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WHITE PAPER

Health Infrastructure, Not Policing.

A proven model for 24/7 trauma-informed crisis response in First Nations communities

FLAGSHIP DEPLOYMENT RECORD · 272 DAYS · 24/7

14,182 patrols · 3,966 calls for service · 20 lives saved · 575 RCMP assists

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Operator of the RMFC Community Peacekeeping Model™, deployed under Chief and Council authority
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This white paper is published by RMFC Inc. ("RMFC") as a public description of a proven operating model for non-police public safety and community health crisis response in First Nations communities. It is written for First Nations leadership considering a similar program, for federal and provincial policy makers working to close Indigenous service gaps, for funders evaluating community-governed crisis response, and for members of the public who want to understand what reconciliation looks like in daily operation.

The operational data comes from a continuous 24/7 deployment of the RMFC Community Peacekeeping Model™ with a partner First Nation in Alberta, from August 15, 2025 to May 13, 2026 (272 days, referred to here as nine months). Figures are drawn from RMFC's Final Strategic Report for that deployment and the bi-weekly Daily Situation Reports delivered to Chief and Council during it. Out of respect for the partner Nation and in keeping with RMFC's data governance practice, the Nation is not named, and no incident is described in a way that could identify a community member or responder.

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Executive Summary

Across Canada, First Nations communities lack 24/7 health crisis response. When a community member is in a mental health crisis, an overdose, a family crisis or any other acute event at any hour, the services most Canadians take for granted (mobile crisis teams, on-call clinicians, trauma-informed first responders) usually do not exist on reserve. What exists is the RCMP, working from a regional detachment and mandated for law enforcement, not stabilization. EMS is dispatched from urban bases. Child and Family Services work business hours. Schools close in the afternoon.

For generations, the cost of that gap has been absorbed by the community itself: in lives lost, in children taken into care, in families broken, and in the lost productivity of a Nation that closes to grieve its dead.

This white paper presents a proven alternative. The RMFC Community Peacekeeping Model™ is a community-governed, trauma-informed, 24/7 crisis response program, operated under Chief and Council authority by RMFC Inc. It is not a security service and it does not replace policing. It is health infrastructure: trained to respond, equipped to stabilize, and accountable to the Nation it serves.

The Proof Is Operational, Not Theoretical

The flagship deployment ran 24 hours a day, every day, for 272 consecutive days with a partner First Nation in Alberta. Its documented record:

14,182 Documented patrols	**3,966** Calls for service	**20** Lives saved through medical care	**575** RCMP assists
11 Overdose reversals (part of the 20)	**11** Suicide interventions (counted separately)	**168** Child and youth welfare calls	**269** EMS assists

The 20 lives saved are cases where Peacekeepers' urgent medical care preceded survival; 11 of them are overdose reversals. Suicide interventions are counted separately. That is about 15 calls for service and 52 patrols every day for nine months. Most calls were health, welfare and safety situations, not enforcement: wellness checks, mental health crises, overdoses, youth in distress, Elder welfare, grief support during community mourning, and family and household disturbances. Peacekeepers also handled the hardest calls a community faces, including 45 weapons calls, 16 of which were major incidents worked alongside RCMP.

The work did not end with that deployment. When the Nation's Council asked RMFC to return in August 2026, the team logged more than 1,400 patrol stops and 122 incidents in its first month back, including 47 mental health and wellness calls and 26 assists to RCMP, EMS and Fire.

The Funding Is Now in Place

In 2026 Canada committed new money that fits this work. For health: $630 million over two years for Indigenous mental wellness services (March 2026). For prevention: $140 million over four years for crime

prevention and culturally sensitive community safety initiatives in Indigenous communities (October 2026), alongside existing federal crime prevention funds that already back multi-year, First Nation-led programs. Because the model is health infrastructure and not policing, this is where its funding belongs: mental wellness funding as the anchor, braided with crime prevention and community safety funding.

What RMFC Has Built

The model is delivered through four integrated, proprietary components: the service framework and trauma-informed operating doctrine; the RMFC Peacekeeper Certification Program™ (210 hours of pre-deployment training); the RMFC Incident Intelligence Platform™ (real-time field documentation and analysis); and the RMFC Nation-Governed Service Delivery™ framework (governance and accountability under Chief and Council).

