



# Report to the Minister of Justice Public Fatality Inquiry

*Fatality Inquiries Act*

WHEREAS a Public Inquiry was held at the \_\_\_\_\_ Courthouse  
in the \_\_\_\_\_ Village of \_\_\_\_\_ Fort Chipewyan \_\_\_\_\_, in the Province of Alberta,  
(City, Town or Village) (Name of City, Town, Village)  
on the \_\_\_\_\_ 14, 15, 16 \_\_\_\_\_ day of \_\_\_\_\_ March \_\_\_\_\_, \_\_\_\_\_ 2023 \_\_\_\_\_, (and by adjournment  
year  
on the \_\_\_\_\_ 12 \_\_\_\_\_ day of \_\_\_\_\_ June \_\_\_\_\_, \_\_\_\_\_ 2023 \_\_\_\_\_ in the City of Leduc),  
year  
before \_\_\_\_\_ Justice J.B. Champion \_\_\_\_\_, a Justice of the Alberta Court of Justice,  
into the death of \_\_\_\_\_ JRA \_\_\_\_\_ 16 \_\_\_\_\_  
(Name in Full) (Age)  
of \_\_\_\_\_ #12, 120 McKenzie Ave., Fort Chipewyan, Alberta \_\_\_\_\_ and the following findings were made:  
(Residence)

**Date and Time of Death:** \_\_\_\_\_ July 2, 2015 at approximately 7:06 a.m. \_\_\_\_\_

**Place:** \_\_\_\_\_ Fort Chipewyan, Alberta \_\_\_\_\_

**Medical Cause of Death:**

Hanging

**Manner of Death:**

("manner of death" means the mode or method of death whether natural, homicidal, suicidal, accidental, unclassifiable or undeterminable – *Fatality Inquiries Act*, Section 1(h)).

Suicidal

**Circumstances under which Death occurred:**

On July 2, 2015, in Fort Chipewyan, Alberta,  
JRA was found hanging from a wooden structure located outdoors. A string from her hoodie had been used.

**The Inquiry was conducted pursuant to the Fatalities Inquiry Act:**

- **Exhibits**

The following is a list of the exhibits that were entered during the inquiry.

1. **Exhibit Binder (483 pages):**

**Tab number and document description**

**FATALITY REVIEW BOARD DOCUMENTS**

1. Case Summary/Recommendations

**OFFICE OF THE CHIEF MEDICAL EXAMINER DOCUMENTS**

2. Certificate of the Medical Examiner
3. Medical Examiner's Medical Certificate of Death
4. External Examination Form
5. Investigator's Report of Death
6. Continuation Notes
7. Letters from Human Services and Office of the Child and Youth Advocate Alberta

**NUNEE HEALTH AUTHORITY RECORDS**

8. Nune Health Authority Records

**RCMP DOCUMENTS**

**RCMP Reports**

9. General Report – D. Poirier; July 2, 2015
10. Supplemental Occurrence Report – C. Folk; July 3, 2015
11. Supplemental Occurrence Report – D. Knight; July 4, 2015
12. RCMP Pictures of Scene

**CHILDREN'S SERVICES DOCUMENTS**

- 13 - 14

**2014 Policy Documents – 3.1 Assessment Phases**

15. 3.1.0 Assessment Phases Overview; Revision June 15, 2012
16. 3.1.1 Receiving Referrals; Revision Date: October 1, 2011
17. 3.1.2 Intake; Revision Date: October 1, 2011
18. 3.1.3 Safety Phase; Revision Date: October 1, 2011

**2021 Policy Documents – 3.1 Assessment Phases**

19. 3.1.1 Receiving Referrals; Revision Date: January 13, 2020
20. 3.1.2 Intake – Receiving Referrals; Revision Date: January 13, 2020
21. 3.1.3 Safety Phase; Revision Date: January 13, 2020

**2021 Policy Documents - Intake – Receiving Referrals**

22. 3.1.2 Intake – Receiving Referrals; Revision Date: October 15, 2020
23. 3.1.1 Receiving Referrals; Revision Date: October 15, 2020
24. 3.1.3 Safety Phase; Revision Date: January 13, 2020

**Alberta Government Publications**

25. Alberta Youth Suicide Prevention Plan
26. Children's Services – Well-Being and Resiliency – March 2019
27. Children's Services – Well-Being and Resiliency: The Miyo Resource –

March 2019

**OCYA Documents**

28. OCYA Towards a Better Tomorrow

29. Progress on OCYA Recommendations (2020)

30. OCYA – Strengthening Foundations: Assessment, Information-Sharing and Collaboration – September 2021

**RELATED PUBLIC FATALITY INQUIRY REPORTS**

31. Report to the Minister of Justice and Solicitor General into the death of T.S. – May 10, 2018

32. Responses to Judge’s Recommendations – T.S.

Alberta Education Response Letter from the Dr. Clarke, PhD, Deputy Minister to Mr. Bryden, Re: T.S. – September 26, 2018

Response Letter from Mr. Sussman, Deputy Minister to Ms. Fuchinsky, Fatality Inquiry Coordinator; Re: T.S. – November 29, 2018

Alberta Health Response Letter from Ms. Bouwsema, Deputy Minister to Ms. Fuchinsky, Fatality Inquiry Coordinator; Re: T.S. – October 29, 2018

33. Report to the Minister of Justice and Solicitor General into the death of L.C.N. – May 24, 2017

34. Responses to Judge’s Recommendations – L.C.N.

Indigenous Services Canada Response Letter from Mr. Conn, Assistant Deputy Minister to Ms. Fuchinsky, Fatality Inquiry Coordinator; Re: L.C.N. – June 6, 2019

Alberta Indigenous Relations Response email from Mr. Young, Deputy Minister to Ms. Fuchinsky, Fatality Inquiry Coordinator; Re: L.C.N. – September 12, 2017

Alberta Health Services Response Letter from Dr. Yiu to Ms. Fuchinsky, Fatality Inquiry Coordinator; Re: L.C.N. – December 12, 2017

Alberta Health Response Letter from Mr. Sussman, Deputy Minister to Ms. Fuchinsky, Fatality Inquiry Coordinator; Re: L.C.N. – November 3, 2017

Office of the Minister of Crown-Indigenous Relations and Northern Affairs Response Letter from Ms. Welch to Ms. Fuchinsky, Fatality Inquiry Coordinator; Re: L.C.N. – May 15, 2018

Office of the Crown-Indigenous Relations and Northern Affairs Response Email from M. Fortier to Ms. Fuchinsky, Fatality Inquiry Coordinator; Re: L.C.N. – July 30, 2018

35. Report to the Minister of Justice and Solicitor General into the death of Nevaeh Charette – January 17, 2022

2. ***Pathways to Hope: Best Practices in Suicide Prevention for Alberta Schools***
3. ***Honouring Life 2.0, Life Promotion for Indigenous Youth***

**Child and Family Services Involvement with JRA’s Family**

There is no evidence that child welfare officials should have, but failed to, intervene in JRA’s life. There were no circumstances that would have justified such an intrusion into the family.

Further, I find that there is no evidence to conclude that JRA’s family was anything but nurturing and protective of her.

**Witnesses**

Ten witnesses testified at the Inquiry and with one exception, I will review and summarize their evidence in the order in which it was received. The evidence of RCMP officer Constable Donald Poirier, who testified concerning the circumstances of JRA's death, will be dealt with firstly to place the known facts, timeline, and findings in proper order.

- **Donald Poirier**

Constable Donald Poirier is an RCMP member who was stationed in Fort Chipewyan, Alberta in July 2015. His evidence related to the circumstances and facts of JRA's death.

He testified that on July 2, 2015, at 6:20 a.m., a call came in when was at home. It took him ten minutes to get to the given location after he received the callout, saying there was a suicide on the Monument Hill. Nobody else was on duty at the time of the call.

Typically, RCMP officers work alone in rural detachments. Constable Poirier requested backup in this case and as a result, Constable Folk accompanied him to the location.

When he arrived, emergency medical services were on the scene and he recognized the female victim as JRA. He remembered two emergency response members on scene providing care. He immediately assisted in CPR chest compressions. He knew that someone had committed suicide and people there said that she had hung herself. There was a string visible on the monument.

Constable Poirier reviewed Exhibit 1 tab 12, page 27 and identified the string in the fourth picture that was used to tie her neck.

JRA's pants were undone once he arrived, and EMS advised him that it was done to check the femoral pulse. EMS made the decision to put her on a stretcher and take her to the nursing station at the Nunee Health Center.

He subsequently interviewed the following witnesses:

- Lynn Boudreau,
- SS,
- VSD,
- JW,
- KW,
- DB,
- CW, and
- TM.

The more relevant parts of the statements take were detailed and read in during his evidence:

“[Lynn Boudreau] was woken up by some banging, that her daughter had come back and advised her that JRA had hung herself. And Lynn is the one that got dressed, she attended the detachment, but nobody was there because there was nobody working. She called 911 and she's the one who said she got the rope untied. She started CPR. She had issues with some people trying to push themselves in so it made it very difficult to do CPR at the time, but they continued to do it until EMS showed up.” Other mentions of JRA fighting and leaving the house with one of the other males before walking up the hill by herself.

“SS was in a tent at VSD's. CW had come over and started calling JRA names. JRA began to hit -- oh, I guess those names have been mixed up in my report here but JRA had been hit repeatedly. VSD told JRA to get out of her yard so JRA was causing issues. So, TM (phonetic), which is a boy that was there, was walking

with her. They heard JRA yelling TM to go as she went up the hill crying. CW and VSD said that JRA was gonna do it. VSD said, she's tried before, she stopped and she always tries when she's drunk. They were referring to suicide."

"TM and DB went for a ride and they came down running. They said they had found her hanging and when they went up to check they came and told VSD's parents, which would be Lynn. Everyone had been drinking."

JRA was left alone with TM. She was crying, she had just hit her best friend. JRA went up the monument by herself.

"VSD said that herself with CW, JRA, SS, [two others], and another guy, they were walking around. And they left and went to the school. JRA and CW left with SS and SS and VSD stayed at the school. Two hours later CW was calling out for VSD. SS went over and they called her. CW was crying as JRA hurt her feelings saying that K (phonetic) was her best friend."

"DB went for a ride on his dirt bike and picked up JRA. JRA came to VSD's house and they went for another ride."

"CW came over and called JRA a bitch and JRA didn't respond. VSD told SS, who was in the tent, JRA and CW were arguing. CW called JRA a slut again and JRA started punching CW. VSD stopped the fight and told them not to fight at the house and go on the road. CW kept mouthing off and JRA tried to kick her. TM held JRA and SS held CW. JRA and TM walked for a while and CW went home crying."

"When TM left JRA, she went up the hill alone. She was seen going up. She told CW earlier she was going to kill herself. No one took her seriously. He had known JRA for 6 months. JRA almost tried with a rope she has in her closet once but CW had stopped her. Everybody was drinking. JRA and CW were drunk."

They untied the rope and did CPR for 20 minutes on JRA before help arrived.

"TM was the one who found her. And the girls, VSD and SS, had come to the house 5:30. K went up at 5:45 and she went up at 5:50 and 911 was called just before 6."

Constable Poirier and Constable Folk had looked around and noted that there was nothing of suspicion. He concluded that the evidence that was provided to them by all the witnesses corroborated what they had found on scene and on that basis, they ruled out anything else that would have been suspected there.

CW told him that they were drinking behind the Lodge. She saw JRA driving around with TM and then found her at VSD's. They got into a fight with JRA and JRA said she was going to kill herself but nobody believed her.

JRA mentioned a lot of problems to CW:

"Often that she just wanted to die. In the winter she had tied a rope to a tree and she was going to jump but CW had stopped JRA from doing so. JRA complained a lot about not having friends, having a bad name, being bullied in her family life. CW left VSD's, and JRA went up to the Monument around 5:30 and VSD is the one who had come and told CW about what had happened to JRA" (Pg 14: 29-34).

TM told Constable Poirier that she was with JRA earlier in the night and that she appeared normal and happy at the time she arrived at VSD's house.

After the fight:

"TM asked her how she was doing, JRA said she was gonna go kill herself and TM had told her not to talk stupid. TM told her to go home and gave her a hug and

she started walking towards her house. She told TM it was the last time he was gonna see her and they walked their separate ways” (Pg. 15: 12-16).

