

REGIONAL DISTRICT OF BULKLEY-NECHAKO SUPPLEMENTARY AGENDA

Thursday, APRIL 22, 2021

PAGE NO. ELECTORAL AREA PLANNING (All Directors) ACTION

2	Public Hearing Report Rezoning Application RZ E-02-20 (Board Agenda Pages 39-60) <u>DEVELOPMENT SERVICES</u> (All Directors)	Receive
3-49	ALR Application Public Hearing Report ALR Exclusion Application 1230	Receive
	(Board Agenda Pages 67-70) <u>Staff Report</u>	
50	Jason Llewellyn, Director of Planning UBCM Local Government Development Approvals Program	Recommendation
51-52	Jason Llewellyn, Director of Planning Letter of Support for the RDFFG Development Approvals Program Application	Recommendation

NEW BUSINESS

ADJOURNMENT

REGIONAL DISTRICT OF BULKLEY-NECHAKO REPORT OF THE PUBLIC HEARING FOR BYLAW NO. 1942, 2021 April 13, 2021

Report of the Public Hearing held at 7:00 p.m., April 13, 2021 by zoom conference call.

Present:	Clint Lambert, Chair Jason Llewellyn, Recording Secretary Maria Sandberg, Planner
CORRESPONDENCE	There were no written submissions to this public hearing.
CALL TO ORDER	The meeting was called to order at 7:01 p.m.
BUSINESS:	
Chair Lambert	Noted that no members of the public were present. Carol Fleming and Helen and Danny McLarry had registered with staff to participate but did not appear to be logged into the meeting. He asked if they were present. There was no response.
Chair Lambert	Closed the public hearing at 7:16 p.m.

Clint Lambert, Chairperson

Jason Llewellyn, Recording Secretary



REGIONAL DISTRICT OF BULKLEY-NECHAKO REPORT OF THE PUBLIC HEARING FOR ALR EXCLUSION APPLICATION 1230

This Public Hearing was held at 7:00 p.m., April 14, 2021 by zoom conference call.

Present:	RDBN Board:	Jerry Petersen, Public Hearing Chair Gerry Thiessen, Board Chair Mark Parker, Director Clint Lambert, Director
	RDBN Staff:	Curtis Helgesen, CAO Jason Llewellyn, Director of Planning (Recording Secretary) Maria Sandberg, Planning and Parks Coordinator Deneve Vanderwolf, Planner
	Attendees:	Cally and Lionel Cathcart, 15112 Tachick Lake Road Frank and Maren Dornauer, 15468 Tachick Lake Road John Rustad, MLA Lynn Weinhardt, 30309 Rimrock Road Shannon Weinhardt, 30309 Rimrock Road Rudy Neilson, Tachick Lake Road Chief Corrina Leween, 1215 Keefes Landing Road Chief Priscilla Mueller, 135 Joseph Street Darren Haines, Vancouver David McWalter, Prince George Marilyn Vickers, 558 Kenney Dam Road Hazel Alexis, 665 Stoney Creek Road Rodney Teed, 135 Joseph St. Marilyn Janzen, 860 Nautley Road Tracey Michell, Prince George Rachel Malcolm, 16886 Langston Road Cara Kells, 12439 Blackwater Road John Hunter, 15092 Tachick Lake Road Lisa Hunter, 15092 Tachick Lake Road
CORRESPOND	DENCE	The written submissions to the Public Hearing are attached to this Public Hearing Report as Appendix "A".
CALL TO ORD	<u>ER</u>	The meeting was called to order at 7:02 p.m.

BUSINESS:

Chair Petersen	Read a statement explaining the application and public hearing process. He explained that he would call on speakers by name in the order by which they registered to participate in the public hearing. He would then make open calls for comment. He noted the written submissions received are in the documents package available on the RDBN's web page, and that a link to the documents package is posted in the chat area. He asked the Director of Planning to explain the application process.
Jason Llewellyn	Said that the public hearing is regarding the exclusion of the subject property from the Agricultural Land Reserve (ALR). A Report of the Public Hearing, including the written submissions received, would be presented to the RDBN Board for consideration at their April 22, 2021 Board Meeting and forwarded to the Agricultural Land Commission (ALC) for consideration along with the exclusion application. The ALC makes the decision whether to exclude the land from the ALR.
Chair Petersen	Asked Cally and Lionel Cathcart if they had comments.
Cally Cathcart	Said that the treatment facility is needed in the community. The deaths resulting from addiction are terrible.
Chair Petersen	Asked Frank and Maren Dornauer if they had comments.
Frank Dornauer	Said that they support the proposal but had some concerns regarding the potential impact on their property and their rural lifestyle. He noted safety and security concerns and the potential impact on their property values. He noted that he can not get his land out of the ALR and wondered why it was an option for the subject property. He noted the need for recreational properties along the lake and said that landowners should be able to subdivide waterfront lots.
Chair Petersen	Asked John Rustad if he had any comments.
John Rustad	Said he was there primarily to observe. He noted that this type of facility is needed in the area, and he hoped that any concerns could be addressed.

Chair Petersen	Asked Barb Mazereeuw if she had any comments. There was no response.
Chair Petersen	Asked Lynn, Shannon and Linda Weinhardt if they had comments.
Lynn Weinhardt	Said that the land should not be removed from the ALR. Her ALR application was refused. She noted safety, lifestyle, and property value concerns.
Shannon Weinhardt	Said that safety is a big concern. She said there is a lot of land available further away from developed areas.
Chair Petersen	Asked Ron Crosby if he had comments. There was no response.
Chair Petersen	Asked Rudy Neilson if he had comments. There was no response.
Chair Petersen	Asked Chief Corrina Leween if she had comments.
Chief Corrina Leween	Said that she supports the application. The healing centre will blend modern medicine with traditional practices and is important. The CSFS has a long history running this type of facility. The Ormond Lake facility is older, and the Tachick Lake Resort property is an excellent location for a new facility. The zoning is in place and the exclusion is now required to allow the project to move forward to address the opioid crisis.
Chair Petersen	Asked Chief Priscilla Mueller if she had comments.
Chief Priscilla Mueller	Said that the healing centre will promote reconciliation. There have been several opioid related deaths at Saik'uz over the last months. This is a crisis that impacts all communities, and we need to support each other. The situation is made worse by the isolation caused by Covid. All levels of government acknowledge the need for reconciliation, and we need meaningful action on reconciliation. The healing centre and its use of traditional healing methods with modern medicine will improve health outcomes. She supports the RDBN's application to exclude the land from the ALR without any conditions or restrictions.
Chair Petersen	Asked Darren Haines if he had comments.

Darren Haines	Said that he is the legal council to CSFS and that the centre will advance reconciliation, which the ALC must take into consideration. He referenced his written submission which explains how the ALC must exercise its discretion in light of the UN Declaration on the Rights of Indigenous People. The unique location of the centre by the water is important to First Nations culture. The reconciliation imperative should weigh heavily on the ALC decision. He noted that there is no legal requirement to provide a report on the agricultural capacity of the land with an exclusion application.
Chair Petersen	Asked David McWalter if he had comments.
David McWalter	Said that he would like to respond to the written submissions stating that an agrologist's report should be provided. He said there was no need to submit an agrologist report since the ALC indicated that the land has severe limitations. Approximately 60% of the property is treed and those areas are steeply sloped. Removing those trees would lead to erosion into the lake. A large portion of the remaining areas are developed or subject to flooding. He is supportive of the exclusion application.
Chair Petersen	Asked Marilyn Vickers if she had comments.
Marilyn Vickers	Introduced herself as an elder from the Saik'uz First Nation. She said that the Tachick Lake Resort property is a very good location for a healing facility. Both lakes are important in their Clan system, and a healing centre on the lake will help people feel connected to the land and water. It is the ideal location. She noted that the treatment centre will help heal the generational trauma that residential schools have caused and will be an important part of the necessary reconciliation that needs to occur. Having been to a treatment facility she knows how strict the rules are and there is no leaving without permission or causing trouble. The issues that cause addiction need to be addressed. She went to residential school and had to go to treatment to heal. Leaving your community to go to treatment far from home is traumatic. Having treatment close to home is important and will help end the cycle of trauma fuelling the opioid crisis. Receiving treatment in an area where people are connected to the land and where people are on or near their own territory is important.