> *Where a First Nation chooses to govern and deploy its own 24/7 trauma-informed crisis response team, operated by a qualified Indigenous-serving partner, health and safety outcomes improve measurably, the downstream cost of inaction falls, and Joyce's Principle, Jordan's Principle and the First Nations Mental Wellness Continuum Framework are delivered in practice rather than on paper. The flagship deployment shows this is not a future possibility. It is a present operational record.*

Model at a Glance

A one-page orientation. Every figure here is supported in the sections that follow.

Dimension	Summary
Who it serves	First Nations without 24/7 trauma-informed crisis response, governed by Chief and Council
What it is	Health infrastructure, not policing and not private security: a trauma-informed, community-governed crisis response program
Operational proof	272 days of continuous 24/7 service. 14,182 patrols. 3,966 calls. 20 lives saved. 575 RCMP and 269 EMS assists.
Cost of not acting	About $63,000 in lost Nation productivity for every day the community shuts down to grieve; $1.9M to $11.1M a year for a mid-sized Nation (Section 6)
Policy alignment	Joyce's Principle, Jordan's Principle, FNMWCF, Federal Pathway on MMIWG2S+, TRC Calls to Action 18 to 24, UNDRIP Articles 21, 23 and 24
Federal funding context	Health: $630M over two years for Indigenous mental wellness (March 27, 2026). Prevention: $140M over four years for crime prevention and culturally sensitive community safety in Indigenous communities (October 26, 2026), plus the National Crime Prevention Strategy funds
Employment impact	Local hiring, 210-hour certification, and career pathways into EMS, health, child welfare and public safety
Data sovereignty	All incident data belongs to the Nation, governed under OCAP® principles. Chief and Council receive bi-weekly reports.

Dimension	Summary
How to engage	Kristopher D. Dueck, President: info@rmfc.ca | 1-587-643-0155 | www.rmfc.ca

1. The Service Gap: Why Policing Is Not Health Infrastructure

1.1 The Problem in Plain Terms

In most of urban Canada, a person in mental health crisis at two in the morning has options. A mobile crisis team can be dispatched. A crisis line connects to a clinician. An emergency department is a short drive away. An outreach worker may already know the person by name.

In most First Nations communities, none of these exist on reserve. What exists is the RCMP, whose mandate is law enforcement, operating from a detachment that may be thirty minutes or more away. Provincial mobile mental health teams generally do not staff reserves around the clock. EMS comes from urban bases. Child and Family Services work business hours. A community health clinic, where there is one, closes in the evening.

This is not a failure at the margins. It is the standard operating reality. It is the difference between a person who survives an overdose and one who does not, and between a youth in suicidal crisis who is found and stabilized and one who is not.

1.2 Why Policing Alone Cannot Close the Gap

The reflex of Canadian public policy, faced with crisis in First Nations communities, has been to fund more policing. Policing is getting more expensive without getting closer to the need. The Government of Alberta reports that front-line policing costs in smaller communities have risen 57 percent since 2020, driven by RCMP collective agreements, inflation and added positions, with no notable change in service levels. Under Alberta's updated Police Funding Model, municipalities under 5,000 people pay 22 percent of front-line policing costs from April 2026, rising to 30 percent over five years.

First Nations policing is funded separately, mainly through the federal First Nations and Inuit Policing Program, which Canada committed in October 2026 to renew and expand. That is the right home for policing. It is not the right home for health crisis response. The lesson carries over to every jurisdiction: more spending on enforcement does not buy trauma-informed health response. RCMP members care, and in the flagship deployment they were documented partners in 575 joint responses. The problem is structural. When police are asked to fill health functions, as they are every day in every community without an alternative, three things follow:

- **The health need is not met.** A crisis managed by uniformed officers but not followed up by a trauma-informed service comes back. Repeat calls become the norm.
- **The justice system absorbs health costs.** People in mental health crisis end up in cells, courts and federal institutions, where custody costs well over $150,000 per person a year, because no other service is there to take them.
- **Community trust erodes.** In communities shaped by residential schools, the Sixties Scoop and over-incarceration, uniformed enforcement at a moment of acute vulnerability produces fear, not safety.

> *Policing cannot carry functions it was never designed to perform. First Nations have been asked to accept that substitution as permanent. The evidence in this paper shows a better model exists and works.*

1.3 Security Is Not Health Infrastructure

A community-governed peacekeeper program, designed properly, is not a private security service. Security sells deterrence: fewer losses from theft, trespass and damage for a paying client. A health crisis response program is built around stabilizing people in acute need. Its product is continuity of care, less repeat crisis, and documented collaboration with health, child welfare and emergency services.

