to Yorkton. While insufficient in scope, Yorkton does provide more services and opportunities than surrounding communities and individuals are increasingly coming to Yorkton out of lack of options, further straining the already-limited service capacity in Yorkton.

---

**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

I am not aware of changes to the service model that would have helped.

---

**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?

I am not aware of changes to the service model that would have had a negative impact.

---

**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

Expansion of homeless options is of great necessity as the only true option, Bruno's Place, is already operating at maximum capacity every day and turning away individuals.

A safe injection site would help identify individuals, direct them to appropriate support services, and remove active use and addiction from community spaces.

An expansion of in-patient mental health services, especially when coupled with additions support, is needed as the two are increasingly entwined and difficult to help in settings not specialized to their needs.

---

**Q12**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

No. But a recognition that these issues can neither be prayer nor policed away would be a first step. Many people in Yorkton are radically ill-served and that failing negatively impacts every member of the community. The cost of these resources, however steep, would be more than paid for by the gains made in the community.

---

**Q13**

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

The services that do not exist are not just an absence but the need is being met, sometimes unwillingly, by other services and supports in Yorkton. Individuals in need are not idly waiting for these services to develop but are seeking out solutions and/or spaces that are inadequate for their needs and occupying resources that would otherwise be better directed to other people. If these services do not develop and expand these individuals will still exist and the need will still continue but individuals will find whatever help they can, often at the expense of services intended for other people.

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**Q14**

Respondent skipped this question

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

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#7

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, April 22, 2024 9:23:05 AM  
**Last Modified:** Monday, April 22, 2024 9:42:05 AM  
**Time Spent:** 00:18:59  
**IP Address:** 198.169.34.9

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Page 1: Introduction

Q1

Please describe your organization/service.

KidsFirst Mental Health

Q2

Please describe your role.

Senior Social Worker

Q3

How would you describe the emergency services system in your community?

Primarily formal: ER

Q4

How would you describe the community-based/social services system in your community?

SIGN would be the largest CBO. Relay heavily on Government funding and Health funding. Non emergent services.

Q5

Based on your professional experience and position, do you believe a demand for addictions and mental health support services are increasing? Please explain why or why not.

100%! Triage levels are high and only those who triage high are able to be seen. KidsFirst is still able to see low to high triage levels and provide intervention and prevention support.  
NEED DETOX and Treatment beds (Medical) not just social. The inpatient (Pine Unit) will have a significant amount of resources to this population though it is a Psychiatric Unit.

---



**Q6**

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

Needs Medical Detox and treatment beds!!! for the area.

---

**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What is working well and/or what are the key strengths of the model?

**Dedicated staff who are working in difficult situations.**

What are, if any, the key barriers/challenges?

**Lack of Medical detox and inpatient treatment. The lucky few who are able to leave the Community come back to the same environment.**

---

**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

The primary Hub of Yorkton are lacking services that rural people are looking for.

---

**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

HITT has been a great success.

---

**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?

Piecemeal of Detox. Bruno's Place is not able to effectively deal with detox on a broader scale.

---

**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

Inpatient Detox/Treatment

---

**Q12**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

Greater Political will

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**Q13**

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

We should be advocating for people who are not able to advocate for themselves. This issue has gone from the shadow's to being very open on our streets. This shows the level of acuity has grown significantly.

---

**Q14**

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

MHS will have the increasing acuity levels in the region. Deaths by overdose. We just had one yesterday!

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#8

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, April 22, 2024 9:56:17 AM  
**Last Modified:** Monday, April 22, 2024 10:15:17 AM  
**Time Spent:** 00:18:59  
**IP Address:** 209.34.102.93

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Page 1: Introduction

Q1

Please describe your organization/service.

Yorkton Tribal Council Safe Haven is a Shelter for Women and their children, fleeing Violence.

Q2

Please describe your role.

Director of Safe Haven

Q3

How would you describe the emergency services system in your community?

I can only imagine everything is on point for the city of Yorkton.

Q4

How would you describe the community-based/social services system in your community?

I think we have a great community of Helpers.

Q5

Based on your professional experience and position, do you believe a demand for addictions and mental health support services are increasing? Please explain why or why not.

Yes, I believe we need more assistance in this area. Especially for Detox, treatment, and to have various points of connections for Mental Health Services.

**Q6**

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

We have a gap when it comes to First Nations asking for help in the city. There are also some areas for Mental Health that clients are not being helped or reached. They have no place to go when Pine unit refuses them.