JRA was walking up the hill when TM left and he figured that she would just go up there and cry for a bit. He met up with DB and they decided to go up the hill to check it out and saw JRA and the string:

“TM stated knowing JRA for about a month and he talked to her every day. They never talked about -- she never talked about hurting herself. She was always a happy person. He had thought JRA as being about level 8 out of 10 of -- in terms of intoxication. He had been with JRA for about 20 minutes prior to finding her hanging. She was alone on the hill. She had been wearing a sweater TM gave her and the string used to hang herself was actually a string from the sweater. TM got about 5 feet away from JRA's both when he found her hanging” (Pg. 15: 27-33).

In relation to the statement taken from DB, he testified:

“DB remembers JRA being with VSD. The last time he saw her he was with TM, they were on dirt bikes, around 6 in the morning. TM was on the road with JRA by the Monument. He remembers JRA being drunk. She was seen fighting with CW that night. She told TM she was going to up to the Monument and kill herself. DB told TM that we -- that they can't let that happen and they have to go see her. They took their dirt bikes up the hill and they found her hanging by the Monument. Seemed happy during the night. Nothing seemed to be bothering her. It was the day after Canada Day is what he remembers” (Pg. 17: 3-10).

Constable Poirier learned that an individual bought the alcohol. He was not criminally charged so the file was purged.

Constable Poirier also testified that in his experience in Fort Chipewyan, alcohol is one of the biggest problems in the community. He is called often by parents to deal with the problem which only gets worse when winter roads are closed and people are isolated. His evidence was:

“Drugs are not as prevalent. I find that alcohol was typically the most contributing factor. I personally am not -- I did not deal with drugs a whole lot. It was more the older crowd when it came to drugs I found” (Pg. 18: 19-20).

He ultimately concluded that there was no evidence of foul play and he felt that the medical report would have likely come back with something unusual. He gave all of the evidence to the medical examiner in a preliminary report of death. It is up to the medical examiner to determine whether an autopsy needs to be conducted. In JRA's case, it was decided that no autopsy was necessary.

- **Chief Allan Adam**

The first witness called to testify at the Inquiry was Allan Adam, the Chief of the Athabasca Chipewyan First Nation (“ACFN”) and the president of the Athabasca Tribal Council (“Council”). The ATC provides services to five first nations which services include mental health and day care services. The first nations which comprise the ATC are:

- ACFN,
- Chipewyan Prairie First Nation,
- Fort McMurray 468 First Nation,
- Fort McKay First Nation, and
- Mikisew Cree First Nation (“MCFN”).

Chief Adam explained the history and various entities in the Fort Chipewyan area as follows:

Fort Chipewyan is mainly between two First Nations, the Athabasca Chipewyan comprised of community settlements that come from various places to run the community. And over the years we have maintained the tradition of our heritage here in the community. When you reside in the community where other Nations come together you have to learn to adapt and live with each other and through that we form the basis of who we are here in this community. Fort Chip, you said yourself it's a very unique -- unique community, you know, and we have to find a way to create a balance that's going to be workable for everybody. And over the years how we look at the community and how we try to strive with the community and everything and then the lack of resources that follow with it that still play a burden today. (12: 21-40)

At some point, MCFN pulled away from the Council because they could not rely on it as it felt that Council was “not up to speed”, but at time of JRA’s death, MCFN was still part of Council.

Chief Adam presented a bleak and demoralizing view of the challenges faced by all residents in Fort Chipewyan, but especially the youth in the community. He testified that violence, alcohol, and opioid abuse have led to many deaths in Fort Chipewyan and that there is an addictions crisis in community. He said that there are not enough resources to help people or combat drug trafficking. He testified:

All five First Nations in the Athabasca Tribal Council suffered losses from suicide and death from opioid crisis and everything because the lack of services that are out, the lack of prevention, the lack of resources in the school, the lack of resources at Nunee Health to provide the services here for the community.

He said that the increase in the drug trade in the community is as a result of the lack of resources to deal with mental health issues. That has spawned growing gang violence and there is a lack of resources to help the community understand how to fight the plague of drugs and those involved in trafficking in the area.

He talked about the ice road as being the only way, in winter, to supply Fort Chipewyan and that, therefore, the community is at the mercy of the weather to get supplies. The community gets energy from Atco, and also uses solar panels to reduce greenhouse gas emissions. The chief discussed the fact that supplies for whole year must be shipped during winter when ice road operational.

According to Chief Adam, all health services are supposed to be arranged through Nunee Health, a medical services provider that is established, funded, and run under the auspices of the federal government. However, the chief testified that there is a woeful lack of training and services in the community on the part of Nunee Health.

His evidence was that the Nunee facility is “unoccupied, unused, unutilized” and that Nunee Health is failing to operate it as is needed. He felt that somehow, it is necessary to get Health Canada involved to resolve the ongoing issues at Nunee because it is difficult getting people to run it. He said that:

As we speak here today, Your Honour, there are 22 positions available at Nunee Health that need to -- for a fill to operate the community from a health point of view and we can't even fulfill that.

He also testified that there is currently a three month wait time for Fort Chipewyan residents to see a doctor. Although there are medical services available in Fort McMurray, Chief Adam said that planes and boats are difficult to use and expensive to get to Fort Chipewyan. As a result, isolation is a key problem in accessing health services.

Chief Adam then turned his attention to the inadequacies of mental health and educational resources for the community in general, and young people specifically. He said that they are trying to get counselling services for the community but it is difficult getting people housed in the community so mental health and educational resources continue to be lacking. Fort McMurray has those resources and an atmosphere to help young people that Fort Chipewyan does not have.

As it now stands, nobody confronts their addiction. Instead, the community residents just ask for money to feed that addiction. The chief testified that it is hard for people to talk about mental health but that people in the community need to share experiences with youth about mental health issues. He said that the community needs people that are capable of talking to those who are struggling and who could help them talk about their experiences.

The chief would like to be able to build facilities that unite people and connect them to their culture. This will attract people from the community to come work in Fort Chip. He envisions workers who understand how to run a community health centre with capable nurses, doctors, dentists, and therapists.

But there are complications and obstacles. There are only resources to train and educate members up to grade 9.

The youth have to leave the community to further their education, but those who leave for education don't come back due to the problems in the community. People who leave feel isolated and don't end up finishing their education. He discussed the fact that no resources exist to support students who leave the community to get an education. It is a frightening and intimidating experience for a young, First Nations youth to leave the community to attend educational institutions in larger centers such as Edmonton or Calgary. He hopes that people with proper training and understanding will come back because they see the need in the community.

There is an ATC education program but it needs more money to support demand. They have, however, been successful in establishing a program for high school in the last four years.

Chief Adam testified that currently, there are no programs in Fort Chipewyan to train people for work in Fort Chip. The community has the capabilities to run training programs but people lack the understanding and training necessary.

He discussed the efforts that were put in to work on sports programs. The community lobbied for its sports complex and youth center to allow people to socialize with each other, but that the Council is now failing to provide sufficient programs due to costs.

There is a fear of foster care in the community. However, at the same time, the Chief is concerned about keeping children in the community. Grandparents and elders don't have the resources or money to accommodate children. As a result, they end up back in the system.

There is currently no shelter in the community for men or children in need, although there is a new facility opening soon to provide these services for children.

The chief would like to see a 'health-wise program' to go to schools and get a better understanding of the kids. There is a pressing need to understand the kids and the wellbeing of the kids. Only then can they start assisting with the parents and help them with their children. Council services for children are still part of Alberta Children's Services as offered by the provincial government.

Chief Adam's testimony was that the isolation results in community members missing out on cultural events. There are no programs to help youth connect to their culture, happiness, and wellness. He would like to revive cultural programming that formerly took place, as it is important to the community. The Council does have cultural gatherings in Fort McMurray but it is difficult for Fort Chipewyan members to get to those activities.



He said that there are very minimal resources to help youth in the community, but they are trying to put more programs in schools.

Tragically, he feels that the services now in place are worse than when JRA died in 2015.

As to the circumstances of JRA's death, he said that on the morning she died, she had come to his house and spoke to him shortly. Forty-five minutes later, he received a call that she was "not with us anymore." JRA was sober the morning she came to his house.

After listening to the heart-wrenching testimony of Chief Adam, the court asked him the following:

So the picture you are painting for me, Chief, is that when you have young people who have mental health needs, addiction issues, the community resources are not there but the drug dealers are and they are going to offer the drugs as a way to cope with the traumas and the stress and that brings with it violence and theft and assaults and everything else.

Chief Adam sadly agreed. He went on to comment that when Richard Cardinal died in 1984, there was an inquiry, and several recommendations came out. He then tearfully pointed out that in the intervening years, nothing has really been done to implement those recommendations. Wikipedia notes the following:

[Richard Cardinal's] death sparked a provincial government inquiry, which offered 22 recommendations for improving how courts, the provincial government, schools, hospitals, aboriginal organizations and media deal with foster children—including recommendations that have been repeated at subsequent inquiries following Aboriginal youth deaths. However, a January 2014 article in the *Calgary Herald* reported that such recommendations, which are neither binding on the government nor tracked for implementation, have largely been ignored. (Henton, Darcy, 8 January 2014. "Thirty years later, little done to address suicide rate among aboriginal teens in care". *Calgary Herald*. Retrieved 21 September 2014.)

Chief Adam fears that the same will happen with the recommendations to be made by this Fatality Inquiry.

- **Tristan Robinson**

Ms. Robinson testified in her capacity as an employee of Alberta Children's Services ("ACS") for last four years and is currently the director of Prevention, Early Intervention in Youth within the Family and Youth Support Branch. In that role, she oversees a few different program areas, with one being Youth Suicide Prevention as well as others that include youth shelters, youth mentoring, the Family Resource Network Program and some other minor grants that support mental health programming within the Edmonton area.

She said that there is no prevention or early intervention program in Fort Chipewyan, but ACS does provide funding to the Wood Buffalo network, which provides programming that is meant for all 35 of the communities within the network, including Fort Chipewyan. Most of the staff in the branch are in Edmonton, but there is one staff person in Athabasca, one in Millet, for central Alberta, one in Red Deer, and three in Calgary.

The Family Resource Network Program was implemented by ACS April 1, 2020 and the current iteration of the Family and Youth Support Branch was formed in the summer of 2023.

She testified that the Family Resource Network Program now has seventy networks across the province, broken down by geographic and cultural community. Within Edmonton, Calgary, and Lethbridge there are specific Indigenous networks, with two Indigenous networks in Edmonton,

two in Calgary, and one in Lethbridge. She said that was in response to the high numbers of Indigenous population within those urban centres.

The Family Resource Network Program offers prevention and early intervention programs focusing on caregiver capacity building, child development, and social connections. Services are available for different age groups, including youth and children, and each network acts as a hub connecting individuals to appropriate resources.

Wood Buffalo is the Hub Family Resource Centre and it is located in Fort McMurray. The YMCA in Fort McMurray provides home visitation to help parents with children aged 0-3 years.

There have been conversations with the Council and the community of Fort Chipewyan to start bringing workers into the community. There are no programs for older kids and teens in Fort Chipewyan and no funds available to transport older children to attend programs elsewhere.

Wood Buffalo has the Hub Family Resource Centre, located in Fort McMurray. They are the hub agency, then two of the spoke agencies are WJS Canada, a private company offering family services, and then the YMCA of Alberta. The YMCA specifically provides home visitation programming for Northern Alberta. There are youth programs specifically provided in Grande Prairie and Wood Buffalo through the YMCA, called Y-Mind and it is a program specifically for youth mental health. If youth have expressed anxiety, depression, or any mental health concerns, they can participate in this program that focuses on giving youth the capacity to build skills and resiliency. It is a weekly youth program that is offered through funding from Children's Services.

When asked if there is funding available to transport children from Fort Chipewyan to Fort McMurray to attend this programming, Ms. Robinson responded that she was not aware of how the YMCA has allocated their budget in that regard. She has not seen specific details about them requiring more funds for transportation, but if they identify it as a need, ACS "could engage in those conversations". She said that ACS is "...still implementing actions that align with the suicide prevention action plan."

Ms. Robinson distinguished between a program and framework, stating that a program has specific requirements based on evidence, while a framework allows flexibility to align with different perspectives. This youth suicide prevention framework was developed collaboratively with over six hundred experts, including elders, community academics, and youth, to identify key elements for effective prevention strategies.

Youth suicide prevention programming has to align with five pillars (which she did not expand on) but testified one of the pillars is 'awareness', which is related to cultural divisions and plans for different cultural groups.