Chair Petersen	Asked Hazel Alexis if she had comments.
Hazel Alexis	Said that she agrees with Marilyn and Chief Leween.
Chair Petersen	Asked Maureen Thomas if she had comments. There was no response.
Chair Petersen	Asked Rodney Teed if he had comments.
Rodney Teed	Said that he is from the Saik'uz First Nation and is from the Grouse clan. He said that the opioid crisis doesn't know race or age. Over 7000 people died over the last 5 years. We need to stop the death and bring better health to people. He only sees benefits from the proposed facility. It is time for communities to come together, put issues aside, and work to fix the problem.
Chair Petersen	Asked Dennis Thomas if he had comments. There was no response.
Chair Petersen	Asked Marilyn Janzen if she had comments.
Marilyn Janzen	Said she was there as an observer and that she supports the application.
Chair Petersen	Asked Tracey Michell if she had comments.
Tracey Michell	Said she was CSFS staff and that she supports the application.
Chair Petersen	Asked Rachel Malcolm if she had comments.
Rachel Malcolm	Requested that consideration be given to the importance of the treatment facility. She has seen families lose children to foster care waiting for treatment. This facility will save families and she supports the application.
Chair Petersen	Asked Cara and Ken Kells if they had comments.
Cara Kells	Said that she agreed with the statement that we all need to work together and love each other. They have family that have been through treatment and believe it is important to have a local treatment facility. They are in

	support of the application and removal of the land from the ALR.
Chair Petersen	Asked John Hunter if he had comments.
Lisa Hunter	Said they had recently purchased their property next to the subject property. She agreed with the need for reconciliation and the treatment centre. They have owned the property for less than a year. It is currently a vacation property, and they hope to move to the area and to be a part of the community. A resort is not an ideal neighbour, and they are not opposed to the treatment facility; however, they have concerns regarding the facility using the access road through their property and they would like to see good neighbour fencing erected between the properties. She also has concerns regarding the long- range development plans and expansion of the facility over time.
Chair Peterson	Asked Jason Llewellyn for comment on the development plans.
Jason Llewellyn	Said that during the public hearing process for the rezoning the CSFS agent had indicated an intent to work with the abutting property owner to address access and fencing concerns. He referred the topic to CSFS to comment on that process.
David McWalter	Said that he walked the property with Frank and talked to Mr. Hunter. SCFS have agreed to look at relocating the access and provide fencing. Confirmation of the access location and fencing will be determined during the design and development phase of the project.
Lisa Hunter	Asked about the accreditation process for the facility and the standards of maintenance.
Marilyn Janzen	Said that she is the Director of Health and Wellness at the CSFS. The facility will have accreditation through CARF International, and the facility will be operated to a high standard. The nature of the treatment provided limits the scale of development that is possible.
Chair Petersen	Asked if there was any person present who had not had an opportunity to speak.

Frank Dornauer	Said that he supports the facility as it could be a big asset. However, he was concerned about the uncertainty regarding the impact on water supply and on his water well. There needs to be more study to determine if this property is suitable for the proposed use. He would like to see detailed plans. He said he feels pushed into a corner, and he invited CSFS to have discussions with property owners in the area to make the project a success.
Lisa Hunter	Said that the water issue is important. Everyone's rights are important, and all issues should be addressed.
Chief Corrina Leween	Said that feasibility studies for the property have been completed, and she is open to establishing communications with neighbours.
Frank Dornauer	Said that he would contact Chief Leween.
Rodney Teed	Noted that the campers at the resort have had a larger impact on water than the proposed facility.
Frank Dornauer	Said that the resort was busy at times on weekends but was generally quiet during the week. The draw on the water supply was not steady.
Rudy Neilson	Said he owns land next to the subject property, he knows real estate and he knows the ALR. He said more people should be involved in the public hearing, and more would have been involved if they were familiar with zoom. He has a conditional sale in place for land nearby and he hopes the sale will go through. He said he supports treatment centres, but the subject property is the wrong place. He hates taking land out of the ALR. Farmland should be retained for future generations. The lake is shallow and there will be 85 to 100 people using the septic system. This needs to be looked at closely. He noted that during the public hearing for the rezoning it was stated that there will be no guns on the property, but treatment will include hunting. He doesn't understand how you can hunt without guns. There needs to be more ranchers involved in this process.
Marilyn Janzen	Said that hunting is part of the culture and can help reconnect to culture. All hunting trips will be guided by local hunters with a close relationship to the land.

Rudy Neilson	Said that better sites are available, and the subject property is too small and too close to the lake.
Lisa Hunter	Asked if the facility is only available to First Nations people.
Marilyn Janzen	Said that is not known at this time. CSFS are looking for opportunities to partner with Northern Health.
Frank Dornauer	Said he was uncertain about the development process to follow if the land is removed from the ALR. Are there permits required? Is there another opportunity to address concerns?
Chair Petersen	Asked the Director of Planning to comment on the questions.
Jason Llewellyn	Said that if the land is removed from the ALR the zoning bylaw would regulate land use on the property and the zoning bylaw allows a Community Care Facility. The sewer system and water system will have to be developed according to the applicable Provincial regulations. The BC Building Code applies to any building on the property; however, the RDBN does not enforce that regulation in the area. He said that he is not aware of any formal public consultation process regarding development of the property following the close of this public hearing.
Chair Petersen	Asked if anyone wanted to provide comments on the proposed exclusion application. No further comments were received.
Chair Petersen	Asked if anyone wanted to provide comments on the proposed exclusion application. No further comments were received.
Chair Petersen	Closed the public hearing at 8:36 p.m.

Jerry Petersen, Chairperson

Jason Llewellyn, Recording Secretary

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APPENDIX A TO THE REPORT OF THE PUBLIC HEARING FOR ALR EXCLUSION APPLICATION 1230

WRITTEN SUBMISSIONS

- **1.** Letter from the District of Vanderhoof to the Carrier Sekani Tribal Council dated April **1**, 2021.
- 2. E-mail from J. Meier to the RDBN dated April 12, 2021.
- 3. E-mail from Barb Mazereeuw to the RDBN dated April 13, 2021.
- 4. E-mail from Rudy Nielsen to the RDBN dated April 13, 2021
- 5. Letter from Carrier-Sekani Family Services to the RDBN dated April 14, 2021.



160 Connaught Street, PO Box 900, Vanderhoof, BC VOJ 3A0 P: 250.567.4711 | W: www.vanderhoof.ca

April 1, 2021

Carrier Sekani Tribal Council Suite 200 - 1460 6 Ave Prince George, B.C V2L 3N2

VIA EMAIL: tribalchief@cstc.bc.ca

Dear Chief Holmes,

Re: Carrier Sekani Family Services' Addiction Treatment Facility Project

The District of Vanderhoof Mayor and Council supports the Carrier Sekani Family Services in their project to build an addiction treatment facility on Tachick Lake Resort.

According to the B.C. Coroners Service, the Northern Health region has the highest rate of drug-related deaths this year. And as a Northern BC local government, we not only recognize the urgent need for this kind of projects to help address the opioid crisis in our communities, but we also support initiatives like the proposed addiction treatment facility project.

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We support individuals in all phases of life and believe this proposal for an addiction treatment facility will provide adequate support for those individuals in need. This project will give opportunity and access to individuals on a recovery journey from addiction to regain their holistic well-being and remove barriers to their long-term health and personal improvements. The proposed location for the addiction treatment facility is ideal to provide a comfortable and supportive environment for individuals transitioning through this phase of life.

We recognize that this facility is going to be an important asset not only to our community, but to all surrounding communities and their residents, and we appreciate your effort to ensure that governments continue to provide resources that encourages the holistic well-being of their citizens.

We are excited about this project and we look forward to more positive initiatives to help residents across British Columbia.

Sincerely, District of Vanderhoof

Gerry Thiessen Mayor

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Cc: John Horgan, Premier, Province of British Columbia.
 Lana Popham, Minister of Agriculture, Foods and Fisheries, Province of British Columbia.
 Priscilla Mueller, Chief, Saik'uz First Nations.
 Jason Llewellyn, Director of Planning, Regional District of Bulkely Nechako.

From: Geraldine Meier
Sent: Monday, April 12, 2021 9:52 PM
To: inquiries <inquiries@rdbn.bc.ca>
Subject: [EXTERNAL]: Attention: RDBN Planning Department

Dear Sirs,

Subject Property: Located at 15112 Tachick Lake Road.

Commonly known as : Tachick Lake Resort

Legal Description: The fractional N.W.1/4 of Section 12, Township 4,, Range 4. Coast District (PID 011-699-361)

As a concerned citizen, I strongly disagree with the removal of said property (noted above) from the A.L.R.

This property is the only access for the general public to Tachick Lake for recreation.

Thank you for your attention.

J. Meier

From: Barb Mazereeuw Date: April 13, 2021 at 1:09:22 PM PDT To: <u>inquiries@rdbn.bc.ca</u> Subject: Tachick Lake removal from ALR

As I will probably be unable to attend the zoom meeting tomorrow night due to previous commitments I would like to express my concerns over this proposed removal in writing.

We have lived and farmed properties bordering this Tachick Lake resort our whole lives. This land is some of the most fertile farm land in the valley. I do not believe that this property should be removed from the ALR for this proposed use.

In the planning package it says that the proposed use will decrease traffic to the said property. I disagree. I believe that there will have to be staff on site, but would be willing to offer that most staff will travel to and from the facility. Clients will also be coming and going on a regular basis.

It is also stated that the property is already non-conforming. Why make it more so? There would have to be massive upgrades to septic and water facilities.

As others have stated this is the only access to Tachick Lake. Any other access is privately owned. For years Tachick Lake has provided family entertainment at a very reasonable distance to Vanderhoof and surrounding communities.

I believe that there are many other properties better suited for this type of facility. As mentioned, Bednesti, where there is already a massive log building they have already built, and cooking facilities. Or what about property beside or even including the Nulki campground they own as well? There is property on all sides of this campground owned by Sai Kuz already.

Rural farms and ranches in the area have been hard hit with break ins and theft in recent years I believe that this will only increase with this type of facility in the area.

Please keep our community a farming and recreation-friendly community!