**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What is working well and/or what are the key strengths of the model?

**Not sure**

What are, if any, the key barriers/challenges?

**No understanding of the issues, and turned away without exploring them**

**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

The First Nations and the smaller towns refer to Yorkton, because they don't have capacity, but neither does Yorkton.

**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

Not sure.

**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?

Not sure what the change was.

**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

We need it enhanced and more accessible.

**Q12**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

Not sure.

**Q13**

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

Unsure.

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**Q14**

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

none.

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#9

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, April 22, 2024 4:31:57 PM  
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**Time Spent:** 00:43:11  
**IP Address:** 198.169.34.9

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Page 1: Introduction

Q1

Please describe your organization/service.

The service I provide is direct outpatient services.

Q2

Please describe your role.

My role is Alcohol and Drug counselling. Including assessment, referrals, recovery and relapse planning.

Q3

How would you describe the emergency services system in your community?

Fairly quick to respond to emergencies. Fairly good communication between service within the Health Authority.

Q4

How would you describe the community-based/social services system in your community?

They are sometime lacking in understanding of specific programming within the services offered, communication is also lacking.

Q5

Based on your professional experience and position, do you believe a demand for addictions and mental health support services are increasing? Please explain why or why not.

Yes increasing, this is because the increase in prevalence, availability, access, and everchanging variety of substances within the community

**Q6**

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

There are gaps because of the lack of close, accessible treatment and detox options. The lack of affordable homes, lack of transitional homes, and lack of options for the homeless community.

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**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What is working well and/or what are the key strengths of the model?

**Central Intake, open communication within mental health and addiction. Offering online or virtual supports.**

What are, if any, the key barriers/challenges?

**Lack of mental health and addiction in patient and detox services within Yorkton, and surrounding areas. Youth and Adult.**

---

**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

Detox and inpatient services are not offered in Yorkton so individuals do not seek services in Yorkton, including housing. They will go directly to the area that provide these services.

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**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

Yes online supports have been helpful, more options for individuals, in early to maintenance stage of recovery.

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**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?

no

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**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

More funding for services like social detox and inpatient settings, specific to substance use disorder.

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**Q12**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

not sure

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**Q13**

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

Mislabeling of a services; discontinuing Harm reduction reduction services with in Yorkton.

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**Q14**

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

No

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#10

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, April 25, 2024 10:20:02 AM  
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Page 1: Introduction

Q1

Please describe your organization/service.

Providing safe and non judgmental services to people who are suffering from addictions.

Poor

Q2

Please describe your role.

I am a unit support worker with the Turning Point Program I work directly with people who are dealing with addictions and h  
homelessness and food depravation.

Q3

How would you describe the emergency services system in your community?

Poor

Q4

How would you describe the community-based/social services system in your community?

Poor

Q5

Based on your professional experience and position, do you believe a demand for addictions and mental health support  
services are increasing? Please explain why or why not.

Yes desperate time brings about desperate people when you have no income eg job loss losing your home and family some people  
turn to drugs alcohol just to cope.

**Q6**

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

To receive assistance you need an address to go to the food bank which is only open 3a person needs an address so where does that leave people stuck between a rock and a hard place.

**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What is working well and/or what are the key strengths of the model?

**We in harms reduction are working well with what we have which is the best we can do.s temporary addiction councilors and social workers we need these people full time as well as medical pract**

What are, if any, the key barriers/challenges?

**General public turning a blind eye believing this does not happen in their neighborhood because yes it does. there neighborhood**

**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

These people are transient they are not driven here their are services in all the major towns and cities they come because of family or the hope of support.

**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

Bruno's place however we need more shelters to many are sleeping ruff if you want to know how they live walk a mile in their shoes literally.

**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?

Yes the 1-800 number to social services you can be in a cue fir hours and if you don't have phone and need to borrow one it could take hours.

**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

Proper detox center and rehab center.

**Q12**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

Not to my knowledge

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**Q13**

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

Addictions has been in Yorkton for decades and will not go away where there is money there is drugs

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**Q14**

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

DO NOT pretend that it is going to go away.

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#11

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, May 09, 2024 10:53:10 AM  
**Last Modified:** Thursday, May 09, 2024 11:51:49 AM  
**Time Spent:** 00:58:38  
**IP Address:** 207.195.114.103

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Page 1: Introduction

Q1

Please describe your organization/service.

SHA/Public Health/Turning Point Program

Q2

Please describe your role.

Public Health Nurse

Q3

How would you describe the emergency services system in your community?