To address the lack of materials supporting Indigenous experiences and conversations on youth suicide, two graphic novels were developed in collaboration with an Indigenous organization. These novels depicted separate youth stories navigating suicidal ideation. Additionally, motion pictures were created and shared on YouTube to provide representation and support for Indigenous youth. The goal was to encourage them to reach out to trusted adults and destigmatize discussions around youth suicide. The focus was on awareness building and providing relatable resources for Indigenous youth.

She was asked about providing supports, so services, training, education and whether there has been a specific Indigenous leaning to some of the offered training and she replied that specifically concerning Indigenous communities, what ACS heard "loud and clear" was that there was not a desire, on the part of the communities, to have the government of Alberta tell Indigenous communities what to do, what their needs were, what their strengths were, and what their gaps were. She testified that conversations ensued to meet the resources and to be able to start to have the know how to develop a plan.

She further said that ACS worked in partnership with the Centre for Suicide Prevention to develop an Indigenous life promotion toolkit which was meant to support Indigenous communities in identifying their community strengths, their community needs. The desire was to help them to start to develop a plan so that when they see what it is they want to do, they have a whole project, a whole model laid out so that they could apply for funding to do a specific project.

Funding for support is available for this tool kit. Funding through Alberta Health Services Honouring Life funding. Child Services has a more limited budget to support funding the initiatives.

She further told the inquiry that she was is not aware of Fort Chipewyan reaching out to apply for that help. There is no support in communities to help apply for grants. Often this is the barrier to applying and getting grants and ACS does not offer any services to assist parties in making grant applications.

I found the following exchange disturbing and insightful:

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Q And so if a community follows these steps, wants to establish programming for youth suicide prevention, is there an application process to get funding to actually implement whatever that might look like?

A So originally this toolkit was designed to support communities to specifically apply for Alberta Health Services, Honouring Life funding which is their youth suicide prevention funding, so there is that bucket of money. Our hope too was through our open call for applications that if there were communities, specifically Indigenous

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communities, that were in need of funding, they would have walked through the steps of developing that -- that -- or walking through the toolkit to develop a sense of what it is exactly that they wanted to -- to do.

Q And so does everyone get funding that applies?

A My understanding -- so Alberta Health Services Honouring Life funding, that's not our funding. But my understanding is that there was enough funding for each Indigenous community to receive funding for youth suicide prevention. For Children's Services specifically we had a very limited budget, so in our call for applications this was our first call ever back in April 2022 and we received over 80 applicants and could -- only had the budget to pick 13.

Q And what specifically was the Children's Services budget meant to fund?

A Sorry, what was your question?

Q You said there was a bucket of Children's Services money?

A Yeah.

Q Sufficient to fund 13, what in particular was this meant to fund, which program?

A So it was specifically to fund the initiatives that aligned with the youth suicide prevention plan but we ask that applicants focused on three of the pillars -- excuse me -- so specifically, supports and services, training, and education and awareness. So if they were applying for funding, their initiative, whether it be something they were already doing or something new that they wanted to do, it had to align with one of those three pillars.

Q Are there individuals who will help in the application process for a grant?

A Not within Children's Services, no.

Q And so is it a complicated application form?

A In our prospective we made it as simple as possible but know that not every community or agency has the same grant application expertise. But we did ensure when we were scoring the applications that we included Indigenous -- that

Indigenous communities, some of the funding went towards them. So we did have a different rating where we scored some of the Indigenous applications.

**Q Would you agree it can be a barrier to obtaining funding if you don't have a professional grant writer on your staff?**

**A I would agree that that is a significant barrier.** Often times communities are faced with a lot of pressing crises and needs and so when an application comes open 3 weeks might seem like a long time but there's a lot of work that needs to go into it and a lot of

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community consultation, approvals that need to be sought, that some agencies in terms -- a First Nation community probably requires band council resolutions versus an agency would likely not need to have that and so it can be a very difficult process for grant applications.

**Q And is there service of some sort or a mentor or something like that available within government to assist outside parties in making grant applications?**

**A Not that I'm aware of within Children's Services.** (Emphasis added)

ACS funding supports initiatives that align with the youth suicide prevention plan which focuses on three pillars: (1) supports and services, (2) training, (3) education and awareness.

In 2019, the Wellbeing and Resiliency Framework was created in collaboration with an Indigenous agency and ethnocultural communities. It addresses caregiver capacity building, child and youth development, and social connections, focusing on age groups from 0 to 18 and their parents. The framework emphasizes four realms of wellbeing: mental health, social connections, cultural connections. (The fourth realm not mentioned in her testimony).

She testified that the Family Resource Network is completely separate from the Suicide Prevention Framework and the Resiliency Framework. Currently, there is a gap in training in the Family Resource Network. They have, for the last two years, provided seats within youth suicide prevention training courses to all Family Resource Network agencies.

Ms. Robinson was of the opinion that it is a framework for what schools should do in a suicide crisis. Pathways for Hope has a document which schools can use to help implement suicide prevention programs. It is for all schools with no emphasis on Indigenous or Non-Indigenous students. The learning consortia owns the document and it was on them to socialize with schools as they needed.

She testified that through the Youth Suicide Prevention Grant Program, ACS does not provide funding to schools as they are out of scope of the eligible applicants. Funding would have to come from the ATC or community programs.

She believes that the Family Resource Network Program has a strong service delivery model, but its awareness is limited due to launching during the COVID pandemic, with limited branding opportunities. Building trusting relationships in communities takes time and consistency in service providers is crucial to avoid trauma from retelling stories to different providers. Having supporting parents is equally important. Supporting children and youth, and the Home Visitation Program is a good starting point. Adequate funding for prevention and early intervention is essential to effectively serve these communities.

To deal with isolated communities, partnership with health centers and schools to help run online programming would be very helpful, but increased funding for transportation to bring people out or into the community is also important.

She addressed the issue of on-line programs and testified that the YMCA programs are not available remotely.

She reiterated that the Family Resource Network Program is a voluntary free service that any Albertan can access. However, as it is a voluntary program, there is no collaboration between it and any other programs that might be accessed as well. Her evidence was that “unless there’s intentional relationships within the networks...then there would be collaboration but there’s no facilitated collaboration from us.”

When asked how members of the ACFN might find out about the services offered by ACS, Ms. Robinson first said that there is a webpage that people can access, but when asked specifically whether there had been an actual advertising done for Fort Chipewyan, her answer was “I do not believe that there as advertisement in the community of Fort Chipewyan.”

She testified further about the Centre for Suicide Prevention, which is based out of Calgary, and she said that if contacted, it would “send a facilitator with very large poster boards that cover an entire wall” to identify community strengths and “walk them through the facilitative process in the hopes of saying we’ve identified that in the summer there’s a lack of –of programming for youth.” When pressed for specifics on how the Centre might help and how the community could afford it, the following exchange occurred:

Q And so sorry, would they provide the program -- the funding for that programming?

A **No -- no, they would not.** So they would provide you with the (INDISCERNIBLE) link, the ability to write down what exactly it is that you want to fund 'cause that can often be a gap. It's, you know, when we receive proposals frequently it identifies the problem and what some of the concerns are but not a tangible what it is that we want to do to address the -- the problem. So Centre for Suicide Prevention just helps you articulate the problem and what your proposed solution is.

Q Okay. So if they need funding to -- to actually implement that, where would they go, do you know of any source of funding that they could (INDISCERNIBLE)?

A So just as I had mentioned earlier, I am aware of the Alberta Health Services Honouring Life funding, which is specifically for youth suicide prevention within Indigenous communities, we had our open call for grant applications for youth suicide prevention. **That's going to be an every 2-year thing so it's closed now** and we will do another call in 2024. **But I'm not aware of -- there's -- if there's other funding that they could also apply for.**(Emphasis added)

She explained that ACS provides funding for various types of suicide prevention training. They have two online training programs focused on Indigenous youth suicide prevention, targeting both Indigenous children and youth. These programs are designed for "gatekeepers," which refers to trusted adults in the lives of these young individuals, such as school staff, community coaches, or health center receptionists. Additionally, they offer two similar training programs for non-Indigenous youth and children. Furthermore, they conduct a 2-day in-person course called "ASSIST training" for Family Resource Network agencies, running multiple sessions quarterly.

She went on in her testimony to clarify the following:

Q Okay. So if a First Nation wanted to access [Family Resource Network] training they would send a team up, the First Nation would select the -- the individuals they want trained and then this training would take place quarterly, is that correct?

A So we don't have any -- **so sorry, not we don't have any.** We only have two Family Resource Networks on First Nation communities so Stoney and Siksika. So their agencies would be able to send two members to receive the training, they would sign up. It's -- it's not something that you would do every quarter. Like you do the training and you are trained and then maybe in a couple of years if you want to

get refreshed on it you could do it again but it is a one time -- one time training. But I -- there -- through Centre for Suicide Prevention I believe that they have ongoing involvement into these programs but it would be at the cost to the First Nation. (Emphasis added)

She also testified that the workers for the Centre for Suicide Prevention are not practitioners but are rather focussed on training, not acute care. It is not a resource that can be turned to if there is a suicidal youth needing immediate help.

When questioned specifically about the death of JRA, the following exchange occurred:

Q All right. So, as you know, this inquiry is focused on the death of JRA in July of 2015. Do you know what the situation was in Fort Chipewyan in the summer of 2015 bearing in mind that school was out in July. If someone had come across a suicidal 16-year-old young woman in Fort Chipewyan in July of 2015, what resources might have been available?

A I'm not aware of what crisis or prevention and early intervention resources would have been available in 2015.

Q And do you know what there is now?

A For crisis intervention?

Q Yes.

A No, so that would probably be a question for Alberta Health Services or Alberta Health. Children's Services doesn't provide intervention crisis programming and supports. (Emphasis added)

She concluded her testimony by outlining that ACS funds the Centre for Suicide Prevention for a program called "Skills for Safer Living," aimed at helping acute youth with recurring suicidal ideation. The program is still in its pilot phase and is currently not available in the Fort McMurray area. There was an attempt to collaborate with the Canadian Mental Health Association of Wood Buffalo, but they lacked the capacity to participate in the initiative.

She summarized by indicating that ACS primarily focuses on prevention and early intervention efforts and leaves intensive mental health services to Alberta Health Services and Alberta Health and that it is more involved in generalized approaches to intervention rather than specific individualized intervention.

- Kerri Ceretzke

Kerri Ceretzke was the Principal at Fort Chipewyan Athabasca Delta Community High School, overseeing education for all K-12 students with over two decades of experience in the field. She is now the principal of the new Fort Chipewyan Community High School.

When she assumed the role in 2014, the school faced significant challenges, being severely understaffed with a shortage of teachers and educational assistants—nine staff members short. The absence of counseling services compounded the difficulties. The school, the sole educational option in the community, grappled with teachers lacking the appropriate training for the northern context. Moreover, they only had an operating budget of 109k. Occasionally the school would reach out to oil sands companies for additional funding. Grants and donation budgets provided some relief, although the subpar housing for teachers deterred some staff from returning.

In 2015, addressing the pressing issue of suicide in the community, a meeting was convened to facilitate conversations on this crucial matter. The school follows the Alberta curriculum, allowing room for programming tailored to traditional ways and cultures.

Principal Ceretzke described the importance of the school hiring a counselor in November/December of 2014. JRA, engaged with the counselor and participated in activities with the Athabasca Youth Council and Helping Hands. The Helping Hands organization, initiated by Alberta Health Services to support schools with interventions, faced a shift in mandate toward promoting positive mental health. Despite this, a full-time employee separate from the school counselor, with their own budget, was introduced in 2015. Helping Hands programs include safe teen nights and support for significant days like Pink Shirt Day or Truth and Reconciliation Day, focusing on positive mental health rather than intervention. While voluntary, students can earn work experience credits for participating in activities and events. Principal Ceretzke explained that the program, which students appreciated, continues to exist. With respect to seeking intervention services, Principal Ceretzke stated that the school submitted 32 applications to the Northlands School Division Student Support.

Principal Ceretzke discussed that in Fort Chipewyan, concerns were raised about the Northlands School Division's inadequate provision of educational services, leading to advocacy for its removal. Minister LaGrange, in response to community demands, introduced a change, and the area currently falls under the Parkland School Division, Stony Plain, and Spruce Grove. Despite improvements with the Parkland division, challenges persist in operating schools in the north and securing enough teachers.