Thanks for your co side ration in these matters.

B. Mazereeuw

Sent from my iPhone

From:	Geraldine Craven
To:	Deneve Vanderwolf
Cc:	Jason Llewellyn
Subject:	FW: [EXTERNAL]: Tachick Lake property rezoning Public Hearing Wed April 14th at 7:00pm
Date:	Wednesday, April 14, 2021 8:43:12 AM
Attachments:	image003.png

From: Rudy Nielsen <rudy@niho.com>
Sent: Tuesday, April 13, 2021 7:42 PM
To: inquiries <inquiries@rdbn.bc.ca>
Subject: [EXTERNAL]: Tachick Lake property rezoning Public Hearing Wed April 14th at 7:00pm

My name is Rudy Nielsen, President of Niho Land and Cattle Company Ltd. I own 573 acres immediately East of the proposed Community Care center

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I would like to address my concerns -

I would like to go on record that I am totally opposed to taking this land out of the ALR. ALR lands were protected for a reason by the Province of BC to ensure we have enough prime farmland for future generations. I think no exceptions should be made throughout the province on taking land out of the ALR. It should never be done unless an agrologist report has been completed and deems the soil not suitable for agricultural use. There is plenty of land in the area that could be suitable for this development that in not with property is not within the ALR.

What is planed for this property is not suitable or the best place for this project. With more buildings in the plans the major concern would be the requirement of water and septic and the property being lakefront the worry of environmental contamination. The proposed community care facility should be located where there is ample land for development. Tachick Lake is a major watershed in the area for both fish and wildlife.

Another complaint I have is the way you are approaching the surrounding property owners. I had a chat with a few of them. This is not the way to try and rezone a property they should all have the ability to participate. That's how our society is supposed to work. They do have a say. This is the worst time in our history with a pandemic. Were all told tight restrictions mask and stay in our houses. Many people are unable to participate by voice or video conferencing to communicate. Most of these home owners do not have computers and the ones that do only use them for personal accounting. Don't you think it only to be fair to let things get back to normal and then hold a general meeting again in Vanderhoof and offer these owners the opportunity to attend in person and voice their concerns.

For a reference on me Ernie John past Chief of Stoney Creek

I would like video conferencing details for attending the meeting Wednesday April 14th at 7pm

Regards,

Rudy Nielsen, R.I., F.R.I. rudy@landcor.com

President - The Niho Group Phone - 604-606-7914



Niho Land & Cattle Company Ltd - www.niho.com - (Property Sales & Consulting)



FAMILY SERVICES

www.csfs.org Creating wellness together

April 14, 2021

Via E-mail: inquiries@rdbn.bc.ca

Jason Llewellyn, Director of Planning Regional District of Bulkley-Nechako PO Box 820 Burns Lake, British Columbia VOJ 1E0

Dear Mr. Llewellyn:

Re: Agricultural Land Reserve Exclusion Application No. 1230

On behalf of Carrier Sekani Family Services ("**CSFS**"), I am writing in strong support of the application (the "**Exclusion Application**") being made by the Regional District of Bulkley-Nechako (the "**Regional District**") to exclude the property located at 15112 Tachick Lake Road (the "**Property**") from the Agricultural Land Reserve ("**ALR**").

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As the Regional District knows, CSFS has a contract to purchase the Property and plans to convert the current resort and campground into a 60-bed, residential Indigenous Healing/Treatment Facility (the **"Facility"**). This Facility is urgently needed to address the opioid crisis by delivering effective, year-round, medically based mental health and addiction recovery services, using a model that is grounded in Carrier and Sekani healing and land-based wellness practices.

CSFS applauds the Regional District for its strong support of the Facility and the leadership demonstrated by the Board in bringing the Exclusion Application forward to the Agricultural Land Commission ("ALC" or the "Commission").

In our view, the Exclusion Application is an appropriate response by the Regional District to the ALC's recent decision regarding non-farm use (the "**Non-farm Use Decision**").¹ The Non-farm Use Decision would have permitted CSFS to use existing structures on the Property for a healing/treatment center, but prohibited new construction, including the 2,323 m² modern treatment building that is an essential component of the Facility. The existing structures are inadequate for our purposes: the 10 cabins are more than 60 years old, in a state of disrepair, and many are without plumbing, while the 185 m² lodge structure is too small and not designed to meet the needs of a modern medical treatment center.² Without the new 2,323 m² treatment building, there is no Facility.

¹ Agricultural Land Commission, Resolution #68/2020 (Application 61143).

² Note: the ALC Staff Report presented to the ALC North Panel in respect of the non-farm use application contains an error where it indicates that there is a 2,000 square foot house in addition to a 185 m² restaurant on the

The Regional District's Exclusion Application should be granted. The ALC has the authority under section 29.1(2) of the *Agricultural Land Commission Act*³ (the "**Act**") to approve the application and we believe, in these circumstances and for the reasons set out below, that the ALC must do so.

I. Exclusion aligns with the Reconciliation Imperative

For exclusion applications, the ALC has considerable discretion, having regard to its statutory purposes and priorities, as well as all of the relevant considerations.⁴

It is the position of the CSFS that the relevant considerations of this Exclusion Application strongly favour approval.

In particular, reconciliation with First Nations is a key factor relevant to the ALC's decision. Reconciliation, and the rights, health and well-being of First Nations, are primary objectives of all levels of government in this country. The Commission must interpret its statutory purposes and exercise its discretion in a manner consistent with the Constitution and the reconciliation imperative. Excluding the Property from the ALC to allow for the Facility is an important step toward and consistent with reconciliation.

a) The Planned project furthers reconciliation

CSFS is an agency formed by a collective of Carrier and Sekani First Nations. Our agency's work in the social services and health fields supports the exercise of our member First Nations' collective rights and jurisdiction to care for our people in accordance with our own needs and interests. These collective rights are protected and affirmed by section 35 of the *Constitution Act, 1982* and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).⁵

For close to 20 years, CSFS has been calling on governments to address the need for a residential treatment facility for addictions and mental health in our region. The terrible legacy of residential schools has left our First Nations communities in greater need for these services while systemic racism continues to impose barriers that make it difficult for First Nations to access those services.⁶ The opioid overdose crisis and, most recently, the COVID-19 pandemic has increased the need of the services, with

Property. There is only one lodge structure, which formerly housed a restaurant, and that is approximately 185 m^2 / 2000 sq ft.

³ SBC 2002, c 36 [ALC Act].

⁴ Comeau's Sea Foods Ltd. v. Canada (Minister of Fisheries and Oceans), [1997] 1 SCR 12 at para 36; Canada (Minister of Citizenship and Immigration) v. Vavilov, 2019 SCC 65 at para 106.

⁵ United Nations Resolution 61.295, "United Nations Declaration on the Rights of Indigenous Peoples" (2007), online: <<u>www.un.org/development/desa/indigenouspeoples/wp-</u> content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf> [UNDRIP].

⁶ See Truth and Reconciliation Commission of Canada, "Honouring the Truth, Reconciling for the Future: Summary of the Final Report" (2015), online: <www.trc.ca/assets/pdf/Executive_Summary_English_Web.pdf> [TRC Report]; Hon. Dr. M.E. Turpel-Lafond (Aki-Kwe), "In Plain Site: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care" (2020), online: <<u>engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-</u> <u>Report.pdf</u>>.

recent statistics underscore the devastating toll this is having in our communities: overdose deaths are occurring among First Nations at a rate more than 5 times higher than others in BC.⁷

CSFS has a comprehensive plan to build and operate the Facility to close this gap in treatment services and address the overdose crisis (See Appendix A – CSFS Vision for Treatment Center). Our vision is rooted in our "continuum of care" and "culture as healing" philosophies and builds on over 20 years of experience providing health and wellness programming. The Facility will see the highest standards of medical treatment combined and supported by cultural wellness programs, including land-based Carrier and Sekani practices that reconnect patients to their culture. This powerful combination of modern medical practice and Indigenous healing is widely regarded as an effective strategy and has broad support from relevant health authorities.⁸

Reconciliation requires governments, including local governments such as the Regional District, to collaborate and support healing of the intergenerational trauma of residential schools and the destructive legacies of colonization that continue to wreak havoc in our communities.⁹ The Healing/Treatment Facility is designed to do just that.

The Facility is clearly consistent with the stated commitments of the federal and provincial governments to reconciliation and improving the health of First Nations communities.

b) Commitment to reconciliation

Canada as a country has fully embraced the objective of reconciliation with First Nations. Both the provincial and federal governments have expressly and repeatedly supported calls for reconciliation and adopted legal and constitutional frameworks to achieve that end.

The adoption of section 35(1) of the *Constitution Act, 1982* commits this country to recognize the prior occupation and protect the existing rights of First Nations. The Supreme Court of Canada has said that "the fundamental objective of the modern law of aboriginal and treaty rights is the reconciliation of aboriginal peoples and nonaboriginal peoples and their respective claims, interests and ambitions."¹⁰

Several decades later, in 2016, Canada endorsed UNDRIP. In 2019, the provincial legislature in British Columbia passed legislation to adopt UNDRIP, called the *Declaration on the Rights of Indigenous Peoples Act ("DRIPA")*.¹¹ DRIPA requires the government to ensure that all legislation is consistent with UNDRIP and to create an action plan for implementation of the Declaration.