Very long waits in ER waiting rooms prior to triage and following triage. Only one doctor present, sometimes not present and unwilling to come to care for many clients. Mental Health services generally unavailable for emergency room, often psychiatrist/mental health nurse unable to attend to perform assessment in ER. Limited space and staff.

Q4

How would you describe the community-based/social services system in your community?

An array of services that are federally, provincially, and privately run. Often disconnected, overlapping, or uninformed about each others roles in the community. Informally connected through individual staff efforts. Poorly advertised in the general public. Variety of demographics/people groups served.

**Q5**

Based on your professional experience and position, do you believe a demand for addictions and mental health support services are increasing? Please explain why or why not.

Absolutely.

The amount of drugs and drug use in the community has increased. Overdoses are frequent. Alcohol abuse is generally overlooked in services. Clients we see that want to go into a detox or treatment centres are on waiting lists for months.

In regards to children and youth: anxious behaviors, evidence of cutting, followup for sexual assault, and absenteeism from school seems to have increased.

In regards to maternal mental health, I believe we are seeing increased EPDS (Edinburgh Postnatal Depression Scale) scores at the 2 month and 6 month visits and even well into a mother's 1st year postpartum. It used to be uncommon for mom's to score 10+ and it is becoming common to see a score of 15+

**Q6**

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

Yorkton has very limited mental health inpatient beds, so clients are more likely to be sent home from emergency or inpatient services. Phone calls to mental health intake for our postpartum clients usually take a lot of tries/time/followup.

Out Turning Point Program only has 1 addictions counsellor only available 1 day per week.

We don't have a local medical detox centre or any local treatment/recovery centre. There are many private treatment centres that are extremely expensive or a few far flung publicly funded treatment centres that take months to access and are filled with prior paperwork and assessment paperwork and appointments.

**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What is working well and/or what are the key strengths of the model?

**Many organizations are assessing for, referring for, and supporting mental health and addictions care.**

What are, if any, the key barriers/challenges?

**The "narrow door" approach. Clients can only access a psychiatrist through referral process. There aren't services where the clients are. There are services that a client must access through traditional/privileged means such as telephone and fax.**

**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

I believe the Kids First program in Yorkton is a fantastic program and I believe an expansion of that program to the outlying rural communities would benefit a lot of people in addressing mental health, isolation, early childhood development, lack of resources and parent support.

**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

An increase of pediatricians in Yorkton may have helped to identify and refer for further mental health services, but that is just a speculation.

The development of an emergency services shelter has likely helped connect people to care they wouldn't have otherwise known about or had access to.

Increase in the prescription of suboxone/sublocade.

More virtual care options for clients.

---

**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impact?

Loss of Alliance Health clinic and prescriber for Opioid replacement therapy.

Loss of full time nurse practitioner in the turning point program.

Changes to the needle exchange program prior to more treatment/detox beds being available.

---

**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

There should be as much inpatient and community services for mental health and addictions as there is for heart disease, diabetes and stroke.

There should be a medical detox and treatment centre in Yorkton.

There should be a mental health emergency department, intensive care unit, acute care unit and long term care unit.

There should be an increase of mental health nurses, addictions support workers, etc. in any organization that sees a number of clients that would benefit with an onsite worker.

---

**Q12**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

On a day where Turning Point does not have an addictions counsellor and a client would like to discuss their drug or alcohol use/ending their use, couldn't we have a community mental health nurse drop in and see them. Many of our clients don't have any way to be contacted once they leave our program, so referral is pointless.

At this point in time, we are not tracking EPDS scores so there doesn't seem to be any way to track improvement in mental health over time in the clients we see for their baby's regular wellness visits at Public Health.

---

**Q13**

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

We have a lot of programs, a lot, that are already doing a lot of fine work and I really appreciate that your group is inquiring of them to gain more insight. Before something "new" is created, your group should make sure it is not overlapping services already provided by an organization that is understaffed, underfunded, and in need of support and connection.

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**Q14**

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

You can contact Deanna Bartok, our HIV strategy coordinator for available data on the clients we serve - 306-786-0851 or come by and speak with any of our staff at the Turning Point Program.

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#12

COMPLETE

**Collector:** Web Link 1 (Web Link)  
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Page 1: Introduction

Q1

Please describe your organization/service.

Yorkton Tribal Council provides programs and services to on reserve members of the six affiliated First Nation communities; The Key, Keeseekoose, Cote, Zagime, Kahkewistahaw and Ocean Man

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Q2

Please describe your role.