In 2014, Indigenous languages, Cree and Dene, were taught for 30 minutes daily for students up to Grade 8-9, as mandated by the 1987 tuition agreement.

Addressing a high school engagement crisis in the summer of 2019, a public meeting in October outlined issues with student attendance. Lack of engagement stemmed from insufficient educational and intervention services and students not valuing a high school diploma. In January 2020, a resolution led to the opening of a new high school in partnership with Fort McMurray Public School Division, Frank Spragins, despite pandemic challenges. Kerri Ceretzke is the principal of the new Fort Chipewyan Community High School.

Schools in Athabasca and Fort Chipewyan operate year-round to compensate for historical mis-service, with additional summer attendance when roads are closed. Trips to universities and colleges in Edmonton are offered.

Principal Ceretzke stated that the school has no gym so someone has to take students to the local gym and hockey arena for students to get physical education.

A new program was introduced, "Pathways to Hope". This program combines positive mental health and intervention. The school recently acquired funding, and plans for allocation are currently underway.

The school employs counselors, but they are not on-site, necessitating their transportation. The financial allocation for counselors is derived from the school budget. Typically, a male counselor flies in for a week, followed by a female counselor for another week, ensuring a two-week coverage per month. Additionally, counseling sessions occasionally take place over Zoom or telephone.

The issue of inadequate housing for staff is a prominent concern. The scarcity of housing in the community poses a significant obstacle in recruiting school personnel. Weekly, Principal Kerri Ceretzke stated that she is approached for information on available rental spaces. The school is responsible for providing accommodation to teachers, and Mikisew Cree First Nation has designated a few housing units for this purpose. The ACFN also helps out with trying to find

housing for teachers and their families. The MCFN Chief and Council further assists in finding bigger accommodations for larger families.

When asked about indigenous activities the school offers, she stated that the school provides various seasonal experiences for students, including moose hunting, trapping, ice fishing, and fishing. They are supportive of youth interests and activities, such as playing hand games or attending gatherings, and are willing to arrange and facilitate these opportunities for the youth. The high school staff, predominantly indigenous, possesses considerable skills and collaborates with the community to enhance student activities.

The high school boasts an intergenerational composition, with community members in their 50s and 60s obtaining their high school diplomas. This diversity reflects the inclusivity of education in Fort Chip.

Principal Ceretzke emphasized that suicide prevention programming is a priority at the school. Staff engage in constant check-ins with students, complemented by formal training from Nunee and ATC to support both staff and students. In instances where individuals feel uncomfortable accessing community services, transportation to Fort McMurray Emergency is arranged. During the summer months, requests for Medivac are directed to Nunee for assistance.

The wellness programs at Fort Chipewyan High School emphasize a therapeutic approach to education. Beyond traditional classes, students are encouraged to explore new experiences. A land-based learning initiative incorporates both "goofy activities" and formal workshops addressing Fetal Alcohol Spectrum Disorder (FASD). Guest speakers from Nunee, the Athabasca Tribal Council (ATC), Mikisew Cree First Nation (MCFN), and the health department contribute insights on mental health. The school maintains an open-door policy for community members to offer suggestions for learning.

Principal Ceretzke identified several needs within the school which included additional infrastructure like a gymnasium and Career and Technological Studies (CTS) classrooms. Funding constraints limit program offerings, particularly in organizing field trips due to Fort Chip's unique location. Recognizing the importance of school trips in fostering a positive environment, the principal advocates for improved funding and emphasizes the need for career counseling to prepare students for life in larger cities.

For Fort Chipewyan graduates, affirmative hiring practices by the Nations are common. Both the health authority and the school prioritize hiring individuals from Fort Chip. The school is inclusive, employing staff from Mikisew Cree First Nation, Athabasca Chipewyan First Nation, and Fort Chipewyan Metis.

Principal Ceretzke mentioned that barriers to funding arise when individuals from other bands, such as Fort McKay and Fort McMurray, seek enrollment at the school without dedicated funding. However, recent changes in federal government nominal role funding now extend support to adult students on reserve, aligning their funding with that of regular students.

Regarding addiction support in school, Principal Ceretzke discussed that the primary focus is on facilitating referrals to the local health authority or the health departments within the Nations, ensuring a comprehensive approach to addressing addiction-related concerns.

Principal Ceretzke discussed the formation of a new school division, surrounding educational sovereignty and local control of education. Alberta Education has committed \$25 million for a new school, but Principal Ceretzke raised concerns about its alignment with federal standards. She advocates that a dialogue between the Alberta and federal governments is necessary to address these issues and advance the school project in harmony with reconciliation efforts.



When asked about the school curriculum, Principal Ceretzke underscored the importance of maintaining core subjects like Math and Sciences to facilitate diploma attainment and subsequent college enrollment. Simultaneously, she advocates for the inclusion of locally developed content grounded in land and culture.

To address ongoing student issues, Principal Ceretzke stated that the school offers remote services with occasional in-person meetings and regular check-ins with therapists. In the 2014/15 academic year, counselors from the local health authority were available, along with a school counselor in November/December.

Principal Ceretzke did not observe any signs of self-harm from JRA. During the school year, JRA developed a strong bond with her teacher, Baily who taught Science and Biology. Baily would check up on JRA regularly. Although she did not access available counseling services at the school, she participated in excursions with the Lake Athabasca Youth Council. Concerns were raised by an elder in Janvier, warning that without proper follow-up or support after such trips, students like JRA might experience a harder “emotional crash”.

Reflecting on wellness information within the Athabasca Delta School, Principal Ceretzke noted an increase in activities and speakers within the Parkland School Division over the past year. Plans for Grade 7 students to attend an Indigenous Youth Conference in Fort McMurray were discussed with the vice-principal. However, the Principal Ceretzke is unfamiliar with the Athabasca school calendar and could not comment on their wellness programs. Nevertheless, the Athabasca school has a dedicated counselor and psychologist. There has also been increased support from the Parkland School Division as they have recognized the need for such programs.

At Fort Chipewyan High School, the counseling services currently include a male and female therapist. In an ongoing process, the school is in the midst of hiring a new in-house female therapist and another individual under the new Alberta Mental Health Grant. Principal Ceretzke is specifically seeking counselors with specialized training in youth suicide prevention.

Distinguishing between Fort Chipewyan Community High School and Athabasca Delta Community School (ADCS), the former is open to all students aged 21 and under, including members of Mikisew Cree First Nation, Athabasca Chipewyan First Nation, Fort Chipewyan Metis, and those residing outside Fort Chipewyan who opt for remote learning. On the contrary, ADCS, a public school, adheres to the School Act, accommodating students from kindergarten to grade 12, with an age limit of 19 and younger. Currently, ADCS is not offering grades 11 and 12, leading those students to enroll at Fort Chipewyan Community High School.

Addressing addiction and mental health services, Principal Ceretzke agreed with Chief Adam that there should be addiction services and a recovery center on the land. Emphasizing the importance of providing clear processes for youth to seek help, Principal Ceretzke advocates for a variety of services in the community to avoid reliance on a single option, especially if it may not be a good fit. Potential things needed include family counselling, but they lack the resources to do that. Staff and the principal offer their personal numbers as health lines for students to text.

The Fort Chipewyan Community High School was initially intended to accommodate around 30 to 40 students but ended up enrolling 150 students, which became challenging to manage. Principal Ceretzke emphasized the need for more resources, including teachers and additional space. However, in the future, they hope to have a properly sized, federally compliant school. They advocate for the new school to cater to more than just K to 12, with facilities for adult education and post-secondary classes. The lack of post-secondary options within the community

is also a concern that needs to be addressed. Principal Ceretzke hopes the current school will assist adult programs that don't fall under the public education requirements.

- **Charlene McGrath**

In her testimony, Charlene McGrath explained that in 2019, she relocated to Fort McMurray and assumed a supervisory role with Child and Family Services at Athabasca Tribal Council (ATC). In the subsequent year, she transitioned to the position of director. During that time, she resided in Fort McMurray.

Within the services offered by ATC, there was one worker in Fort Chipewyan who had been collaborating with ATC since 2015, delivering intervention services to children and families. At that period, workers from the Fort McMurray ATC office would also travel to Fort Chipewyan to provide assistance. She testified that at the time, ATC extended its services to three out of the five First Nations communities, although in 2015, services were rendered to all five Nations. The role of ATC Child and Family services involved serving as the Children's Services provider in the Nation, operating under the direction of the Child, Youth, and Family Enhancement Act.

Concerning child protection issues specific to Fort Chipewyan, Ms. McGrath highlighted challenges related to isolation. Workers continued to commute between Fort Chipewyan and Fort McMurray to offer intervention services. The on-ground worker in Fort Chipewyan presently focuses primarily on prevention but retains the capacity to respond to crises. For intervention services, workers from Fort McMurray typically flew back and forth to Fort Chip.

Ms. McGrath explained to the inquiry that in Fort Chipewyan, there was no child youth group home. However, the community had a Family Wellness Centre that allocated two rooms for apprehended children, allowing them to stay within the community.

She mentioned that in recent years, the provision of Child and Family Services in Fort Chipewyan has undergone a division. As a result, Athabasca Tribal Council is no longer responsible for all services to the three Nations in this territory. The responsibilities for Child and Family Services differ based on the First Nation membership. Athabasca Chipewyan First Nation (ACFN) members still receive services from Athabasca Tribal Council, while families belonging to Mikisew Cree or Metis are covered by the Provincial Government of Alberta. The framework for providing services may be similar, but the providers are different.

Regarding youth suicide prevention training, there is currently no specific training provided. Workers complete a two-day suicide intervention skills training course under the Province of Alberta's delegation training. This is one time training which the Ms. McGrath believes is currently insufficient. She would recommend training that is similar to first aid training with expiration after a few years, requiring workers to renew it. The practice should be to avoid losing knowledge. It's crucial to have consistent and frequent skills training to ensure every worker is skilled and maintains those skills.

When addressing a youth expressing suicide ideation, Ms. McGrath stated that workers at ATC conduct a basic suicide risk assessment. They evaluate the level of supervision the child needs and consult health practitioners for psychiatric or psychological assessments if necessary. In high-risk cases, they may accompany the child to appointments. Immediate family supports meetings are arranged, considering trauma history, monitoring youth behaviors, and cultural supports. A suicide prevention safety plan is then developed with the family. The response is immediate for an at-risk youth, engaging with the family right away. The safety plan and supports can be implemented within an hour, prioritizing the child's safety. A ground-level worker can

assist in meeting with the family and helping develop a safety plan, including bringing the child to Nunee for an assessment.

Regarding the Provincial Action Plan for Youth Suicide Prevention, Ms. McGrath was not aware of this framework and was not part of the training in 2019.

- **CA**

CA was the grandmother of JRA. She worked within the school system as a teacher since 1982. CA last saw JRA on July 1 during a Canada Day celebration.

Leading up to the incident where CA's granddaughter died by suicide, there were several years at the school without any support, resulting in unruly behavior and bullying among the children. JRA was a victim of bullying, along with another girl who also tragically died by suicide. The bullying had to do with how they dressed, looked, and acted. The one-time JRA talked about bullying to her grandmother, she reported it - to JRA's displeasure. JRA preferred to pretend to be strong and not afraid of the confrontation. Changes began in 2014 when JRA started working, but most of the issues can be attributed to the chaos at the school.

Advocating for more resources in the school, CA noted that many kids come from different backgrounds and have diverse needs. However, at the time, the school couldn't provide the necessary learning skills or resources due to the insufficient support from Northlands School Division. This lack included Educational Assistants (EAs), support for teachers, and counseling.

Addressing what was lacking that contributed to JRA's death, CA emphasized the need for counseling services in the community. She believed that children need someone they can trust and talk to about their problems. CA advocated for a school community liaison who has excellent counseling and communication skills and actively interacts with staff, students, and parents. She highlighted the challenges faced by teachers coming from distant places and the lack of after-school programs or activities for kids in the evenings. CA requested better programs and support for the children in the community.

She stated that currently, there is a lack of such places, and people often wander around aimlessly without knowing where to go. CA wants a drop-in center with a games room for kids to hang out and interact with others in person, rather than just relying on the internet.

- **Lyle McLeod**

Lyle McLeod stated that he holds a CPA with an MBA and has been involved in First Nations health since 1994. Since 2010, McLeod has been an independent consultant and provide accounting and financial support to Nunee Health. When Nunee faced a crisis last year, he became the acting health director due to his extensive background and skills.