Peacekeepers under the model hold Alberta security licensing as an individual credential, the way paramedics hold first aid certification. The program's identity, governance and accountability are those of health infrastructure. That distinction decides whether a person in crisis trusts the service enough to call.

A note on the name: some First Nations call their police officers Peacekeepers, and those are police services funded as policing. Peacekeepers under the RMFC model share the name, not the model. They are a non-police health crisis response and community safety program that works alongside the police of jurisdiction.

2. The Policy Case and the Funding Now Available

The case for this model rests on a convergence of federal, Indigenous, health and human rights frameworks. Together they point to community-governed, trauma-informed, distinctions-based crisis response as the direction Canada has already committed to in principle. The flagship deployment shows it can be delivered in practice.

2.1 The First Nations Mental Wellness Continuum Framework

The FNMWCF guides Indigenous Services Canada's mental wellness funding. Its continuum of services runs from health promotion and prevention, through early identification and intervention, crisis response, and coordination of care, to support and aftercare. The RMFC model works across that continuum, with crisis response as its primary domain and post-crisis follow-up as a standing duty.

2.2 Joyce's Principle and Health Equity

Joyce's Principle guarantees Indigenous people equitable access, without discrimination, to health and social services. Indigenous Services Canada has named full implementation of Joyce's Principle as a departmental priority, including in its 2025–26 Departmental Plan. A community-governed peacekeeping program is Joyce's Principle in operation: a staffed, active service rather than a strategy document.

2.3 Jordan's Principle

Jordan's Principle requires that First Nations children get the services they need without delay caused by jurisdictional disputes. On a reserve without 24/7 response, the question of who is responsible for a child

in crisis at two in the morning is not settled before the child needs help. In the flagship deployment, Peacekeepers handled 168 child and youth welfare calls, often first on scene and often at the direct request of Child and Family Services.

2.4 The Federal Pathway to Address MMIWG2S+

The Federal Pathway commits Canada to measurable action to reduce violence against Indigenous women, girls and 2SLGBTQI+ people. A trusted 24/7 community-governed presence is one of the most direct ways to deliver that commitment at community level. The model supports that commitment through prevention, welfare checks and fast referral. Any call involving suspected intimate partner or domestic violence is referred to the police of jurisdiction for attendance.

2.5 Truth and Reconciliation Commission Calls to Action

Calls to Action 18 to 24 address Indigenous health: closing gaps in outcomes and services, recognizing Indigenous healing practices, and increasing Indigenous professionals in health care. This model delivers on them in operation, including through local hiring and certification.

2.6 UNDRIP and Self-Determination

Articles 21, 23 and 24 of the United Nations Declaration on the Rights of Indigenous Peoples, which Canada has committed to implement through the United Nations Declaration on the Rights of Indigenous Peoples Act, affirm Indigenous peoples' right to improved social conditions, to determine and administer their own health and social programs, and to equal access to health services. A Nation operating its own peacekeeping program under Chief and Council is exercising exactly those rights.

2.7 Federal Mental Wellness Funding (March 2026)

On March 27, 2026, the Minister of Indigenous Services announced $630 million over two years to improve the availability, accessibility, quality and effectiveness of Indigenous mental wellness services, including renewal of the Trauma-Informed Health and Cultural Support program. Community-governed crisis response sits squarely within that purpose. RMFC supports partner Nations in aligning applications to the federal mental wellness and health transformation streams.

2.8 Federal Crime Prevention and Community Safety Funding

On October 26, 2026, at the first First Nations–First Ministers meeting in two decades, the Prime Minister announced $140 million over four years for crime prevention and culturally sensitive community safety initiatives in Indigenous communities. It adds to federal funds that already pay for this kind of work:

Source	Department	What It Pays For
New crime prevention and community safety funding: $140M over four years (Oct 2026)	Federal; delivery details not yet published	Crime prevention and culturally sensitive community safety initiatives in Indigenous communities
Northern and Indigenous Crime Prevention Fund	Public Safety Canada (National Crime Prevention Strategy)	Culturally sensitive crime prevention and community safety approaches in Indigenous communities, on and off reserve, and capacity building

Source	Department	What It Pays For
Crime Prevention Action Fund	Public Safety Canada (National Crime Prevention Strategy)	Evidence-based prevention for at-risk children and youth aged 6 to 24
Pathways to Safe Indigenous Communities	Indigenous Services Canada	Indigenous-designed community safety and well-being projects; excludes enforcement and policing bodies

These funds already back multi-year, First Nation-led programs. Takla Nation received $3.2 million from the Crime Prevention Action Fund (November 2025 to March 2030) for land-based crime prevention for at-risk youth. The BC First Nations Justice Council received $7.5 million from the Northern and Indigenous Crime Prevention Fund for Canada's first Indigenous Diversion Centre. The Pathways initiative explicitly excludes enforcement and policing, which confirms that Ottawa treats non-police community safety as its own category.