I am the Mental Health and Accreditation Coordinator and facilitate workshops and trainings around mental health. I am also the Crisis Team Leader for our six First Nations communities and also the lead for accreditation within the Health Department.

---

Q3

How would you describe the emergency services system in your community?

There is a lack of emergency services in Yorkton with the only option being the hospital which has extensive waiting times and a shortage of beds. The emergency shelter has many hoops to go through to be admitted, and there is no crisis support or emergency housing supports for those in need.

---

Q4

How would you describe the community-based/social services system in your community?

There is limited social services in Yorkton - the Sign Walk in Counselling program and the hospital are the only counselling services available. There is no drop in program for youth or services for youth to access. There are two shelters for women escaping domestic violence but none for men or youth. Also There are no services available for urban First Nations individuals to access. YTC is only able to provide services for on reserve members, as we do not have the funding capabilities to provide services to urban members.

---

**Q5**

Based on your professional experience and position, do you believe a demand for addictions and mental health support services are increasing? Please explain why or why not.

Absolutely. Addictions and mental health concerns have only increased over the years with very little being done to support this issue. Covid has increased people's isolation and put a spotlight on people who previously had mental health and addictions issues. There are not enough supports and resources for people struggling with addictions, trauma, mental health, suicidal behaviour, and an increased need for counselling.

**Q6**

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

There are not enough counselling options available for people besides the Sign Walk in and the hospital. The Sign Walk in program is overwhelmed with clients and is unable to keep up. The hospital does a poor job of following up with people and has extensive wait times of responding to clients, if at all. There are no supports for youth to reach out to for counselling or otherwise. There are also not a lot of social programs available and activities to keep people busy.

**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What is working well and/or what are the key strengths of the model?

**The Community Fridge is an excellent outreach opportunity that is being utilized quite frequently**

What are, if any, the key barriers/challenges?

**Lack of services - lack of culturally supportive services**

**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

Yes. Many smaller communities come to Yorkton because of the lack of services in their area. However when they arrive, they find just as much of a lack of service and increase in wait times. In rural First Nations communities that we work with, typically they do not have full time counsellors, even in the schools. Therefore there are not the needed supports to provide for the needs of the communities and instead of doing in depth work, many of the front line workers are simply putting out fires.

**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

Bruno's Place has opened up in the last 5 years which is a homeless shelter. However I have heard there are difficulties getting into the shelter, because of the wait list or bureaucracy, and people would rather spend the night homeless.

**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?

The city has not met the demand for the increase in population and the increase of social services to the city.



**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

There needs to be a youth drop in centre with a focus on teaching life skills and youth counselling available. There should also be a 24/7 shelter available for the youth that are homeless. There needs to be more social services working together instead of silos. There also needs to be more counselling that is not private, that everyone is able to access so there is not such a long waiting list.

---

**Q12**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

More funding for mental health supports and an increase in harm reduction service programs. There needs to be a shift from the government to see that harm reduction is actually quite helpful and will reduce the amount of overdose deaths. By removing harm reduction programs and services, homelessness will increase, STBBI's will increase, as will overdose rates and deaths. There needs to be mobile harm reduction services offered within the city as well as in rural areas such as Kamsack.

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**Q13**

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

There is a huge gap between the needs and the services actually being provided. There is also a very large drug abuse problem within the city of Yorkton. In order to combat this, we need to provide counselling to help people deal with the issues that brought them to substances in the first place and ensure these services are accessible and culturally relevant.

---

**Q14**

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

As YTC does not provide services to the city of Yorkton, I do not have this information. Again, our mandate is just to serve on reserve community members.

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#13

COMPLETE

**Collector:** Web Link 1 (Web Link)  
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**Time Spent:** 01:05:07  
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## Page 1: Introduction

## Q1

Please describe your organization/service.

Yorkton Tribal Council is made up of several different departments, Health and Social Development, Justice, Education, Economic Development, Emergency Planning, Tech Services, etc.

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## Q2

Please describe your role.

My work is with the Indian Residential School Resolution Health Support Program. As a Resolution Health Support Worker, I provide emotional and cultural support to individuals, families and our First Nations, coordinate and facilitate Healing Circles, workshops, information and support sessions and events.

---

## Q3

How would you describe the emergency services system in your community?

I live at Zagime First Nation, the emergency services are somewhat lacking. To my knowledge we do have an Emergency Response worker in place, we use to have an Emergency Response team, and presently may be a Crisis Response Team in place. The YTC Crisis Response Team is available upon request when emergencies happen.