He stated that Nunee is overseen by a director and three board members, although there are three vacancies. The board members are selected by different Nations in the region, and they have full control over Nunee operations. While authorities are delegated to the director, budget and governance responsibilities remain with the board. Day-to-day operations are managed by the director.

Mr. McLeod explained that Nunee's funding comes from Indigenous Services Canada through the First Nations/Inuit Health Branch of the Alberta Region. Additionally, they receive special

funding through grants and donations from industry, although nothing of significance. However, there is insufficient funding, making it challenging for Nunee to attract and fund doctors. Despite doctors being paid by the province, Nunee is not recognized as an Alberta Health Services facility, and the province does not provide incentives to attract doctors to Fort Chipewyan.

Regarding the Hunter Motherwell Agreement and different regional jurisdictions, Mr. McLeod explained that a historical relationship exists between the federal and provincial governments concerning Fort Chipewyan and Peerless Trout communities. This relationship entails an understanding, whether formal or informal, that the federal government is responsible for providing health services in Fort Chipewyan, while services in Peerless Trout fall under the jurisdiction of the provincial government. Fort Chipewyan has a unique governance situation where it is a hamlet within the Wood Buffalo Regional Municipality but also has a First Nation community called Mikisew Cree Nation with its land base. Additionally, the Athabasca Chipewyan is in the process of securing its land in the area. When seeking services like ambulance, physicians, or hospital-based services, there is confusion as to which authority to approach. Sometimes they are directed to Indigenous Services Canada First Nations and Inuit Health Branch and other times they are told to approach Alberta Health Services. This results in challenging negotiations and a lack of continuity, leading to difficulties for Nunee. The general problem is that all the groups try to defer responsibility to each other. The problem will not be fixed until the Alberta government recognizes their responsibilities to Fort Chipewyan.

In Fort Chip, the current situation regarding counseling services is described as a "hodgepodge." Within ISC FNIHB, crisis intervention teams are available in various Alberta communities, and Fort Chipewyan has been able to access these services successfully. However, the main challenge is the lack of immediate assistance due to limited staffing. When urgent requests for help arise, they face difficulties in addressing them promptly, which creates challenges for the community. If there is a need for counsellors to deal with indigenous youth suicide prevention, Nunee would ask the ISC FINHB crisis intervention team to come in and help. While Nunee has funding from FNIHB for ongoing youth counselor services, the challenge is in mobilizing these resources to come to Fort Chipewyan.

Expressing the need for provincial funding, Mr. McLeod expressed the need for provincial funding because the province offers unique resources for child welfare and related support services. He believes that collaborating with the province would be beneficial due to their specialized skills. The witness emphasizes the importance of coordinating local services efficiently. He recounted incidents where external assistance was provided without their organization being informed, causing challenges. Mr. McLeod expressed Nunee's willingness to participate and react promptly when asked to do so.

Regarding the coordination of services at the operational level, Mr. McLeod agrees with the need for it but believes that a more significant impact can be achieved if community leadership, under the purview of Nunee, takes the lead in advocating for policy changes at the government level. The three stakeholders identified for collaboration are the community (included with Nunee), FNIHB, and AHS. While operational collaboration is possible, the main issue lies in determining responsibility for health services and funding in Fort Chipewyan.

Addressing Nunee's lack of authority, the organization is unable to purchase ambulances, and the province does not allow the vehicle in Fort Chipewyan to be called an ambulance. Mr. McLeod provided an example of the difference in emergency response procedures between Nunee and the province of Alberta. In Alberta, paramedics can directly call for air medical services like STARS or medivac. However, in Nunee, paramedics must bring patients to the health center first, where nurses work with a referring physician to arrange a medivac. This process can cause delays in emergency response times. The witness suggests that having the authority to call for air medical services directly.

Mr. McLeod highlighted a significant gap in Nunee's mental healthcare services for youth, lacking specialized counselors on the medical side. This lack of specialized services for young individuals is fairly unique and presents challenges. Currently, their focus is primarily on the older population (over 18), but the witness believes there is a definite need to extend these services to the youth as well.

He stated that Nunee allocates funding based on community priorities, and advocates for focusing on youth mental health as an essential area.

Mr. McLeod contemplated the idea of the implementation of land-based support initiatives in the north but currently lacks programs that promote life skills and the benefits of land-based healing. However, he stated that there is potential to focus on these areas using available resources rather than relying solely on traditional health services like drug and alcohol counseling.

Nunee utilizes wellness funding, with the organization determining priorities for allocation. As a transferred community under FNIHB, Nunee must provide mandatory nursing and environmental health programs, but additional funding can be redirected to address community priorities, including youth wellness and enhancement.

Regarding the Friendship Centre and programming, the building is currently used to house traveling staff. There is another property located on Fraser Bay that would be more suitable for accommodating wellness programming. However, the problem right now is that most of Nunee's resources are deducted to ensuring that there are always medical staff available. Mr. McLeod advocated for more dedicated executive staff that focus on the wellness side.

Highlighting the lack of positions, Mr. McLeod mentioned that Nunee currently has 11 vacant positions, including 4 or 5 in the wellness department. They have the money to support these staff, he stated that the main issue is trying to get people to come work in Fort Chip.

They have initiated discussions with Keyano College to become a training center for nurses due to the limited access to remote communities like theirs. In remote areas, nurses require advanced training and skills to work independently without the support of a large organization. The challenge of recruiting experienced nurses is highlighted, as new grads are not trained for such environments. If Fort Chipewyan becomes an education centre, staff can develop skills for working in remote areas.

In terms of supporting a youth wellness coordinator, Mr. McLeod noted that such a position could be funded, but the challenge lies in ensuring continuity in staffing. Part of the solution is hiring someone from within the community as done in the NWT.

Mr. McLeod emphasized that there is not a gap in youth services, but rather, an opportunity to do things differently. Services for youth are only effective if youth are willing to participate. He stated that the first challenge that must be dealt with is the lack of personnel to provide these services.

If a young person is in need of urgent psychiatric care, accessing such services in the province of Alberta can be challenging. Voluntary appointments often have long wait times. Some individuals may be released quickly from emergency rooms after assessment, whether they came in voluntarily or through RCMP intervention, making it uncommon for them to receive further mental health services in the provincial system. Mr. McLeod discussed that if someone who needs to go to an emergency room for suicidal ideation, they would be medevac'd to Fort McMurray. Returning to Fort Chipewyan is covered by NIHB for First Nation individuals. Currently, it is on the responsibility of the individual to reach out to go home. Unless the individual

contacts Nunee, there is no mechanism to follow the patient after discharge since they are not part of the Alberta Health Care system. Mr. McLeod stated that they are trying to get a navigator to help assist individuals.

There used to be five regular physicians in Fort Chipewyan a few years ago, but all have left. Recently, there has been a large exodus of doctors in the province. The doctors that stayed typically own their own practice making it difficult to convince them to close their practice and come to Fort Chip. When doctors do come to Fort Chip, they are paid by Alberta Health, as Health Canada does not allow their funds to be used to pay doctors. Mr. McLeod expressed his frustration with the Alberta Government's opinion that Fort Chipewyan is not their responsibility based on an agreement from the 50s. The province does not see the community as remote or rural, so cannot give Doctors the provincial incentives.

In relation to the incentives to train as healthcare providers, currently, there are none available from Nunee. However, programs to encourage grade twelve students to attend orientation at post-secondary institutions exist, and discussions are underway to implement scholarship return services similar to those in the Northwest Territories. Yet, the ongoing challenge is the stiff competition for staff.

Reflecting on Nunee in 2015, Mr. McLeod noted that services were fully staffed but only available during work hours from Monday to Friday, and the budget was smaller compared to the present.

For funding, if Nunee is unable to fill positions, funding for those positions is deferred to the following year. The current challenge is ensuring that the funds are spent before the funding agreement ends in 2024. Moreover, Mr. McLeod explained that Indigenous Services Canada (ISC) is the ministry responsible for ensuring that the people of Fort Chipewyan get services.

Expressing concern about the current level of influence Nunee has in the community, McLeod believes that a stronger voice would be more effective in advocating for the community's needs. He suggests that forming a collective or alliance with three organizations representing the community's interests could have a more significant impact. Currently, there is no effort by different ministries and levels of government to engage with all the stakeholders because nobody wants to take responsibility.

Mr. McLeod also identified current issues with staffing in Fort Chip. He stated that there is a combination of staffing issues especially finding long-term accommodations for staff members. Efforts are being made to work with partners to explore housing options for staff.

As for addiction and treatment, Mr. McLeod mentioned that Nunee offers organization offers voluntary counseling services, including support for suicide, addiction, and alcohol-related issues. However, due to limited staffing and the lack of immediate crises in the community, attendance at these programs has been minimal. Encouraging participation in voluntary activities can be challenging. Moreover, there is no drug treatment center in Fort Chip. Everyone who requests treatments is added to a cue to be sent out but the wait list is very long (longer than 6 months). Mr. McLeod clarified that Nunee does not offer treatment in the community, they act more as a referral service. There is a treatment centre in Fort McMurray they would go to as well as other locations across the province. He also explained that there is no formal follow-up service in Fort Chipewyan when someone returns from treatment. Only if Nunee is advised, they may follow up with that individual, but there is no formal program in place.

In terms of collaboration with Fort Chipewyan High School, Nunee is allowed to offer services directly to schools under ISC policy, but schools are responsible for their own services, including psychologists. However, there is collaboration with the school, and they have provided space for grievance counseling. The witness encourages the school to promote mental health careers and

is exploring ways to support these efforts. Most collaboration involves receiving referrals from the school. Currently, there are no training or workshops available, but Nunee may be able to provide education to the school if they reach out for those services.

Mr. McLeod emphasized the lack of formal collaboration with Athabasca Tribal Council on mental health training, considering it a significant gap that needs addressing. He has had raised questions about the community's emergency plan for mental health crises, and no clear answers have been provided. While the communities work well together during fire emergencies, there is currently no formalized structure or plan for collaboration regarding mental health issues. Mr. McLeod does state that discussions may take place between agencies, but there is no established framework for coordinated efforts in addressing mental health challenges.

Mr. McLeod mentioned that he hoped to bring stakeholders to the table to discuss a framework for addressing mental health issues in the community.

- **Donna Kreutzer**

Donna Kreutzer is a band designate, representative of Mikisew Cree First Nation working in Edmonton with children who are directly in care.

Ms. Kreutzer's submissions highlighted the lack of resources and supports available for youth in the community. She shared a personal example of working with a young mom in an urban city, where collaboration with Alberta Health Services and social workers helped prevent self-harm. However, she expressed concern about the challenges of bringing children back to the community when there is a lack of resources and specialized care available, especially for those aging out of the system. Ms. Kreutzer emphasized the need for physical youth mentors and adults in the community who can teach cultural and mental health practices to indigenous youth. She pointed out the importance of having accessible outlets for youth, such as mentors and elders, to connect with, beyond traditional institutions like schools and healthcare centers. She also mentioned previous experiences under ATC where such supports were lacking. She believes that having accessible mentors could have been beneficial for individuals like JRA.

- **Tanis Ross**

Ms. Ross emphasized the importance of prevention in child welfare and mentioned her many years of experience in the field. She advocated for the allocation of more workers to address the prevention needs effectively. Based in Fort McMurray, she and her team worked diligently to prevent children from entering foster care, seeking out families and kinship connections whenever possible. She acknowledged the challenges in maintaining contact with children placed far away from their homes, particularly from an Indigenous perspective.

When prevention efforts failed, Ms. Ross assisted families in filling out PCHAD (Protection of Children Abusing Drugs) forms and supported them in obtaining court orders to help children avoid risky lifestyles. She mentioned the existence of secure services under the Child, Youth and Family Enhancement Act, which she used to support and secure troubled youth experiencing severe mental health issues.

Ms. Ross advocated for building relationships, especially with Indigenous communities, is crucial in child welfare, as it fostered trust and understanding. She raised the question of whether the outcomes for children in the child welfare system would have been different with more prevention efforts and stronger relationships with Indigenous communities.

- **Donna Matier**

In 2017, Donna Matier served as the Director of the Indigenous Health Program for AHS. She played a crucial role in advising 20 Indigenous wellness coordinators operating in the North Zone. Her responsibilities encompassed coordinating with programs, the community, and elders to ensure the provision of services aimed at aiding individuals.