Both the federal and provincial levels of government have currently mandated their Ministers to work toward and act consistently with the objective of reconciliation.¹²

 ⁷ First Nations Health Authority, "Covid-19 Pandemic Sparks Surge in Overdose Deaths This Year" (2020), online:
 <www.fnha.ca/about/news-and-events/news/covid-19-pandemic-sparks-surge-in-overdose-deaths-this-year>.
 ⁸ See e.g. First Nations Health Authority, "Traditional Wellness Strategic Framework" at 15, online:
 <fnha.ca/WellnessSite/WellnessDocuments/FNHA TraditionalWellnessStrategicFramework.pdf>.

⁹ TRC Report at 329 (Calls to Action #18 and #22).

¹⁰ Mikisew Cree First Nation v. Canada, 2005 SCC 69, para. 1.

¹¹ SBC 2019, c 44.

¹² Provincial Ministerial mandate letters state that "lasting and meaningful reconciliation" is a foundational principle and that "every ministry must remain focused on … providing a clear and sustainable path for everyone to work toward lasting reconciliation." See e.g. Letter to the Minister of Mental Health and Addictions and Minister of

More specifically, improving the health and well-being of First Nations, and supporting their jurisdiction over health, is squarely within the legal framework, principles and mandates of reconciliation. Article 21 of UNDRIP provides that Indigenous peoples have the right to and <u>states shall take measures</u> to ensure "improvement of their economic and social conditions, including, inter alia, in the areas of … health and social security."¹³

c) Reconciliation and the discretion of the ALC

In the November 26, 2020 Mandate Letter to the Minister of Agriculture, Food and Fisheries, the provincial government again confirmed that it is committed to "providing a clear and sustainable path for everyone to work toward lasting reconciliation."¹⁴ Although the ALC is an independent administrative body, it nevertheless operates within the same constitutional, legal and moral context as the Minister and her government.

In other words, as a statutory body exercising governmental authority, the ALC too must take into consideration and make decisions consistent with reconciliation. In this instance, this means that the ALC must interpret its statutory purposes in a way that is consistent with the objectives of improved health and well-being of First Nations of our communities, that responds to the Calls to Action of the Truth and Reconciliation Commission of Canada, and that is consistent with the rights and intent of UNDRIP (and particularly Article 21), and that reflects the affirmation of UNDRIP in the *Declaration on the Rights of Indigenous Peoples Act*.

DRIPA commits to alignment of all statutes with the rights in UNDRIP, and, forms part of the statutory framework that constrains and informs the discretion of the ALC.¹⁵ DRIPA underscores the necessity of considering reconciliation, health and well-being of First Nations as relevant factors in this exclusion decision.

It is the position of CSFS that the planned use of the Property is very much supported by and in furtherance of reconciliation; and, this should weigh heavily in favour of a decision to exclude the Property from the ALR.

Health, online at <<u>news.gov.bc.ca/files/MMHA-Malcolmson-mandate.pdf</u>> and <<u>news.gov.bc.ca/files/HLTH-Dix-mandate.pdf</u>>, respectively. Federal Ministerial mandate letters state: "There remains no more important relationship to me and to Canada than the one with Indigenous Peoples. ... [E]very single Minister [is directed] to determine what they can do in their specific portfolio to accelerate and build on the progress we have made with First Nations, Inuit and Métis Peoples." See e.g. Letter to Minister of Health and Minister of Indigenous Services Canada, online at <<u>pm.gc.ca/en/mandate-letters/2019/12/13/minister-health-mandate-letter</u>> and <<u>pm.gc.ca/en/mandate-letters/2019/12/13/minister-indigenous-services-mandate-letter</u>>, respectively. ¹³ UNDRIP, article 21 (1) [emphasis added].

¹⁴ Letter from Premier John Horgan to the Honourable Lana Popham, *Minister's Mandate Letter* (November 26, 2020), online: https://news.gov.bc.ca/files/AFF-Popham-mandate.pdf> at 3.

¹⁵ Baker v. Canada (Minister of Citizenship and Immigration), [1999] 2 SCR 817 at para 56; Also, see Beckman v. Little Salmon/Carmacks First Nation, 2010 SCC 53 at para 45, regarding the constitutional constraints on decisionmaking, which here include the objective of reconciliation as the raison d'etre of section 35 of the Constitution Act, 1982.

III. Supported by all Levels of Government

The federal and provincial governments, the Regional District, and the local First Nation government, have all expressly supported the Project.¹⁶ We refer you in particular to a letter dated April 12, 2021 from the Deputy Minister of Agriculture, Tom Ethier, indicating his Ministry's support for the Project (Appendix B – Letter of Support from Deputy Minister of Agriculture). This support is both part of the context of reconciliation and independently relevant, weighing in favour of a decision to exclude the Property from the ALR.¹⁷

The Regional District strongly supports the CSFS project, is making this application for exclusion, and, recently re-zoned the Property to allow it to be used for a community care facility.¹⁸ Moreover, Saik'uz First Nation, the local Indigenous government in whose traditional territory the Property is located, strongly supports the project (see Appendix C – Saik'uz First Nation Letters of Support).

IV. Property Should not be in ALR

Finally, the ALC may consider two questions: (1) is the subject land properly within the ALR (i.e. that it has the capacity for farm use)? and (2) would the exclusion impact the use of the ALR for farming or the size, integrity and continuity of the ALR at large?

If the ALC considers these questions, then, we submit that the Property is not properly within the ALR and its removal would not impact the agricultural use of the ALR, nor the size, integrity and continuity of the ALR.

(a) The Property is not properly within the ALR

There is no agricultural rationale for the retention of the Property in the ALR, given that no farming has occurred on the Property since the inception of the ALR, the ALC has accepted a grandfathered commercial resort use, and the Property has severely limited agricultural capability.

The Property has been used as a resort business since at least 1969. The ALC has accepted the fact that this non-farm use pre-dates the ALR and is therefore exempted from ALR restrictions.¹⁹ Given that, it is unsurprising that the Property has seen zero farm activity since the ALR came into existence, especially

¹⁶ See e.g. Statements made by the Hon. Sheila Malcolmson, Minister of Mental Health and Addictions (BC Hansard, 15 March 2021) at 720 (e.g. "Our investment in Carrier-Sekani Family Services remains. We are highly reliant on them as a deliverer of services right now all across B.C.'s northwest. … I have given my word … that I will do what I can. We are partners. We are investors in this addiction and treatment and recovery healing centre."); Appendix B – Letter of Support from Deputy Minister; Appendix C – Saik'uz First Nation Letters of Support. In addition, the Hon. Marc Miller, Minister of Indigenous Services, has verbally stated his support for the Facility in meetings with CSFS as recently as December, 2020.

¹⁷ The ALC acknowledges that local government recommendations are a relevant consideration. See ALC "What the Commission Considers", online: <<u>www.alc.gov.bc.ca/alc/content/applications-and-decisions/what-the-</u> <u>commission-considers</u>>.

¹⁸ In recent exclusion decisions, one of the considerations that the ALC has considered relevant in recent exclusion decisions is compatibility of proposed land uses with local land use planning bylaws. See for example Applications 59126, 59128.

¹⁹ Agricultural Land Commission, Resolution #68/2020 (Application 61143) at para. 7.

since the resort and campground occupy a significant part of the relatively small portion of the Property that is flat enough to be farmed.²⁰

Overall, the Property's potential for agriculture is extremely limited. The ALC found that the agricultural capability rating of the property on the Canada Land Inventory ("**CLI**") Soil Capability Classification for Agriculture system is Class 5X.²¹ Class 5 describes soils with "*severe limitations that restrict their capability in producing perennial forage crops*"²². This rating is further restricted by subclass X, which describes soils having a limitation resulting from the cumulative effect of at least two adverse characteristics.²³

The most recent CLI soil classification study for the area around the Property was completed in 1974 – almost half a century ago.²⁴ Since then, climate change has caused extreme weather events to occur more frequently and changed hydrological patterns.²⁵ These changes may have an even greater impact on the agricultural capability of land such as the Property that are adjacent to bodies of water, where seasonal and weather-related flooding and drainage issues may be more likely to occur.

In its Non-farm Use Decision, the ALC considered the CLI classification and found the agricultural capability of the Property to be "secondary". However, the ALC did not consider three important site-specific features that further limit farming potential:

- 1. More than 60% of the Property has steep, forested slopes that are unsuitable for farming;²⁶
- A significant part of the un-sloped remainder of the Property (a cleared meadow) is subject to seasonal flooding in the spring, when snow melt drains from the surrounding slopes towards Tachick Lake. Photos taken recently by the Property owners show an example of the current spring flooding, and clearly show drainage issues for the soil (attached as "Appendix D – Spring Flooding Photographs"); and
- 3. At only 9.4 hectares, the Property is relatively small and, given the totality of the other agricultural limitations, it is highly unlikely to sustain a viable stand-alone farm operation.

When these three site-specific limitations are considered together, it is reasonable to conclude that the Property's agricultural potential is extremely limited and its capability should be considered as less than "secondary". Moreover, if the extremely limited farming potential is viewed in light of the grandfathered use that allows the owners of the Property to operate a viable commercial resort and campground business, it is highly unlikely that the Property will ever be used for agriculture.