---

## Q4

How would you describe the community-based/social services system in your community?

In my First Nation the services available are adequate to meet the needs of the people. The population on reserve is small and the larger number of people on the reserve are children and youth. Services available include the National Native Alcohol and Drug Abuse Program, Social Assistance, Prevention, Housing and Public Works, Health Center, etc.

---

**Q5**

Based on your professional experience and position, do you believe a demand for addictions and mental health support services are increasing? Please explain why or why not.

Over the years I have seen an increase in services for mental health and addictions. For instance there is now a Treatment Center at the Cote First Nation, and presently in the process is the opening of a treatment facility at Kahkewistahaw First Nation (YTC). There are numerous NNADAP programs and other Mental Health and Addictions programs throughout Saskatchewan.

**Q6**

Can you identify any gaps in the programs & services in the community that are driving higher addictions and mental health issues and demand for both emergency and community/social services?

Over the years, the response to the request for Treatment has changed. Years ago, there was not as much red tape to go through to be admitted to Detox and or Treatment. I remember making a phone call to a Detox Center in Regina (Recovery Manor) and was able to get the individual,

to treatment the same day. Things don't work that way these days. Other issues include dealing with multiple addictions and related issues, service providers being some of the most wounded people, and not dealing with that woundedness, cultural differences,

**Q7**

With regards to the current mental health & addictions service delivery model in the community:

What is working well and/or what are the key strengths of the model?

**People have shared with me the benefits of the Mental Health and Addictions Programming, coupled with self-help groups, working with the Elders and going to ceremony, coupled with self-help groups. and Addictions program, coupled with self help groups,**

What are, if any, the key barriers/challenges?

**The availability of drugs, prescribed, street, and the number of individuals trafficking these drugs, the pharmacies and College of Physicians and Surgeons do not respond to issues brought forth. the individuals trafficking these drugs. Individuals providing these services need to be f individuals involved in trafficking of street and prescribed drugs. Individuals working in the Mental Health and Addictions field need to have not only the certification but the practicality. Service providers need to be knowledgeable of indepth effects of addiction, and**

**Q8**

Do you believe that gaps in programs and services in surrounding communities are driving individuals to the City of Yorkton? If so, can you identify some key gaps in programs and services in surrounding communities?

Perhaps, not so much Yorkton but other urban centers. That's not to say Yorkton does not need to increase the services available for people with Mental Health and Addictions services, they need to be increased. There are many underlying and/or related issues, these need to be addressed and the programs and services need to be readily available.

**Q9**

Have there been changes to the service model over the last 5 years that you feel have helped?

Individuals have shared with me the benefits of attending at the Mental Health and Addictions programming. The incorporation of the culture and elders as a part of a continuum of treatment.

---

**Q10**

Have there been changes to the service model over the last 5 years that you feel have or will have a negative impacts?

The increase in the number of treatment facilities is a good thing, however, these facilities need to be staffed with certified and trained counselors. The focus of treatment needs to be on addiction and recovery from addiction. Recognizing that the needs of individuals in treatment are numerous, there is a better chance of dealing with the other issues once sobriety has been established.

---

**Q11**

Have you identified any potential solutions to the mental health and addiction issues in the community? (i.e., Do you believe there are services that are not being offered and should be? Or could existing services that should be enhanced/expanded?) Please share your ideas.

Increased Drug and Alcohol Awareness training, Aftercare programming, and Prevention programming.

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**Q12**

Are there specific opportunities for policy or process changes within the system that would enable better service to the community?

Possibly.

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**Q13**

Is there anything else that you believe the Impact Group should consider or be aware of in their analysis for this project?

N/A

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**Q14**

Do you have any available data, reports/studies, and/or evaluations that would help illuminate some key points that would help provide pertinent information to the City of Yorkton to help inform the final report?

Not presently, however, they are attainable.

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## **Stakeholder Group B: Persons with Lived Experience (PWLE) Focus Group Guide**

### **1. Group Composition**

The focus groups will be conducted in-person in a neutral “safe community space”. Participants will be recruited through Community-Based Organizations in the community. All individuals involved will be offered a monetary or gift certificate incentive for their time. The target audiences will be individuals with either current or prior lived experience of non-prescription substance use and/or mental health issues, or who are a family member of an individual(s) with substance use experience and/or mental health issues. A mental health counselor will be available to participants during all of the focus group sessions in case the discussion caused anyone to require support.