The same announcement renewed and expanded the First Nations and Inuit Policing Program. That program funds policing. A community-governed peacekeeping program is health infrastructure, and it should not be positioned as policing to reach policing dollars.

2.9 Braiding Health and Prevention Funding

This model is a health service with a prevention mandate, and its funding should follow that line. Its crisis response, overdose, suicide and wellness work, and the 24/7 presence that makes it reachable, align with Indigenous Services Canada's mental wellness funding, which should be the anchor. Its youth, school safety, drug activity and community safety work aligns with federal crime prevention funding. A Nation that braids the two can sustain a 24/7 program without recasting it as policing. RMFC helps partner Nations map each service pillar to the right source and supplies the documented outcomes funders ask for.

> *These frameworks point one way: First Nations governing their own 24/7 trauma-informed health and safety response, resourced by Canada, delivered with qualified Indigenous-serving operators, and accountable to the community.*

3. The RMFC Community Peacekeeping Model™

The model is an integrated framework for delivering 24/7 non-police community safety and health crisis response in First Nations communities. RMFC operates it under the authority of Chief and Council, ratified by Band Council Resolution, through four proprietary components.

3.1 Ten Service Pillars

Service Pillar	Primary Function
24/7 crisis response	Immediate trauma-informed response to mental health crises, overdoses and wellness checks
Community mourning support	Presence during funeral and mourning periods; monitoring of vulnerable members
Overdose response	Naloxone, CPR, AED and EMS coordination
Wellness checks	Proactive and requested checks on Elders, youth in care and vulnerable members
Child and family safety	CFS-coordinated responses; school safety; youth welfare
Family and household disturbances	De-escalation of family and household disturbances; police involved wherever domestic violence was or could be a factor
Missing persons response	Community search coordination; drone thermal search
Drone and CCTV monitoring	Infrared drone deployment; overnight perimeter monitoring
Emergency support integration	Joint operations with EMS, Fire and RCMP; scene holds; evidence documentation
Post-crisis follow-up	Check-ins with individuals and families; continuity of care

3.2 The Four Proprietary Components

The RMFC Peacekeeper Certification Program™

Every Peacekeeper completes 210 hours of pre-deployment certification: Alberta security training, trauma-informed care, mental health first aid with an Indigenous focus, crisis intervention and de-escalation, cultural safety and First Nations history, naloxone and overdose response, first aid and AED, and child and youth at-risk protocols. Wellness support continues after deployment through monthly debriefs and quarterly Elder-guided trauma processing circles.

The RMFC Incident Intelligence Platform™

Every patrol, call and critical incident in this paper was captured in RMFC's own field reporting platform, now delivered on OnPost, RMFC's security operations software. It provides GPS-tagged, timestamped, evidence-linked records, supervisor review, and structured reporting to Chief and Council (Section 7).

The RMFC Nation-Governed Service Delivery™ Framework

A contractual and governance framework that vests authority in Chief and Council: ratification by Band Council Resolution, Council approval of any change in scope, Nation-directed personnel decisions, a joint complaints process, bi-weekly reporting, and mutual termination on notice.

The Operating Doctrine

The doctrine binds the components into one operating system covering deployment posture, inter-agency integration and the trauma-informed principles that govern every interaction. It is shared under engagement only.

3.3 Trauma-Informed Operating Principles

- **Safety first.** Every situation is approached as safety-building, not control.
- **Trustworthiness and transparency.** Community members know who Peacekeepers are and what they will and will not do.
- **Peer support and cultural connection.** Peacekeepers are selected for community fit.
- **Collaboration and mutuality.** Working with community members, not on them.
- **Empowerment.** Focus on what the person can do and the supports they have.
- **Cultural, historical and gender awareness.** Every interaction accounts for Treaty context, colonial history, and the experiences of women, Two-Spirit people, youth and Elders.