Agriculture" (May 31, 2013), online: <https://sis.agr.gc.ca/cansis/nsdb/cli/classdesc.html>. ²³ *Ibid.*

²⁰ For a map of current resort use, see: Tachick Lake Resort, "Cabins", online:

<https://tachicklakeresort.com/cabins/>.

²¹ Agricultural Land Commission, Resolution #68/2020 (Application 61143) at para. 8.

²² Government of Canada, "Overview of Classification Methodology for Determining land Capability for

²⁴ Department of Agriculture (Soils Branch), "Soils of the Nechako-Francois Lake Area: Interim Report" (1974), online: https://sis.agr.gc.ca/cansis/publications/surveys/bc/bc22/bc22_report.pdf.

²⁵ Ian Picketts, Parkes, M., and Dery, S., "Climate change and resource development impacts in watersheds: Insights from the Nechako River Basin, Canada" (2017) 61:2 Can Geog 196 at 203.

²⁶ Professional assessment made by CSFS's consultant planner, McWalter Consulting Limited, based on in-person site visit and review of topography and ariel photographs.

In our view, if all of the factors are taken together, it would be inappropriate for the Property to continue to be included in the ALR.

(b) Exclusion will not impact neighbouring properties, nor the size, integrity or continuity of the ALR

In the Non-farm Use Decision, the ALC found that "*no compelling evidence has been presented that a change in use from a resort to a treatment centre would have a negative impact on agriculture on the neighbouring properties.*"²⁷

CSFS agrees with the ALC's conclusion on this point. CSFS is well aware of the fact that the Property is surrounded be farmed land. As explained further below, CSFS anticipates no conflict with the agricultural uses, given that far less vehicle traffic to and from the Property will occur during farming season, and its plans for the Property, including fencing, retention of natural wooded buffer zones and siting of the new building, have been tailored so as to minimize interaction with neighbouring properties. The result will be an enhanced high-quality natural setting to support patients as they pursue their treatment at a modern medical facility. Any suggestion that farm uses surrounding the property will create noise, dust or odours that will interfere with the Facility are unfounded in this case.

Further, given that the Property will remain subject to the Regional District's Agriculture (AG1) zoning with a site-specific exemption for a community care facility, if excluded from the ALR, the Property could only be used as a farm, resort or treatment facility. As a result, the ALC should find that exclusion, like the proposed change in use, will not negatively impact agriculture on the neighbouring properties.

The ALC also stated in the Non-farm Use Decision that "*expanding the non-farm use of the Property could lead to conflicts with the neighbouring farm uses.*"²⁸ This conclusion is without basis and incorrect. The proposed use of the Property will **not** represent an "expansion" of non-farm use of the Property and will not conflict with neighbouring farm uses. Because CSFS plans to offer 6-week immersive sessions, surrounding farmland will <u>experience much less activity and vehicle traffic on Tachick Lake Road than they currently do during the growing and harvest seasons</u>. Now, the Tachick Lake Resort regularly accommodates up to 125 – and at times more – campers and tourists for short-term visits between early May and late September.

Moreover, CSFS is committed to taking measures to ensure that the Facility will support the neighbouring farm properties in the ALR. First, the proposed location of the new building at the east end of the Property will obscure the building from view by any neighbours or from Lake Tachick Road. Second, CSFS plans to retain the natural character of the Property to support the land-based, "culture as healing" Carrier approach. This includes retaining the wooded areas around the perimeter of the Property that act as natural buffers from the surrounding farmed lands. Third, given that the Property is within the Fort George Livestock District, CSFS is prepared, as suggested by Regional District Staff, to establish lawful fences around the perimeter of the Property in accordance with recommended practices.²⁹

²⁷ Agricultural Land Commission, Resolution #68/2020 (Application 61143), at para 18.

²⁸ Ibid.

²⁹ Regional District of Bulkley-Nechako Staff Report, "Staff Report: ALR Non-Farm Use Application No. 1224 (CSFS)" at "Referral Comments: Ministry of Agriculture", online:

<www.rdbn.bc.ca/application/files/9116/1720/9060/Public_Information_Package_ALR_1230.pdf>.

Finally, because the Property is bordered by Tachick Lake on two sides, excluding the Property from the ALR will not produce a "stranded" or outlier non-farm parcel that is surrounded by farmland, nor will exclusion of such a relatively small parcel meaningfully impact the size or disrupt the overall continuity or integrity of the Reserve.

In summary, excluding the Property from the ALR will not negatively impact agricultural use of surrounding ALR lands, nor the size, integrity or continuity of the ALR as a whole. We think the proper outcome of the Exclusion Application should be the ALC granting an order under section 29.1 approving the exclusion of the Property from the ALR without limits or conditions.

Closing remarks

In closing, I wish to share how encouraged we at CSFS are by the support shown to date from local, provincial and federal governments for the Facility as a critical piece of Indigenous health infrastructure. This support represents a significant step forward in the long path of reconciliation.

Once again, CSFS is proud to offer its full support to the Regional District for its ALC application, which we trust will pave the way for the Healing/Treatment Facility that our communities so desperately need.

Regards,

Chief Corrina Leween President, Carrier Sekani Family Services and Chief, Cheslatta Carrier Nation

Attachments:

- Appendix A CSFS Residential and Community Treatment Program
- Appendix B Letter of Support from Deputy Minister of Agriculture, Food and Fisheries
- Appendix C Saik'uz First Nation Letters of Support
- Appendix D Spring Flooding Photographs

Appendix A

CARRIER SEKANI FAMILY SERVICES



CARRIER SEKANI FAMILY SERVICES

Residential and Community Treatment Program This document outlines a model proposal for Carrier Sekani Family Services' treatment center. This document was last updated in June 2020 by: Mabel Louie, Executive Director Health Marilyn Janzen, Director Health and Wellness program Christina Dobson, Clinical director Health and Wellness Program Randall Brazzoni, Team Lead NNADAP

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Introduction

Carrier Sekani Family Services (CSFS) has been providing services in the central north since 1990. Our Health and Wellness Program (HAWP) has evolved into its present service of providing mental health and addictions services. Now in 2020, we are entering into an exciting next stage of services; a year-round residential treatment center that will uniquely join together with our member Bands to provide mental health and addiction recovery services from within a cultural framework. Services will be provided at the center, as well as in members communities in conjunction with the center.

This document provides a brief overview of CSFS, its services, and the evolution of the HAWP. It then provides a proposed vision for our future HAWP and treatment center with three phases. It is our hope to promote the plan with the intent of all three phases being a part of our comprehensive plan.

The HAWP adheres to a "continuum of care" philosophy whereby health and wellness, including addiction recovery, starts and continues within a person, family, and community. Therefore, we believe that any residential service should not be a stand alone service. It should be intertwined with the people and communities it serves alongside the helpers both in the treatment center and in the communities.

Organizational Profile

Carrier Sekani Family Services (CSFS) was incorporated in 1990 to take over direct responsibility for the delivery of health and social services in the Carrier and Sekani territory spanning over 76,000 km in North Central British Columbia. Today CSFS has 11 First Nations that are members of the society. 10 of which fall under health transfer agreement that is funded by FNHA, namely: Wet'suwet'en First Nation, Burns Lake Band, Cheslatta Carrier Nation, Stellat'en First Nation, Nadleh Whut'en, Saik'uz First Nation, Takla Lake First Nation, Nee Tahi Buhn Band, Skin Tyee First Nation and Yekooche First Nation. The Lake Babine Nation is also a member of CSFS for primary care, child welfare and research services.

The population represented by member Bands comprises over 7,000 individuals. Carrier Sekani Family Services provides services to approximately 10,000 individuals annually on and off reserve.

Health Services Provided

CSFS provides a holistic approach to healthcare with a blend of health and social services under one umbrella. Examples of Services provided by the agency include:

- Community Health Nurses
- Home nursing care

- Travelling diabetes clinic
- In-hospital support
- Early childhood Education
- Medical travel benefits for the 10 health transfer bands
- Nurse practitioner services
- Physician services
- Specialist services (visiting and telehealth)
- Family preservation workers
- maternal child health workers
- Delegated guardianship and resource social workers
- Early childhood educators
- Youth care workers
- Family Justice
- Intensive Family Preservation
- Traditional Medicines
- Clinical Therapists for Community
- Clinical therapist for Children/youth and their families
- Speech and language for children
- occupational therapist for children
- Indian Residential School support
- Health research
- Physiotherapy
- 28-day cultural Treatment Centre (May through October)
- Safe House in Burns Lake

HAWP Program Development

Addiction Recovery Program (ARP)

In1993, CSFS began to provide a cultural healing program in the Cheslatta First Nations community. By1995, this service was moved to the Nadleh Whut'en fishing camp on the shores of Ormond Lake. CSFS developed an agreement to lease this land from Nadleh and over the last 27 years has operated an addiction recovery program using "on the land" cultural healing philosophy. What this means is that we used cultural practice (along with modern day counselling) in the natural setting to support wellness and recovery from addiction. The site is 14 KM from the village accessible via logging road. The facility itself is equipped with cabins as accommodations, pit toilets, and a lake fed shower. Therefore, our treatment center can only run during the spring and summer months.