According to Ms. Matier, the Indigenous Health Program was designed to address and enhance healthcare, creating culturally safe care for all indigenous people accessing services across the provinces. The program also aimed to support initiatives improving indigenous patient outcomes. The role of the indigenous wellness coordinator, as per Ms. Matier's statements, involved educating AHS staff and establishing culturally safe spaces for indigenous individuals to access services. Ms. Matier highlighted the existence of a new health navigator position in the North Zone that was currently unfilled, and efforts were underway to recruit for the vacant indigenous wellness coordinator position in Fort McMurray, which had been open for three months. She emphasized that broad knowledge of indigenous culture was a key qualification for workers in the department.

In terms of assistance to Fort Chipewyan, Ms. Matier told the inquiry that the AHS Indigenous Health Division offered numerous services online and through virtual platforms. A specific indigenous health line was available, where callers could receive guidance from an indigenous listener to access the services they required. Culturally safe mental health care services were also provided through the Alberta Indigenous Virtual Care Clinic for individuals aged 13 and above, offering support through assessments, consultations, counseling, and addressing opiate addiction without prescribing opiates. Ms. Matier mentioned child and youth telepsychiatry services, though they were limited in the North Zone due to distance. These services aimed to provide conference consultations for youth and caregivers in their homes.

Addressing mental health access for youth in Fort Chipewyan, Ms. Matier recommended contacting the Alberta Indigenous Virtual Care Clinic during the day for referrals. Alternatively, individuals could seek a referral to an emergency department for assessment. She provided a specific line, 1-888-594-0211, for youth in the North Zone to access assistance and obtain a local referral.

When asked about funding, Ms. Matier indicated that AHS aimed to fill gaps in communities for services not funded by the Nations. Efforts were underway to coordinate mental health addiction services in Fort Chipewyan with the Nations. However, due to the remoteness of Fort Chipewyan and potential lack of understanding, regular provision of mental health services might be challenging according to Ms. Matier.

Ms. Matier mentioned that there is a stigma among youth in the community to access mental health services outside Fort Chipewyan. To mitigate this, youth were encouraged to contact the mental health program in Fort McMurray, which offered virtual services. However, uncertainty existed regarding funding for face-to-face appointments outside the community. AHS, with its resources, provided virtual appointments with mental health professionals and utilized Jordan's Principle to offer counseling and other services. She mentioned that AHS also has the Honouring Life program and the Crisis program, but communities needed to access these resources themselves.

In emergency situations, Ms. Matier explained that individuals from Fort Chipewyan would be flown to an AHS facility after contacting North Lights emergency for transport arrangement. An indigenous wellness coordinator from ATC worked with North Lights hospital to ensure



preparedness for the patient coming to the hospital. AHS had discharge policies that require a plan to ensure that a patient would receive the services they require on an ongoing basis once discharged. However, Ms. Matier admitted that it does not always work, and is something they needed to improve on. Ms. Matier further described that in the hospital, AHS would connect the patient with the Indigenous wellness coordinator that is expected to work with the family to ensure they have the resources they need to support the patient. AHS would also connect with local teams to make sure the patients have local support, but currently, there is no formal process. Ms. Matier expressed the need for more robust planning, hoping a navigator would address this.

For family support, Ms. Matier recommended contacting a support line connecting them to the right services. If referred to the hospital, families would be assigned a worker or therapist that would connect with the family and create ongoing appointments. Ms. Matier hoped that a wellness coordinator would provide that service. Under the current process families can only use the indigenous support line.

Once someone is discharged from the hospital, it would be the responsibility of the hospital to connect with an indigenous wellness coordinator and let the coordinator know that this patient is being discharged and needs to have services arranged for them. In Fort Chipewyan the coordinator would connect with the director of Nunee health and the parents.

Many residents in Fort Chipewyan already accessed virtual services through AHS. Ms. Matier mentioned that currently, there are efforts under way to advertise these services to the community. She stated that providing virtual services in remote communities is challenging but has seen attempts to make arrangements to make virtual services more accessible including setting up private offices for residents to use for virtual care.

According to Ms. Matier's testimony, she agreed with Ms. McLean that AHS will not enter a community without their consent. However, she believes that the Nations, being Albertan, deserve the best care Alberta can provide when requested. Ms. Matier does not perceive AHS as unwelcome in the community. Ms. Matier stated that she is familiar with many staff members going and working in the community. She advocates for collaboration between AHS and Nunee health to work together to provide staff in Fort Chip. Although AHS recognizes Nunee as the health governance in the area, uncertainty exists regarding whether they are specifically a health facility under AHS.

Ms. Matier emphasized the need to better fund Nunee for recruiting qualified indigenous wellness and mental health staff. She also stated that it would be beneficial to encourage youth to pursue higher level education. To encourage students to attend university, more courses should be offered virtually to reduce the shock of moving to a big city to attend university. Ms. Matier suggested creating an N7 program, similar to Siksika's, wherein youth provide support during times of crisis. But in the short term, the focus should remain on compensation and housing. One of the goals currently in the North Zone is to increase the indigenous work force as they are always looking for more qualified indigenous staff to hire.

Regarding collaboration with the community, Ms. Matier expressed a desire to visit Fort Chipewyan and meet with community members, including Ms. C. A., to explore ways AHS can support the youth.

On the topic of trauma care, JRA's family's frustration over the lack of trauma care in Fort Chipewyan is acknowledged by Ms. Matier. She hopes to meet with the community and advocate for improved services, especially in light of recent suicide attempts.

In concluding remarks, Ms. Ross highlighted the importance of secure servicing for indigenous youth, ensuring they receive proper services and safety, which may not be guaranteed in the community.

- **Prior Fatality Inquiry Reports and Recommendations**

Chief Adam referred to the Richard Cardinal fatality in 1984 and the subsequent inquiry and recommendations arising from his tragic death. The Chief emotionally related how most of those recommendations had been completely ignored and asked me if this inquiry would be ignored and become just one more process that would result in a report that would simply collect dust on a shelf somewhere.

Because of his statements to me, and as part of the inquiry process, I have reviewed the reports and recommendations from prior fatality inquiries that have investigated teen-age suicides in the indigenous communities in Alberta:

- *DEDB 2000*
- *HR 2001*
- *KC 2005*
- *DKLB 2006*
- *TP 2008*
- *TR 2012*
- *LCN 2013*
- *BAH 2014*
- *KC 2014*
- *SR 2016*
- *TS 2018*

Every one of the circumstances in these tragic cases represent aspects of care for teenage indigenous youth that seems to have failed. No one cause is common, nor are the situations identical. However, there is a perception among those who testified before me that the recommendations arising from prior fatality inquiries are largely ignored by the various levels of government and that in practice, nothing really changes.

It is not possible for this court to take on the massive undertaking of analyzing the plight of indigenous youth in the province and then to study and correlate the recommendations of earlier inquiries and to determine the extent to which the recommendations are, or are not, being implemented. I will say more about this in the Recommendations in this report as it is my view that much more can and should be done by the governments to whom responsibility for protecting young First Nations peoples has been delegated.

What is clear to me is that numerous justices of this court who have been called upon to review the circumstances surrounding deaths by suicide of indigenous youth through fatality inquiries over a period spanning eighteen years have expressed over and over a certain level of frustration that little seems to be done take the recommendations of the fatality inquiries to heart and implement real changes.

When Judge B. Rosborough (as justices of this Court were then referred to) prepared his report in

TS 2018, he cited earlier criticisms of government responses to recommendations, and echoed that impatience in the following lengthy passage:

This Report is not the vehicle for examining the cause(s) of aboriginal youth suicide or prescribing the means by which those suicides can be prevented. Happily (or sadly) those causes and the means of addressing them are well-known. Alberta's Child and Youth Advocate makes this point eloquently in *Toward a Better Tomorrow* where it states (at p.72):

Suicide is complex, but it is preventable. The complexity is compounded for Aboriginal young people because of their history and the legacy of residential schools and the 'sixties scoop'. The problem is not a lack of knowledge. We know what factors and circumstances contribute to higher rates of suicide; and, we know what can be done to address and reduce them. What is required is a willingness to make this issue a priority and to devote the resources needed to address it effectively.

This acknowledgement of understanding about the factors and circumstances contributing to higher rates of suicide amongst aboriginal youth predicts the type of recommendations one might expect from yet another Fatality Inquiry examining the death of yet another vulnerable young aboriginal person. A sense of frustration can be discerned in some of these reports and their recommendations. The Report of Hon. Judge G. William Paul in his report on the *Public Inquiry Into the Death of L.C.N.* (relating to an aboriginal youth suicide) illustrates this point when he states:

Many suggestions were made for consideration by this Inquiry. The suggestions made by Counsel echo recommendations made in the many previous Fatality Inquiry Reports completed in this Province. It has been recommended over and over again that we focus on training and education for all, saturate aboriginal communities with wellness programs, support economic development, introduce programs of study to educate people about the aboriginal history and experience, demand inter-agency cooperation, ensure complete and accurate files and sharing of information, establish outreach programs to reach vulnerable youth, ensure adequate resources to address mental health issues faced by children and ensure the availability of counselling services for vulnerable youth.

Solving the tragedy of aboriginal youth suicide requires fundamental change. Fundamental change means embracing the recommendations made not only at the many Fatality Inquiries referenced by Hon. Judge G. William Paul but also by embracing and committing resources to implementing the recommendations of past investigative bodies and ongoing Commissions of Inquiry. In Judge Paul's words:

Reports from the *Manitoba Justice Inquiry* in 1988 containing 293 recommendations, the *Cawsey Report* in Alberta in 1991 and its approximately 350 recommendations, commissions of inquiry in Saskatchewan, British Columbia, Ontario, Quebec, New Brunswick and elsewhere, The *Royal Commission on Aboriginal People* and its five volume report in 1996 containing almost 500 recommendations and the 2016 report by The *Truth and Reconciliation Commission of Canada* and its 93 Calls To Action, collectively give us the answer. We are embarking in this country on a new *Royal Commission of Inquiry Into Missing and Murdered Aboriginal Women*. It is reasonable to expect that its findings will likewise be remarkably

consistent in context with all of the preceding reports. These reports through the hundreds and hundreds of recommendations made also set out a road map to guide us in addressing the issues.

These many Reports and Commissions of Inquiry review the larger social problems which are at the core of aboriginal youth suicide rates in Alberta. They address those problems at a level beyond the scope of this inquiry and are, in the final analysis, the only reliable solution to this tragic problem. Doing so will require significant political will and public resources.

My recommendations are aimed at a more modest objective. It is: Can anything be done in short order to help prevent tragedies like the death of 15 year old T.S?

One of Judge Rosborough's recommendations related to how the government responds to the recommendations of fatality inquiries and he wrote:

Recommendation #7: Performance Measures – I appreciate that the factors precipitating Aboriginal youth suicide are many and varied. Failure to reduce the disproportionately high rate of Aboriginal youth suicide may not signal failure of any or all of the Ministry's measures. Nevertheless, any increase in that rate (or even static numbers) over the course of a 3 year Business Plan should invite scrutiny: reconsideration of existing strategies and a search for new strategies. Accordingly, I recommend that the Ministry of Children's Services amend its *Department of Children's Services Business Plan: 2018-21* to add the annual number of Aboriginal youth suicides as a performance measure for Outcome Two: Resilient Families and Communities and that it report on those numbers in each *Annual Report*.

In a fatality inquiry one year earlier, VW 2017, Judge Rosborough had been even sharper in his criticism of governmental response, or lack thereof, to recommendations:

Referring to a previous fatality inquiry that involved similar circumstances, he noted how difficult it was to ascertain whether recommendations had been acted upon at page 16:

Despite the best efforts of Inquiry Counsel, the Government of Alberta's response to these recommendations could not be ascertained. And, if experienced counsel, acting at the direction of a Judge appointed in accordance with the Fatality Inquiries Act, R.S.A. 2000, c.F-9, s.35 has been unable to determine whether those recommendations were acted upon, it is unlikely that a member of the public, community groups or the media could do so. My earlier recommendation in this regard may be unnecessary (or more nuanced) depending upon what action the Government of Alberta has taken in relation to Malin P.C.J.'s earlier recommendation.

In its submission at this fatality inquiry, the Ministry of Human Services has advised that it, "... carried out the seven specific measures set out in the OHS Order notwithstanding the appeal." This included a measure designed to, "[e]nsure all contracts for placement of high-risk individuals provide for proper staffing levels to mitigate the hazard of working alone." This would suggest that such a requirement may not have been in place at the time PDD entered into its service agreement with CMHA. If that is the case, one is left to wonder whether Wolski would be alive

today if the recommendations made by Malin P.C.J. back in 2008 had been followed.