3A. The Power Patrol: Closing the Overnight Gap

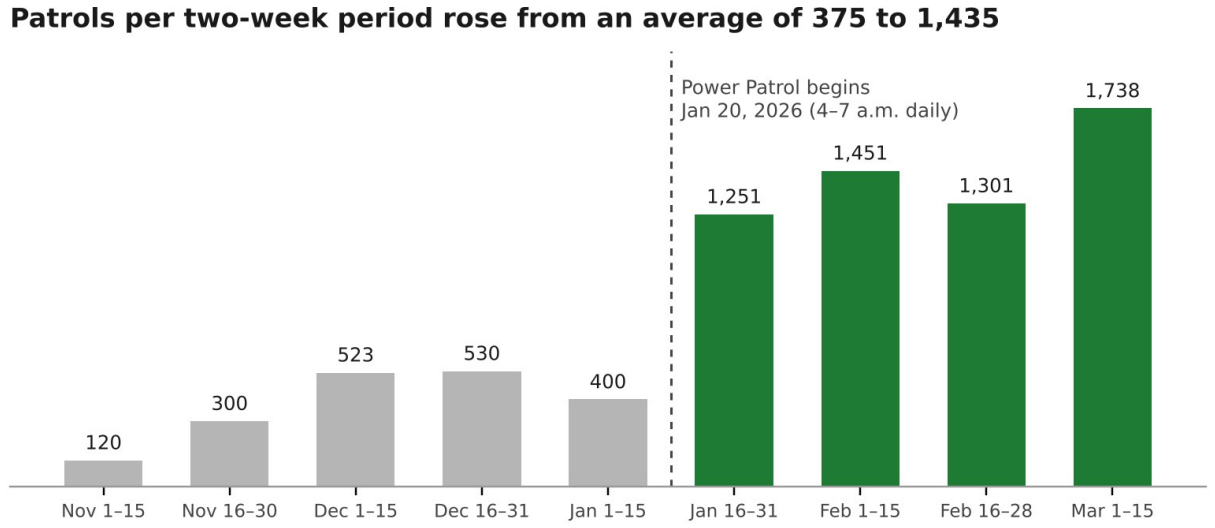
The Power Patrol is a structured overnight presence that runs every day from 4:00 to 7:00 a.m., the hours when no other service in a First Nations community is active. RCMP are not usually on reserve then unless dispatched. EMS response times are at their longest. Health, schools, band administration and social services are closed. In those hours the Power Patrol is the only service on the ground.

Why 4:00 to 7:00 a.m.

The pre-dawn window is among the highest-risk periods for overdose, self-harm and acute mental health crisis. People who have been using through the night are at their most vulnerable. Members returning late from off reserve may meet trouble with no one to call. A crisis that has built through an evening often breaks in the early morning.

What It Did to Coverage

The Power Patrol launched on January 20, 2026. In the five reporting periods before it, Peacekeepers logged an average of 375 patrols per two weeks. In the four periods after, the average was 1,435, about 3.8 times higher, and night shifts recorded up to 127 mobile patrols per shift.



Source: RMFC bi-weekly Daily Situation Reports, flagship deployment, Nov 2025 – Mar 2026.

What the Power Patrol Does

- Mobile perimeter patrols that find people in distress before a crisis becomes critical
- Drone thermal imaging to locate people outdoors in darkness or poor visibility
- Welfare checks on known vulnerable members, including Elders living alone and youth in care
- Vehicle activity monitoring, the source of the program's Vehicles of Interest records (Section 7A)
- Scene presence and stabilization for any crisis call in those hours, including overdose and suicide intervention

Its value is not property-crime deterrence. It is a trained first responder on the ground during the hours when the most acute health events happen and no other service exists. Overnight patrols also produce early detection: in one documented case, Peacekeepers on a 4:25 a.m. patrol found a fire at the community church and fought it with extinguishers until the Fire Chief arrived, who credited them with preventing major structural loss.

> *The Power Patrol is what 24/7 health infrastructure looks like at four in the morning, when every other service has gone home.*

4. Operational Evidence from the Flagship Deployment

The model ran continuously with a partner First Nation in Alberta from August 15, 2025 to May 13, 2026, recorded in the RMFC Incident Intelligence Platform™ and reported to Chief and Council every two weeks.