Mental Health Wellness

In 2002, CSFS conducted a needs assessment with the communities we provide service to. One of the primary outcomes of this assessment was that mental health related issues were one of the biggest barriers to wellness in our communities and yet, there were very few services or plans to support good mental health. As a result of this assessment, in 1993, CSFS created the Mental Health Wellness program. Through this program, qualified mental health clinicians were hired to provide generalist counselling services weekly to each member Band that wanted to be a part of the program. This program proved to be widely utilised and successful.

Child and Youth Mental Health

In 2008, the provincial government's Ministry for Children and Families Child and Youth Mental Health, came to the conclusion that non-First Nations services were not meeting the needs of Indigenous children and families. Therefore, they invited Indigenous bodies, through a request for proposals, to provide this service. CSFS was success in its bid to manage this service for their member communities, and other communities in the catchment area. Through this program, our child and youth mental health clinicians support those children and their families who are experiencing significant mental health related problems.

Health and Wellness Program

In approximately 2012, CSFS recognised, along with the rest of modern mental health and addiction service providers, that mental health and addiction issues were intertwined and should be treated concurrently. Therefore, we made the decision to amalgamate the health and wellness program, including child and youth mental health, with the Addiction Recovery Program. Then, recognising that the word "mental" carried needless stigma when looking to support anyone with emotional, social, or psychological issues, the word "mental" was dropped from our program's title. Today our Health and Wellness Program, or HAWP, holds the belief that "every door is the right door" to health and wellness regardless of what someone's challenge or path to our program is.

Community Based on the Land Healing Support

In efforts to extend cultural healing into the communities, the Child and Family Services Program has committed to providing funding to each community for cultural camps ongoing beginning in 2019. With the support and input of Elders and knowledge holders from each of our communities, we developed a land-based healing curriculum for the communities to use to guide their work. Figure 1 Timeline Chart

1990	1993	1995	2003	2008	2012	2019	2021
CSFS a Society	Cultural Healing Program Cheslatta First Nation	Addiction Recovery Program at Ormond Lake	Health & Wellness Program	Child and Youth Mental Health	Program Amalgamated to Health & Wellness Program	Land Based Healing funding for communities	Residential Treatment Center Projected Opening

Project Overview

As our current residential treatment can only run six months of the year due to the location and facilities at the Ormond Lake camp, we have been seeking an alternate for a year-round option for years. We have now secured funding through the First Nations Health Authority to expand to a year-round facility through a new build, with an outreach program running concurrently with the Centre.

Our vision is to serve our membership in the center through residential treatment while expanding our wellness services to support our membership in their home communities. See figure 1

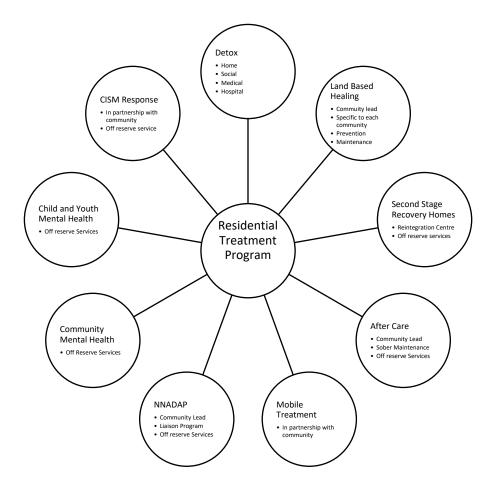


Figure 2 – HAWP Treatment Center Program

Project Features

Culture

The mission of the Addictions Recovery Program (ARP) is, "To create a healing environment by utilizing a holistic approach that promotes a cultural lifestyle free from addictions and restores a sense of pride in the Carrier and Sekani Culture."

The program works under the belief that First Nation's culture and spiritual way of living, which honours and respects all of creation, will empower communities and strengthen First Nations. This service is a great example of the integration of Tradition and Western treatment strategies, which is reflective of our program's vision statement: 'Culture is healing.'

Land Based Healing

The program is built upon the concept of "land-based healing". This refers to a way of using culture on traditional lands to promote wellness and healing. For this reason, it is important that our residential treatment center, and the healing activities our program does in communities, is based on the land. The location of our treatment center is therefore vitally important to our program's structure.

NNADAP services

NNADAP Mentoring program is a program designed to support, offer training, and mentoring for the NNADAP workers that work in our member communities. The NNADAP workers are employees of the First Nations' communities and work closely with our team. This mentoring program coordinator is a full time position currently funded by CSFS Health Transfer. We believe this is a necessary position as aftercare often falls upon the NNADAP workers. By supporting the NNADAP workers, they can provide better aftercare services, with the goal offering wrap around aftercare support for clients. The mentoring support also provides NNADAP workers with debriefing and self-care, which increases retention ability for communities. Our in-house mental health and addiction training is offered to the NNADAP workers without any charge back to their community budgets.

The residential treatment center will serve as a year-round training center for our community based NNADAP workers. It is hoped that the Nations will support the NNADAP workers frequent attendance at the center to participate in treatment training activities as well as important milestones for their clients who are in treatment at the center.

Continuum of Care

Our project will support a continuum of care (COC) model. A COC view means that people are working toward wellness and sobriety the minute they decide to make positive change in their lives. Recovery starts and continues in one's home and community. Residential treatment is only on phase of the healing journey. Therefore, our facility is at the center of the communities' program and is not seen as a stand-alone treatment option.

Prevention

This level of intervention provides services for individuals regarded to be at a risk of developing problems related to substance abuse. It provides services for situations where there is insufficient data for referral in substance abuse diagnosis.

Early intervention treatment exercise focuses on the associated risk factors in predisposing drug abuse to an individual, while educating on the potential negative impact of drug abuse on their lives.

The duration of early intervention relies on the patient's understanding of the risk factors of substance abuse, and whether they will adjust their behaviors to avoid the path to addiction.

Also, there is close monitoring for symptoms that would inform on a patient's need for higher treatment levels. Treatment center and community-based staff will be trained though the treatment center in prevention and early intervention.

Detox

Detox means processing through and recovering from the physical aspects of removing drugs or alcohol from one's body. The intensive period of detox typically ranges from overnight to 7 days. Our facility will have a detox option.

There are four options for someone to activity go through detox. The decision for how someone detoxes is dependent on the severity of the addiction and the options available:

1. Home detox (or daytox) – detoxification done at home which may include a visit from a nurse.

2. Social (non-medical) detox – detoxification provided in a residential setting but without the assistance of a nurse or physician (*)

3. Medical detox – detoxification provided in a residential setting with the assistance of a nurse and physician. May be combined with residential treatment or as a separate service.

4. Hospital detox - medical detoxification provided in an inpatient (hospital) setting

Outpatient Treatment

If an individual is assessed to be able to remain in their home community while accessing treatment, outpatient treatment may be a viable option. During outpatient treatment, an individual remains at home (or in another supported home in community) and at work or school. Outpatient services are offered daily (often after work hours to enable the patient to attend work/school) and have the same counselling/education components as a residential treatment program. Outpatient treatment lacks the intensive constant treatment and social control of a residential treatment center, so the decision to attend an outpatient program should be carefully considered. The design of this treatment level includes consultation with medical and mental health professionals, medication management, random drug screening, and 24-hour crisis services. These services link with the other treatment levels in continuum of

care, thereby providing support services, such as vocational training, childcare and transportation

Residential treatment

A residential program for addiction treatment, is a program with a set timeline spanning a 30day period in most cases. Long-term residential treatment programs are also available, but most patients tend to go through a month-long program at the beginning of their recovery process, to essentially help them reorient themselves and navigate the difficulties of a sober world.

Much more than just a matter of choice and willpower, drug use can warp and heavily affect the brain, and leave a lasting neurological impact. Depending on the drug, prolonged drug use in addition to the challenges produced by long-term addiction can leave behind feelings of depression, anxiety, suicidal ideation, and deep self-stigma. Attempt to quit will be met with retaliation through the brain itself – drug use changes the way certain chemicals and signals are sent, causing severe withdrawal issues and powerful urges.

Residential treatment has been a first-line treatment in the fight against addiction for a very long time. Ever since addiction treatment has first become a priority when faced with a patient struggling with substance abuse, the first step has been to separate the patient from the origin of their addiction. However, this has been proven not to be enough. Residential addiction treatment covers the detoxification period, the withdrawal phase, and the deeply complex emotional and physical backlash experienced during the early stages of recovery. Many recovering addicts must confront raw emotions they have kept buried for months or years on end, and many struggle to care for themselves and must discover a form of self-acceptance to successfully stay sober.

Residential treatment programs aim to make this as easy as possible, by providing recovering addicts with a drug-free environment, daily schedules centered around self-improvement and therapy, and countless hours of working the medical professionals and addiction specialists to confront the many individual challenges that make up the process of recovery. However, many who successfully complete a residential treatment program return to their previous environment and fall back into the cycle of addiction.

Therefore, our plan includes a strategy to prevent relapse that includes extended care treatment, second stage recovery houses, and a reintegration center.

Extended care treatment (31-180 days)

At this level, patients are required to attend regularly scheduled meetings. It allows a patient to continue participating in their daily routines while receiving professional face-to-face services from addiction or mental health professionals.