The Government of Ontario investigates deaths by a system known as a 'Coroner's Inquest'. A 'Coroner' (physician) presides over a 'jury' of five (members of the community) who are charged with the responsibility of answering the following questions:

1. Who was the deceased?
2. Where did the death occur?
3. When did the death occur?
4. How did the death occur (i.e. the medical cause)?
5. By what means did the death occur

The jury's responses to these questions are collectively referred to as its 'verdict'. The jury is also entitled to make recommendations for the prevention of similar deaths. Unlike Alberta, however, Ontario mandates a report on which, if any recommendations made at an inquest have been implemented. The Ontario Ministry of Community Safety & Correctional Services reports that:

The [jury's] verdict and recommendations, along with a brief explanation written by the presiding coroner, are sent to the Chief Coroner for distribution to agencies, associations, government ministries, or other identified organizations that may be in a position to implement the recommendations. Recipients are asked to evaluate their response to the recommendations and are requested to submit their response to the Office of the Chief Coroner within a year of the inquest. Members of the public, including the media, may request a copy of responses to inquest recommendations by submitting a written request to the Office of the Chief Coroner. The Office of the Chief Coroner prepares an implementation report on the status of implementation of recommendations from all inquests.

Implementation reports are published in an annual report on inquests that is available to the public. (emphasis added) See: <http://www.mcscs.jus.gov.on.ca/english/DeathInvestigations/Inquests/AidToInquests/AidToInquests.html>

Fatality Inquiries are costly endeavors. In this case, Inquiry Counsel was charged with the responsibility of seeking out and reviewing approximately 25,000 pp. of materials. Culled from those were approximately 2500 pp. of material which had to be copied for, distributed to and reviewed by interested parties and the court. The inquiry engaged three lawyers in addition to Inquiry Counsel and occupied a full two weeks of court time. Numerous witnesses were heard and exhibits filed.

This Report, like that of the Malin P.C.J. will make recommendations intended to prevent similar deaths. And, while it is for the Government of Alberta to determine whether any or all of these recommendations should be implemented, it is important for community agencies, the media and members of the public to know what action (if any) has been taken pursuant to those recommendations. It would

have been useful for me to know whether the recommendations made by the Malin P.C.J. in the Collier Report were acted upon or rejected.

Judge Rosborough’s seventh recommendation was that the Government of Alberta should “prepare an implementation report on the status of implementation of recommendations from all fatality inquiries.”

A review of the *Fatality Inquiries Act*, RSA 2000, c F-9 (“the Act”) and the *Fatality Inquiries Regulation*, Alta Reg 65/2000 demonstrates that there is nothing in the legislation that requires the Government of Alberta to monitor, track or report on whether Recommendations have been implemented.

In June 2017, the Government of Alberta publicly started tracking responses to Recommendations, even though it was not under a statutory duty to do so. The impetus was Judge Rosborough’s fatality inquiry concerning the death of VW. While laudable, the actual mechanics involved in ascertaining what and how the government has responded is unnecessarily and frustratingly complicated. The responses of the government may be viewed at the following link: [responses-to-fatality-inquiry-recommendations.xlsx](https://www.alberta.ca/responses-to-fatality-inquiry-recommendations.xlsx) (live.com).

From the evidence led before me in this inquiry, especially the testimony of Chief Adam, it is clear that the frustration about the lack of action by the various levels of government is keenly felt by those most affected: the residents of Alberta’s indigenous communities who struggle on in the grief of the current pandemic of your suicides.

The current status quo simply cannot be allowed to continue and will be addressed in my recommendations.

Into this milieu came the Senate of Canada, which most recently produced a report entitled *Doing What Works: Rethinking the Federal Framework for Suicide Prevention: Report of the Senate Standing Committee Social Affairs, Science and Technology – June 2023*. The timing is quite serendipitous in light of the inquiry over which I presided. I wish to emphasize a few of the more salient findings of the Senate committee on the issue of suicide generally in Canada and then highlight some of its recommendations that bear directly on the issues before me.

In the document, the Senate stated:

### **Executive Summary**

Ten years have passed since the idea of a federal framework for suicide prevention was realized through the adoption of the Federal Framework for Suicide Prevention Act. This Act required the Government of Canada to develop such a framework—an obligation that was fulfilled in 2016 with the release of the Federal Framework for Suicide Prevention (the Framework). The Framework’s stated mission is to “prevent suicide in Canada” however, there has been no significant change to the suicide rate in Canada since the Framework has been in place. In fact, for the Canadian population as a whole, the suicide rate has remained largely stable over the past 20 years. This seemingly stable rate obscures the overrepresentation of some populations—Indigenous peoples, and more specifically Inuit; and boys and men.

It is evident that the success of the Framework remains limited (emphasis added).

Following extensive evidence from scores of witnesses, including experts on suicide and specifically the prevalence, causes, and consequences to adolescent indigenous individuals, the

Senate produced its own set of recommendations. The following are most pertinent to the issues raised in this inquiry:

#### Recommendation 5

That the Government of Canada collaborate with provinces, territories and civil society organizations to improve national suicide and suicide prevention data collection and analysis by:

- creating a national database on a) suicide, including indicators such as suicide rate, number of emergency room visits associated with a suicide attempt and number of hospitalizations associated with a suicide attempt; b) effective suicide prevention programs and research; and c) contributing and causal factors for suicide identified through GBA Plus;
- standardizing coroners' reports;
- collecting sufficient demographic and geographic data for disaggregated analysis; and
- collaborating with provincial and territorial authorities on making suicide and suicide attempts incidents reportable to a specific authority.

#### Recommendation 6

That the Public Health Agency of Canada improve its reports on progress related to the Framework by establishing meaningful measurable outcomes and by evaluating suicide prevention programming against these benchmarks.

#### Recommendation 7

That the updated Framework explicitly acknowledge the additional challenges faced by certain populations in Canada—rural, remote and Northern communities; English- and French-second language speakers; refugees and immigrants; persons with disabilities; racialized communities—in accessing mental healthcare, and provide resources and programming to mitigate these challenges; and, that the updated Framework acknowledge the high level of stigma attached to suicide, and respond by supporting mental healthcare access in all communities.

Of most pertinence and relevance to my considerations in this inquiry is the following direction of the Senate committee:

#### Recommendation 9

That the updated Framework acknowledge ***the crisis of Indigenous overrepresentation in Canada's suicide rate, and: – recognize the expertise and knowledge of community members by engaging directly with Indigenous experts with lived and living experience in suicide prevention;***

- integrate life promotion into suicide prevention models;
- provide flexible financial support for programming that can be devised and managed by community members autonomously;
- create programming designed to train Indigenous community members in mental healthcare and intervention; and
- ensure a trauma-informed, culturally-appropriate approach when providing care to Indigenous peoples (emphasis added).

Considering all of the above conclusions and recommendations of various judges and the Senate of Canada, one might feel as did Sisyphus who was cursed by the gods to the eternal task of

pushing a large boulder up a hill, only to lose control of it near the top and have it cascade back down to the bottom, and then begin the labour of pushing it up again – in a continual and never-ending pattern.

However, the indigenous peoples of Canada deserve better than frustration and hand-wringing. Solutions must be found.

### **Identification of the main problems**

As I listened to and reviewed the evidence presented, it seems clear to me that in spite of the numerous programs, initiatives, and plans, complete with lengthy and glossy pamphlets, posters, and binders, the intended beneficiaries of the various governments policies and procedures are not getting the planned outcomes. I heard about a high school with no gymnasium, a village with no gathering place for youth, a health center with dozens of unfilled positions, teachers and health care providers without adequate housing, and a tragically understaffed contingent of members of the Royal Canadian Mounted Police. There used to be five physicians at the Nunee Health Center, but they have all left.

Witnesses related to me about aboriginal elders who are kept away from those with emotional and mental health crises, bureaucratic regulations preventing the use of a vehicle that is an ambulance (but which the government will not allow), no reliable cell phone service or adequate access to 911 assistance to use in an emergency, youth in crisis who are removed to Fort McMurray, then discharged from the hospital with no supports, and woeful links to the outside in terms of transportation and the provision of supplies.

Into all of this, there is now an opioid tsunami that is bringing crime and gang activity into the Fort Chipewyan settlements, thus spreading police, medical, and mental health resources even thinner.

At the same time, witness after witness related to me, on behalf of the various levels of government, about the great programs in place to address all the issues, while others, such as Chief Adam, repeated over and over ‘where are the resources?’ There was ample evidence before me of the breakdown in communication and cooperation between the federal, provincial, and municipal governments, with ample finger-pointing and evasion of responsibility and accountability.

And the people of Fort Chipewyan continue to wait for the help that is so required.

As indicated above, the involvement of government agencies with JRA and her family was minimal, in the sense that there were no grounds for Child and Family Services to take any action. Her family was supportive and nurturing.

But JRA was clearly hurting emotionally and in a mental health crisis as she had mentioned to others that she was considering ending her life. This is evidenced by the ultimate act of self-harm – taking one’s own life. That no health care providers, educators, counsellors, or other interested individuals were aware of the angst she was suffering is evidence of the dearth of resources in Fort Chipewyan. Her grandmother testified that JRA was clearly being bullied and abused at school because of the care she took for her appearance, yet she was not able to reach out and ask for help because there were only minimal, if any, resources provided at school.



The wait time for youth to get mental health in-person consultations was up to six months. Although remote, on-line, counsellors may have been reachable, that is hardly an adequate response to a young person who is acutely suffering deeply and in need of intense counselling and therapy. I was told that in an emergency, an evacuation by air was possible, but JRA would likely not have presented as being 'urgent' or an 'emergency'. Based on the evidence before me, there were very few avenues available to her to seek the kind of care that might have saved her life.

On that fateful night that led to her death, the pain must have been crushing for JRA. She resorted to alcohol which led to misunderstandings and hurt feelings. We can never know for sure, but it seems only logical and realistic that if she could have reached out to someone for help or advice, JRA might still be alive. Tragically, those resources were not there for her, nor for any other adolescent indigenous young person in similar circumstances in Ft. Chipewyan.

### **Recommendations for the prevention of similar deaths:**

The Act contains the following directions:

#### **Findings after inquiry**

53(1) At the conclusion of the public fatality inquiry, the judge shall make a written report to the Minister that shall contain findings as to the following:

- (a) the identity of the deceased;
- (b) the date, time and place of death;
- (c) the circumstances under which the death occurred;
- (d) the cause of death;
- (e) the manner of death.

(2) A report under subsection (1) may contain recommendations as to the prevention of similar deaths.

(3) The findings of the judge shall not contain any findings of legal responsibility or any conclusion of law.

(4) The report and findings of the judge under subsection (1) and any recommendations under subsection (2) shall not disclose any matters heard or disclosed in camera, unless the judge is satisfied that the disclosure is essential in the public interest.

An inquiry under the Act is not a trial in the sense that findings of legal responsibility are prohibited. The report from the justice who presides "may contain recommendations as to the prevention of similar deaths." Thus, the justice must consider if similar deaths might be preventable, and if so, how. The court is granted neither omniscient insight, universal sagesness, nor a magic wand to wave to make the problems simply disappear. That is particularly so in the ongoing, rampant catastrophe of the suicides of indigenous adolescents throughout the province of Alberta. It is not possible to make an all-encompassing set of wise recommendations to fix this blight on the province.

All I can do is consider the invaluable evidence led before, review the proposed recommendations which came from the witnesses, then determine what recommendations might be made to the provincial government to try, in some way, to prevent even one more death by suicide on the lands of First Nations peoples. Ultimately, it is up to the parliament of Canada and the legislature of Alberta and His Majesty's respective cabinets to decide whether to implement all, some, or none of the recommendations of this inquiry.

**Recommendation # 1: The School System in Fort Chipewyan and the Provincial Government:**

The evidence from the inquiry pointed out some glaring, and shocking, inadequacies in the school system in Fort Chipewyan. In this Recommendation, I will group several of the recommendations into one.