### **1. Focus Group Introduction (10-15 mins)**

- Introduction of facilitator, facilitator role, and purpose of project.
- Explain that focus groups are a way to collect opinions about experiences in more detail than a typical survey. These conversations are exploratory. There are no right or wrong answers. We understand that there are complexities and nuances. Each person should speak for themselves. Not looking for consensus or agreement – don’t hold back if your opinion or what you think or do is different from what others are saying. Any and all input is welcome and very much appreciated.
- Partnering with you is essential to improving services. Throughout this process, the City of Yorkton is also engaging with Community Based Organizations (CBOs), community advocacy groups, municipal leaders, and Indigenous organizations who share the common goal of improving harm reduction strategies and programs in the community.
- Explain notetaking and recording of the discussion - when we put the report together, we like to listen to the recording to make sure we’ve covered everything off that was discussed in the group. This is just for our own internal purposes and the recording will be deleted once the report is written.
- Introduce the counsellor in attendance and explain that we can set up a break-out room at any time during the meeting if needed.
- Let participants know that we will provide a list of mental health and addictions supports following the conversation.
- Ensure that all attendees understand that they can opt out of a question or the meeting at any time.
- Assure participants that their names won’t be associated with anything they say in the report - the data will be summarized and reported in an aggregate fashion without any names attached.
- Duration approximately 2.0 hours; not taking a formal break; please mute phones.
- Include moderator email in chat and explain that participants can email directly if they don’t have enough time to say everything they want or think of something after the session has ended.

### **2. Main Discussion**

The City of Yorkton recognizes that there are many factors to consider through this engagement process, but first and foremost, its interest is to improve harm reduction strategies and programs in the

community. During our time together, we will try to stay solution focused as much as possible and allow a chance for everyone to speak. Firstly, I just want to confirm that no one on the call is under the age of 18?

**a. Current Situation [30 mins]**

1. I'd like to start by going around and have each of you introduce yourselves. Please tell us your name and where you live.
2. How severe are mental health issues and substance use disorder in the community?
3. What do you think contributes most to mental health issues and substance use disorder in the community?
4. Are you aware of any prevention strategies, harm reduction services, or recovery options available in the community?
5. What do you feel are the effective strategies or services that are currently in place in your community to enable persons with mental health issues and substance use disorder in the community to be safer or aid in their recovery? What about outside of your community?

**b. Barriers [10 – 15 mins]**

6. What do you feel is preventing people from seeking help or overcoming mental health issues and substance use disorder in the community? (prompt: this could be at a community level or a personal level)
7. Have you or a family members ever been denied services or shelter by a family member, government agency, or community-based organization in the community due to substance use disorder or mental health issues?
8. Do you or a family member ever rely on friends and family for day to day basis needs (shelter, food, income, etc.)?
9. If you suffer from substance use disorder or know someone that suffers from substance use disorder, can you share how you or your family member is securing the income necessary to obtain substances?
10. Have you or your family member ever been injured as a result of substance use disorder or mental health issues?
11. Have you or your family member ever been incarcerated as a result of substance use disorder or mental health issues?
12. If you or a family member is experiencing substance use disorder or mental health issues, have you/your family member attempted to access services (i.e., outpatient, detoxification, in-



patient, and/or long-term residential services)? If yes, were your family member successful in accessing? If you or your family were not able to access, what was the main challenge/barrier?

**c. Solution-based Discussion [45 - 60 mins]**

13. Based on these barriers, what actions do you believe need to be prioritized in assisting people with mental health issues and substance use disorder in the community? (prompt: Consider actions that could be included in a provincial strategy)
14. The rest of our discussion we will focus on potential solutions and ideas. Let's focus on short term solutions first. Over the next two to three years, what can practically be achieved? In other words, if you were given the opportunity to make decisions to improve the situation, what solutions would you support first?
15. And, over the long term, beyond five years, what interventions could make the biggest difference in reducing the harms from mental health issues and substance use disorder in the community?
16. What services and supports do you think would have the biggest impact in your community? (prompt – are these solutions different than what was suggested above and if so, why is their community unique)
17. What needs to happen to make seeking help more socially acceptable for those struggling with mental health issues and substance use disorder in the community?
18. Any final comments or suggestions to pass along?

**That brings us to the end of the discussion.**

**\*\*\* Remind participants that they can email any additional thoughts/comments.**

**\*\*\* Re-iterate/introduce the full scope of project, emphasizing the importance of receiving feedback from as many people as possible with lived experiences.**

**Thanks very much for spending some time with us this afternoon/evening and providing your feedback.**