Outpatient treatment programs are effective for working individuals, or those with a well-knit support system at home. The services are also less costly than the other treatment levels.

Services provided include evaluation, treatment and follow-up services to monitor the recovery process and to:

- Address the addiction level of an individual.
- Help in the implementation of behavioral changes.
- Improve patient's mental functioning.

Second stage recovery home

AT this point in treatment, patients are able to reintegrate back into the community, but still carry a significant risk of relapse if they are not supported in this reintegration in a supported and somewhat protected environment. Clinically managed low-intensity residential services provide round the clock living support, and structures with a focus on inculcating recovery skills, relapse prevention and improvement to normal emotional functioning.

At this level of care, professionals provide help to facilitate relearning of essential life skills for individual and professional post-treatment growth.

Reintegration centre

Also known as long-term or extended care, this level provides a structured environment and medium-intensity clinical services. It's designed to accommodate patients with severe substance abuse symptoms of temporary or permanent cognitive deficiency. Level 3.3 programs provide:

- Strong treatment at slower and repetitive steps, which are essential in helping patients deal with mental impairments associated with drug use.
- Services such as ongoing case management, housing, transportation, vocational needs, and continuous self-help meetings.

Maintenance

The maintenance of a sober lifestyle is a lifelong commitment. Strong community and family supports are vitally important to helping an individual maintain sobriety. CSFS and community-based supports including mental health clinicians, primary care physicians/nurses, and NNADAP wellness workers all contribute to the maintenance support of individuals.

Facility Plan

Based on our existing program and our projected expansion, the following is our vision for the physical structure of our residential treatment center. We present our full vision and recognise that "phases" of this vision may be implemented.

The main center will include a detox unit, residential treatment, and extended care housing. Second stage housing will be located in our member communities. All facilities will allow for coed services.

Cultural Healing

The design of the entire center should be designed in a way that will promote Carrier culture and a "culture as healing" philosophy and include:

- the natural elements of earth, air, fire, water.
- Circular patterns for meeting rooms and/or the ability to arrange seating in a circle.
- Ventilation to allow for regular smudging.
- Windows and skylights to allow the natural environment to be experienced even during inclement weather.

The outside space is equally important to the inside space. The outside space should allow for activities to be conducted including talking circles (campfire), cleansing (lake or river) and burning (fire pit) ceremonies, sweat lodge, meditation areas, pit house, and cultural gathering activities including hunting, fishing, boating, and gathering (medicine and berries).

Detox

The detox wing will consist of a ten-bed facility equipped for medical detox. This wing would resemble a hospital ward complete with:

- 10 private ensuite bedrooms equipped with hospital grade medical hook ups.
- A centrally located nursing station for 24-hour nursing care.
- A locked medication/file room adjoining the nurse's station.
- One common room for visiting and meals when not taken in room.
- Three consultation rooms.
- One staff room area
- Two staff bathrooms.

As each of the detox rooms are private, self contained with a shower and toilet, and are central and visible to the nursing station, these rooms should accommodate a coed operation.

Addiction Recovery Center

This wing will house up to 37 residents. And will include:

Bedrooms:

Bedrooms should be situated in such as way that there is a physical separation by hallway/door between gender and staff wings. The single occupancy rooms should also be

placed apart. These single rooms will be used for those residents who have considerations that will make it more appropriate to house them in a single room including; physical and mental challenges, intensive emotional/mental health issues that might be disturbing to a room mate, and members of the LGBQT2+ community where placement in an gender specific rooms is not appropriate.

- 16 double occupancy ensuite bedrooms for residents.
- 5 single occupancy ensuite bedrooms for residents.
- 6 single occupancy ensuite bedrooms for staff located in a separate space.

Meeting space:

- A psychosocial educational room capable of a 60-person occupancy. This room should be furnished with a screen, projector, and whiteboard.
- Two group rooms capable of 25-person occupancy.
- One large gathering room for inside cultural and alternative activities including meditation, smudging, yoga. This space will also be used for "free" or "down time", similar to a home's family or living room.
- One activities room large enough to host cultural craft activities, a library, music therapy, and other cultural and alternative therapy indoor activities.
- Five small counselling rooms for one: one sessions

Office space:

- Manager's office
- Mental health clinician office
- 4 private counselling rooms
- Workstations for up to 4 staff at any time
- Medical office (for primary care staff).
- Staff break room.
- Reception/administration area and waiting room.

Storage space

- Medical equipment storage including medication storage. This space requires protocol to meet double locked storage of medication.
- Office supplies

Kitchen and Dinning room

- An industrial equipped kitchen.
- Food storage.
- Cook's office
- Dining hall with a 60-person capacity. This kitchen will also provide meals to the detox wing, but those patients will take their meals in their rooms.

Operations

- Two laundry facilities. One for the operation (bedding, kitchen laundry, detox laundry) and one for clients use.
- Tuck shop for client purchases including cigarettes, candy, and coffee.
- Maintenance Shop
- Seasonal storage facility.

Resources:

https://www.prosperityhaven.com/5-levels-addiction-treatment-continuum-care/ http://www.bcdetox.com/sample-page-2/

Appendix A

Budget for Operation

Program 14 client beds

Non- clinical Staff	Number of Positions	salary		Benefits	total costs
Maintenance	1	\$25.98	\$47,284	\$9,457	\$56,740
Night Staff	4	\$20.96	\$38,147	\$7 <i>,</i> 629	\$183,107
Cook	2	\$21.52	\$39,166	\$7,833	\$93,999
Janitorial	1.5	\$20.96	\$38,147	\$7 <i>,</i> 629	\$68,665
Elders (honorarium)	1				\$36,000

Clinical

Counsellors	diplom a	2	\$28.23	\$51,379	\$10,276	\$123,309
Counsellors	BA	2	\$36.54	\$66,503	\$13,301	\$159,607
Mental Health Therapist	masters	1	\$39.93	\$72,673	\$14,535	\$87,207
Mental Health Therapist	diplom a		\$28.23	\$51,379	\$10,276	\$-
Cultural Worker		1	\$28.23	\$51,379	\$10,276	\$61,654
Administration						
Team lead		1	\$45.00	\$81,900	\$16,380	\$98,280
Intake worker		1	\$25.98	\$47,284	\$9,457	\$56,740

\$1,025,308

Program with medical detox 35 client beds 10 detox beds

Non- clinical Staff	Number of Positions	salary		Benefits	total costs
Maintenance	2	\$25.98	\$47,284	\$9,457	\$113,481
Night Staff	4	\$20.96	\$38,147	\$7,629	\$183,107
Cook	2	\$21.52	\$39,166	\$7,833	\$93,999
Cooks helper	4	\$18.00	\$32,760	\$6,552	\$157,248

Janitorial		2	\$20.96	\$38,147	\$7,629	\$91,553
Elders (honorarium)		1				\$36,000
Clinical						
Counsellors	diplom		\$28.23	\$51,379	\$10,276	\$-
	а					
Counsellors	BA	6	\$36.54	\$66 <i>,</i> 503	\$13,301	\$478,820
Mental Health Therapist	masters	3	\$39.93	\$72,673	\$14,535	\$261,621
Mental Health Therapist	diplom		\$28.23	\$51,379	\$10,276	\$-
	а					
Cultural Worker		2	\$28.23	\$51 <i>,</i> 379	\$10,276	\$123,309
Detox						
nurse		7	\$45.06	\$82,009	\$16,402	\$688,877
physician		1				\$217,000
nurses aid		2	\$18.00	\$32,760	\$6,552	\$78,624
Administratio	n					

Team lead program manager	1	\$45.00	\$81,900	\$16,380	\$98,280
Intake worker	3	\$25.98	\$47,284	\$9,457	\$170,221

\$2,792,140

42



Арреддіх В



April 12, 2021

File: 0280-30 Ref: 194469

Chief Corrina Leween, President Carrier Sekani Family Services Stellat'en First Nation PO Box 2092 Fraser Lake, BC V0J 1S0 Email: <u>cleween@cheslatta.com</u>

Dear Chief Leween:

This letter is to convey the Ministry of Agriculture, Food and Fisheries' (the Ministry) support for the Carrier Sekani Family Services proposed 60-bed mental health and addictions recovery centre on property at Tachick Lake. The Ministry has a limited role in the Agricultural Land Commission's (ALC) decision-making process in any application for non-farm use or exclusion of land from the agricultural land reserve (ALR); the ALC is an independent administrative tribunal. Government is closely monitoring the process that Carrier Sekani Family Services and the Regional District of Bulkley-Nechako are undergoing to gain land use approval and are committed to looking for a resolution.

Lasting and meaningful reconciliation with First Nations is a Government priority that is demonstrated through the implementation of the *B.C. Declaration of the Rights of Indigenous Peoples Act* (DRIPA) and supported by the 2020 Ministers' mandate letters. The Province is working with Indigenous partners to address the disproportionate impact of the overdose public health emergency on First Nation communities. Between January and October 2020, 15.5 percent of all overdose deaths in B.C. were First Nations people despite representing only three percent of the total population in B.C. As part of the provincial overdose emergency response and the implementation of the *Pathway to Hope: Making Mental Health and Addictions Care Better for People in BC*, the B.C. Ministry of Mental Health and Addictions has made important investments to support Indigenous-led solutions to mental health and substance use challenges. This included a joint commitment of capital funding of \$40 million by the Province and the First Nations Health Authority to replace six existing First Nation-run treatment centres, including the one proposed by Carrier Sekani Family Services.