I heard of the following concerns about the schools in Fort Chipewyan and provide my recommendations in relation to each:

1.1 Although there are many programs offered by the various levels of government, the teachers and staff do not have any training or skills as to how to even fill out grant applications. ***The government must consider providing professional assistance in how to apply for grants, which should be provided at no cost to the school system.***

1.2 The school system is very short staffed with a lack of teachers and educational assistants. At the time of the inquiry, the system was nine staff short. I heard evidence of the woefully terrible housing available for teachers who move to Fort Chipewyan and that some quit on the spot, once the housing is observed. ***There must be an immediate injection of funding and resources to provide the type of housing that will attract qualified and motivated teachers and staff to move to Ft. Chipewyan.***

1.3 The lack of adequate staff in the schools in Fort Chipewyan is likely a problem throughout Alberta, but the shortage is acutely felt in an isolated community like Fort Chipewyan. ***It is recommended that the staffing needs be completely assessed on a semi-annual basis and further funding provided to overcome the shortages.***

1.4 The isolation is also taxing on those who take employment in the school system. ***It is recommended that consideration be given to monthly 'respite' breaks for teachers, either through additional days off and/or a financial allotment to allow teachers to travel to Edmonton, Calgary, or other regions of the province for at least one weekend quarterly.***

1.5 Astoundingly, I was told that the high school had no gymnasium, thus preventing the school from offering the type of physical education that is available to high school students throughout the province. ***It is recommended that immediate attention be directed to implementing the process for the addition of an appropriate gymnasium for the high school.***

1.6 The evidence before me was that Alberta Education promised the community a \$25 million school, but what was actually provided falls short of federal standards. The provincial government recently announced the allocation of \$2.1 billion in relation to 43 priority school projects throughout Alberta, but no funding was made available to improve the educational infrastructure in Fort Chipewyan. ***It is recommended that a process be immediately implemented between the provincial and federal governments to address this issue and move the school project forward in line with reconciliation efforts and sufficient to meet the anticipated needs of future students.***

1.7 The inquiry heard evidence of the lack of proper training for teachers who will need to meet head on the specific needs and challenges of indigenous students in the north. ***It was recognized that it is necessary to follow the curriculum of Alberta Education, but there must be sufficient room for programming that would be specific to traditional indigenous ways and cultures.***

1.8 Witnesses testified that in Fort Chipewyan, there were no mental health counselling services available to students in school. The situation might have improved marginally

since JRA's passing, but there must be schools with properly trained mental health counsellors that are 'in-house' within the physical school settings. There must be a change in the funding for more mental health counsellors as the funds currently come from the school budget. ***It is recommended that sufficient funding and training be provided that the schools in Fort Chipewyan have adequate mental health counsellors on site within the schools themselves. A school community liaison position should be created with someone who possesses excellent mental health counseling and communication skills and who will actively interact with staff, students, and parents.***

### **Recommendation # 2: The Health Care System in Fort Chipewyan:**

The evidence led before me demonstrated a health care system with many flaws, inadequacies, and bureaucratic impasses. Although well-intentioned, there were shortcomings, particularly in relation to staffing and miscommunication and coordination between the various levels of government. Those most glaring and in need of immediate attention are as follows, along with my recommendations noted:

2.1 I heard evidence that there were no dedicated addictions services in Fort Chipewyan that were specifically focussed on the needs of indigenous people in general, and the youth in particular. ***There need to be addictions services and a recovery center out on the traditional gathering and healing parts of the land.***

2.2 When seeking services like ambulance, physicians, or hospital-based services, there is confusion as to which authority to approach. Sometimes they are directed to Indigenous Services Canada First Nations and Inuit Health Branch (FNIHB), and other times residents are told to approach Alberta Health Services. This results in challenging negotiations and a lack of continuity, leading to difficulties for Nunee, the federally established health center in Fort Chipewyan. There are three stakeholders that should work together: (1) The community (including with Nunee), (2) the five First Nations of Ft. Chip, FNHIB, and (3) AHS. ***There must be a review of the specific areas of responsibility and designation of jurisdiction, and the divisions and overlaps must be identified. The various levels of government must clarify and repair the interactive relationships between these bodies.***

2.3 ***There is a great and immediate need for provincial funding for child and welfare services support services. Many witnesses believe that collaboration between the First Nations in Fort Chipewyan and the province would be beneficial due to the specialized skills possessed by the government and the perspective and experience of the residents and leaders of Fort Chipewyan. There must be a more efficient coordination of local services that offered for mental health matters.***

2.3 I was informed that the Nunee health unit does not have the authority to secure ambulances. When seeking services like ambulance, physicians, or hospital-based services, there is confusion as to which authority to approach. When Nunee wants to secure personnel or equipment, it is sometimes directed to Indigenous Services Canada First Nations and Inuit Health Branch. Other times, it has been told to approach Alberta Health Services. This results in challenging negotiations and a lack of continuity, leading to difficulties for Nunee. The general problem is that all the groups try to defer responsibility to each other.

The Fort Chipewyan communities purchased a vehicle to be used as an ambulance, but AHS will not let the vehicle in Fort Chipewyan be called an ambulance, thus depriving the

citizens of the area the necessary emergent medical services to save lives. ***A fully functioning ambulance and the paramedical staff that may be required must be provided to the community without delay.***

2.4 As was highlighted in my review of the evidence of Mr. McLeod, there are the differences in emergency response procedures between Nunee and the province of Alberta. In Alberta, paramedics can directly call for air medical services like STARS or medivac. However, in Nunee, paramedics must bring patients to the health center first, where nurses work with a referring physician to arrange a medivac. This process can cause delays in emergency response times. ***Nunee, and other proper health providers must be given the authority to call for air medical services directly.***

2.5 If individuals are undergoing acute mental health crises, they need to go to an emergency room for suicidal ideation. To do so, they need be medevac'd to Fort McMurray. It was disconcerting to learn that once an individual is discharged from the hospital in Fort McMurray, it is the responsibility of the individual to reach out for help in getting home. ***The community needs assistance and a navigator to help assist individuals with mental health issues as they move through the various levels of health care providers and someone to ensure that upon discharge, they are able to safely return to Fort Chipewyan. Appropriate follow up care in the community after discharge is vital.***

2.6 There is currently no substance abuse recovery or assistance center in the Fort Chipewyan community to help with addiction recovery. This is an astounding fact in 2024, especially in light of the human cost that failure to address addictions is having in Ft. Chipewyan. The involvement of the indigenous elders and other leaders would be crucial to its success. ***The establishment of an addictions recovery center in and for the residents in Fort Chipewyan must become a government priority.***

2.7 I was told that there must be greater coordination and consultation between the different levels of government and health care providers on the issue of improving the provision of mental health counselling to the residents of Ft. Chipewyan. ***I encourage and urge the federal, provincial, and municipal governments to re-evaluate and revise the collaborative process to identify and change the issues that lead to inadequacies, miscommunication, and the failures to provide proper and necessary mental health resources to the Fort Chipewyan communities.***

2.8 The evidence led before me was that health care providers have the necessary funding to support the requisite staff, but that one of the main issues is that it is very difficult to get properly trained and qualified people to relocate to and work in Fort Chipewyan. As indicated earlier herein, the challenges in the community for securing teachers because of the inadequate housing also needs makes it difficult to attract medical professionals to Fort Chipewyan.

There was some evidence of the fact, or the perception, that the Alberta government does not deem Fort Chipewyan to be its responsibility because of an agreement from the 1950s. It was stated that the province does not see the community as remote or rural, so it, through AHS, cannot give Doctors any financial incentives.

***As was recommended concerning educators, it is also recommended that consideration be given to monthly 'respite' breaks for medical professionals, either through additional days off and/or a financial allotment to allow them to travel to Edmonton, Calgary, or other regions of the province for at least one weekend quarterly.***

2.9 It is also very difficult to recruit experienced nurses, as new graduates are not trained to work in northern, isolated, First Nations environments. It was suggested to me that consideration should be given to establishing Fort Chipewyan as an education centre in

some form to allow for the education of educational and medical professionals who can begin training developing skills for working in remote and indigenous areas. ***I recommend that a study be undertaken to consider the feasibility of such an education centre.***

**Recommendation # 3: Community Infrastructure Needs in Ft. Chipewyan:**

I received evidence concerning the lack of what most Albertans, in 2024, would consider basic service such as reliable internet service and access to a 911 emergency telephone service. In a province as prosperous and ‘cutting edge’ as Alberta is, it is inconceivable that portions of the province do not have these kinds of resources.

***3.1 It is recommended that the appropriate levels of government undertake immediate steps to provide reliable and consistent high-speed Internet and 911 access available in Fort Chipewyan.***

Further, the community does not have adequate or appropriate after-school programs or activities for kids in the evenings nor does it any longer have a sufficient drop-in center for youths and adolescents.

***3.2 It is recommended that the appropriate levels of government undertake immediate steps to provide adequate and appropriate after-school care and a sufficient drop-in center for youths and adolescent in Fort Chipewyan.***

**Recommendation # 4: Issues Relating to Cooperative Federalism:**

Much of the evidence from nearly all the witnesses spoke to the perception that there is no effort by the different levels of government and the respective ministries therein to engage with all the stakeholders because nobody wants to take responsibility. It is impossible for me to determine from the material before if that is true, but it is a strong feeling in the Fort Chipewyan community and I was given many examples of ‘unfunded mandates’, unfilled positions, avoidance of responsibility, and blame from and to all sides. Meanwhile, the youth of Fort Chipewyan suffer under the unbearable weight and strain of mental health issues, drug addictions, and isolation.

Much can and ought to be done to ameliorate this situation.

My recommendation in this regard is perhaps too broad and undoubtedly raises a limitless number of sub-issues and conflicts, but steps must be taken.

I have particularized earlier in this report the number of prior inquiries, commissions, and investigations done into the plights of mental illness and indigenous teen suicides. Whether it is the eleven prior reports from Fatality Inquiries in Alberta in this Court upon which I have previously commented, the *Manitoba Justice Inquiry* in 1988, the *Cawsey Report* in Alberta in 1991, the commissions of inquiry in Saskatchewan, British Columbia, Ontario, Quebec, New Brunswick and elsewhere, The *Royal Commission on Aboriginal People* in 1996, the 2016 report by The *Truth and Reconciliation Commission of Canada*, the *Royal Commission of Inquiry Into Missing and Murdered Aboriginal Women*, and now *Doing What Works: Rethinking the Federal Framework for Suicide Prevention: Report of the Senate Standing Committee Social Affairs, Science and Technology – June 2023*, this issue has been analyzed, dissected, discussed, reviewed, and reported on *ad infinitum*, without much improvement being noted.

Generations of Canadians have been taught, and properly so, about ‘cooperative federalism’ and

that it is one of cornerstones of our democracy. The Supreme Court of Canada has defined that concept in these words in *Quebec (Attorney General) v. Canada (Attorney General)*, [2015] 1 SCR 693:

[17] Cooperative federalism is a concept used to describe the “network of relationships between the executives of the central and regional governments [through which] mechanisms are developed, especially fiscal mechanisms, which allow a continuous redistribution of powers and resources without recourse to the courts or the amending process”: *P. W. Hogg, Constitutional Law of Canada (5th ed. Supp.)*, at p. 5-46; see also *W. R. Lederman, “Some Forms and Limitations of Co-Operative Federalism”, in Continuing Canadian Constitutional Dilemmas (1981)*, 314.

Lately, it seems that more is said about ‘federalism’ than there is talk of being ‘cooperative.’ For our indigenous youth, we can do better.

The tragedy of the disproportionate number of suicides in the teenaged indigenous communities in Alberta specifically requires a better effort and tangible results.

***4.1 I therefore recommend that the government of the province of Alberta use all its good offices and influence to encourage all levels of government in Canada to determine how to actually engage in meaningful discourse, concrete decision-making, and action plans to improve the plight of the indigenous youth in Canada who are facing life-threatening mental health crises. This may take place in the context of a royal commission, a public inquiry, or some other suitable process, but indecision and procrastination will not do. I urge the government of Alberta to push strongly for this process to be begin in earnest and to do so immediately. I leave it to cabinet to decide how best to highlight and emphasize this issue with their counterparts.***

- **Concluding thought:**

Reflecting on the continual epidemic of teenage suicides in the indigenous populations of Alberta and the governmental response, or lack thereof, this aphorism sadly comes to mind:

“Victory has a thousand fathers, but defeat is an orphan.”<sup>1</sup>

DATED 02 July, 2024 \_\_\_\_\_ ,

at Leduc \_\_\_\_\_ , Alberta.

*J.B. Champion*

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Justice J.B. Champion  
A Justice of the Alberta Court of Justice

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<sup>1</sup> *John F. Kennedy*, News conference, April 21, 1961