Location: 5th floor, 545 Superior Street Victoria BC V8V 1T7 The process of first submitting a non-farm use and now an exclusion application to the ALC is undoubtedly lengthy. There are also legislatively required procedures that must be adhered to by the Commission in rendering a decision. I understand it may be causing additional pressure on your land purchase agreement and timeline. While I cannot guarantee an outcome through the ALC, it is my hope that this letter demonstrates both the importance of your proposal to Government and our commitment to Carrier Sekani Family Services.

Sincerely,

To str

Tom Ethier Deputy Minister

- 2 -



P: 250.567.9293 | F: 250.567.2998 135 Joseph Street, Vanderhoof, BC, VOI 3A1 www.saikuz.com

August 6, 2020

To: Whom It May Concern:

Re: Tachick Lake Resort ("TLR") – Transferring to Treatment Centre

As a nation, the Sai'kuz First Nation ("SFN") supports the construction and operations of a Carrier Sekani Family Services ("CSFS") Treatment Centre, to be located at the now TLR.

Background:

The SFN is located on the east end of Nulki lake on Tachick Lake 14 km south of Vanderhoof BC. SFN is part of a larger Carrier Nation, comprising several First Nation communities in the north central part of BC. The SFN is of the Athabaskan language family, part of the Carrier Nation. SFN is distinct to our langue dialect, land, practice and traditions. Similar to other Carrier Nations, CSFS Bah'lats governing structure continues to thrive. Under the matrilineal system, we have had numerous matriarchs influence our programs and services. Matriarchs Mary John and Sophie Thomas are testaments of our historical knowledge keepers.

Current Situation

SFN supports TLR becoming a potential Healing Centre site to be administered by the CSFS. As a member nation to CSFS, their thirtieth anniversary is approaching in 2020. CSFS provides supports and services in the areas of children and families, legal, health and research development, to not only other member nations it serves, but also to non-members and non-Indigenous populations in need.

Many of our people suffer from the impacts of drug and alcohol abuse and the issue will not go away unless we all combine our efforts to design and manage a system that is rooted in clinical evidence and cultural teachings. Our area, Northern BC has been identified as a hot spot for opioids addiction, this addiction has no boundaries and taking the lives of many young people regardless of age and race.

SFN believes and supports services and programming that improves the health and wellbeing of Indigenous peoples. The need is more apparent under the current COVID-19 Pandemic, with the increased need of critical supports and services to be offered by the CSFS. We are pleased at the prospect for a healing center within our traditional territory to improve and save lives. The healing center is long overdue and has been a vision for many of our elders and community members in all of carrier and Sekani territory.

Regards,

000 Mulla

Chief Priscilla Mueller

April 8, 2021

Jason Llewellyn Director of Planning **Regional District of Bulkley-Nechako** P.O. Box 820 37 3rd Avenue Burns Lake, B.C. VOJ 1E0

Exclusion Application – Carrier Sekani Family Services ("CSFS") Re:

We are Elders from the Saikuz First Nations, and we support the Exclusion Application to grant the CSFS the access to construct a Community Care Facility at the current Tachick Lake Resort ("TLR"). The TLR is located on the unceded traditional territory of the Saikuz First Nation, and it has operated as a resort since the 1960s.

As Elders from Saikuz, we continue to support the initiatives of the CSFS, including their efforts to construct a Healing/Treatment Centre to provide services for individuals dealing with addictions. We see the construction of the Healing/Treatment Centre as an endeavour that is consistent with the Ministry of Agriculture Mandate Letter, as matters relate to reconciliation. We have heard many reports throughout the years from the CSFS Health and Wellness Program and its delivery of the Addictions Recovery Program ("ARP") and the volume of individuals served. Unfortunately, the ARP current facility is aging and CSFS has outgrown the space, the location was also impacted by the 2019 forest fires.

It is unfortunate, that the current opioid crisis is affecting not only the Saikuz First Nations members, but also neighbouring communities and the rest of northern BC. Access to treatment is limited in Prince George and the rest of the north, due to the limited services. CSFS will be providing a multi-faceted service model that fosters the Carrier-Sekani culture and modern-day medical services. We are aware of CSFS endeavours to find a location for the treatment centre that offers a significant component of our healing practices, being close to water, which is the current location of the TLR.

We call upon the Regional District of Bulkley-Nechako and Agricultural Land Commission to jointly approve the Exclusion Application so CSFS can construct the needed Healing/Treatment Centre.

Mussi,

Marilyn Vickers

Marden Vickero Hazel Alexis Marline acar

Marlene Quaw

Mauren The

Maureen Thomas

ennis Throames.

Appendix D

Photos by owners of Tachick Lake Resort of their property, week of March 29, 2021







REGIONAL DISTRICT OF BULKLEY-NECHAKO

STAFF REPORT

TO: Chair Thiessen and Board of Directors

FROM: Jason Llewellyn, Director of Planning

DATE: April 22, 2021

SUBJECT: UBCM Local Government Development Approvals Program

RECOMMENDATION

- 1. THAT the Board support a grant funding application for the applications portal project through the UBCM Local Government Development Approvals Program.
- 2. THAT the Board supports the project and commits to any associated ineligible costs and cost overruns.

VOTING

All / Directors / Majority

BACKGROUND

Staff are working on completing an application to the UBCM Local Government Development Approvals Program for funding to develop an applications portal on our web site for the various Planning Department applications. It is anticipated that the applications portal would have the following functionality.

- Applicants fill-out applications and submit supporting documentation on-line.
- Applicants pay fees on-line.
- Applicants can retrieve application related information from the RDBN on-line.
- The public can receive access to up-to-date application information.

The RDBN and member municipalities use similar application procedures, and the RDBN provides building inspection for most municipalities; therefore, the process to develop webbased applications capacity for the RDBN may be relatively repeated for interested municipalities. Having similar online application procedures between RDBN jurisdictions will benefit the development community and improve public service.

It is anticipated that the budget for the project will be under \$30,000. The application deadline for this grant opportunity is May 7, 2021.



REGIONAL DISTRICT OF BULKLEY-NECHAKO

STAFF REPORT

TO: Chair Thiessen and Board of Directors

FROM: Jason Llewellyn, Director of Planning

DATE: April 22, 2021

SUBJECT: Letter of Support for the RDFFG Development Approvals Program Application

RECOMMENDATION

THAT the Board direct staff to provide a letter of support for the Regional District of Fraser Fort George's application to the UBCM Local Government Development Approvals Program.

VOTING

All / Directors / Majority

BACKGROUND

The Regional District of Fraser Fort George (RDFFG) application to the UBCM Local Government Development Approvals Program is for the development of document management and application management software. It is anticipated that the software developed by the RDFFG may be suitable for use by the RDBN Planning Department and member municipalities. The RDFFG has indicated the intent to work with the RDBN to ensure the software has the flexibility to accommodate RDBN and municipal application procedures.



Head Office: 155 George Street Prince George, BC V2L 1P8

Telephone: (250) 960-4400 Long Distance from within the Regional District: 1-800-667-1959

Fax: (250) 563-7520

http://www.rdffg.bc.ca

Municipalities: McBride Mackenzie Prince George Valemount

Electoral Areas:

Chilako River-Nechako Crooked River-Parsnip Robson Valley-Canoe Salmon River-Lakes Tabor Lake-Stone Creek Willow River-Upper Fraser Woodpecker-Hixon April 20, 2021

Regional District of Bulkley-Nechako Jason Llewellyn, Director of Planning PO Box 820 Burns Lake, BC V0J 1E0

Dear Mr. Llewellyn:

Re: Letter of Support Request - Local Government Development Approvals Program

A new grant program, Local Government Development Approvals Program has been launched by Union of British Columbia Municipalities (UBCM). The intent of the grant program is to fund a maximum of 100% of the cost of eligible activities to enhance the effectiveness and efficiency of development approval processes.

The Regional District of Fraser-Fort George Development Services, consisting of Land Use Planning, Building Inspections and Bylaw Enforcement is currently reliant on an outdated software platform or relying on a paper-based system to carry out and document day to day operational business processes. The Regional District is advancing the modernization of its document management process to achieve efficiencies in application processes, records management and allow for consistent practices between the business units.

The Regional District is proposing to develop its own software that will meet BC local government application needs while integrating external information from such platforms as BC Assessment, Parcel Map BC and internal Regional District data sets such as addressing and building permits.

I am reaching out to you requesting a letter of support for the Regional District of Fraser-Fort George grant application as a deliverable of the proposed project will be to offer the developed software to other local governments that may find it useful to streamline their approval processes. We have had some local governments express a desire to invest and adapt the technology to support their operations.

I am hoping that you could provide a letter of support for the Regional District of Fraser-Fort George grant application by May 5, 2021.

If you have any questions or wish to discuss the project further, please do not hesitate to contact me.

Sincerely,

KJonkman

Kenna Jonkman, MCIP, RPP General Manager of Development Services

Telephone: 250-960-4400 Facsimile: 250-562-8676