4.1 Service Volume

Measure	Nine-Month Total	Per Day
Documented patrols (vehicle, foot, side-by-side, drone, static)	14,182	52
Calls for service	3,966	15
RCMP assists	575	2.1
EMS assists	269	1.0
Weapons calls (16 major incidents worked with RCMP)	45	1 every 6 days
Continuous 24/7 coverage	272 days	No gaps

Calls grew as trust grew. The Peacekeeper Tip Line logged 664 calls in its first three months; in the early weeks it often rang two or three times within five minutes. By the end of the deployment the team was handling about 15 calls a day. In many cases Peacekeepers were called before RCMP, before EMS and before 911.

4.2 What the Calls Were

Medical, mental health and welfare calls (wellness checks, mental health crises, overdoses, missing youth and EMS assists) made up 25 to 30 percent of all calls in RMFC's period reports. Most of the rest were safety situations a community-trusted responder resolves without enforcement: household disturbances and mediation, intoxication, unsafe ATV and vehicle use, suspicious vehicles, unwanted guests, and school safety. Selected categories for the full deployment:

Category	Nine-Month Total
RCMP assists	575
EMS assists	269
Child and youth welfare calls	168
Weapons calls (firearms, gunshots, knives, machetes, bear spray)	45
Lives saved through urgent medical care	20
Overdose reversals (included in lives saved)	11
Suicide interventions	11
School safety touchpoints (to March 31, 2026)	800+

4.3 Inter-Agency Integration

Agency	Documented Interactions	Nature of Integration
RCMP	575 assists	Joint response, scene holds, perimeter control, evidence and intelligence sharing

Agency	Documented Interactions	Nature of Integration
EMS	269 assists	Overdose response, CPR, AED, scene safety, guiding crews to addresses
Fire	Joint responses	Fire discovery on patrol, structure fire perimeter, traffic control
Child and Family Services	168 child and youth calls	CFS calls Peacekeepers directly for welfare checks and removals
Schools	800+ touchpoints	Static posts, arrival and dismissal coverage, lockdown support
Community health clinic	Ongoing	Escorts for health staff; referrals into wellness services

RCMP members reported a noticeable drop in certain high-risk calls during the program. Fire, CFS and Nation staff consistently named Peacekeepers as essential first-contact and on-scene partners.

4.4 Needs Profile

- Children and youth were present in a large share of calls, and child welfare work recurred in every reporting period.
- Medical, mental health and welfare situations were 25 to 30 percent of all calls.
- Family and household disturbances recurred throughout the deployment. Any call involving intimate partner violence was referred to police for attendance.
- Substance-related calls were constant. In Alberta, First Nations people died of opioid poisoning at 8.4 to 8.6 times the rate of non-First Nations people in 2021 and 2022 (Alberta Opioid Response Surveillance Report, 2024).

4.5 Why Continuous Coverage Matters

The most important fact about the deployment is that it never stopped. For 272 days, through every overnight hour, every funeral and every holiday, Peacekeepers were on shift. When the Nation closed to grieve, Peacekeepers were often the only service still working. That is what 24/7 health infrastructure looks like when it is built, funded and governed properly.

5. Documented Life-Saving Interventions

Over the nine-month deployment, Peacekeepers saved 20 lives through urgent medical care, including 11 overdose reversals, and carried out 11 suicide interventions. These are system-documented events with GPS-tagged, supervisor-reviewed reports and corresponding inter-agency files.

20	11	11	168
Lives saved through medical care	Overdose reversals (part of the 20)	Suicide interventions (counted separately)	Child and youth welfare calls

5.1 Cardiac Arrest

Peacekeepers arrived to find a family member performing CPR on a man in his sixties with no pulse. They deployed an AED that had been delivered to the community hall one hour earlier and continued resuscitation. He regained consciousness and was taken to hospital in stable condition. No other 24/7 service was available in the community.

5.2 Overdose Response

Peacekeepers reversed 11 overdoses with naloxone, CPR and rescue breathing, often giving several doses before EMS arrived; one person regained consciousness only after the third dose. Peacekeepers were also first on scene at fatal overdoses, where they gave every available intervention, sustained CPR, and stayed with the families. Those deaths are not failures of the program. They show the depth of the crisis the program meets every day.

5.3 Suicide Intervention

Peacekeepers carried out 11 suicide interventions involving adults and youth, including a child. In one case a man in crisis holding a rifle and a shotgun put both weapons down after sustained verbal engagement by Peacekeepers working with RCMP, and was taken for mental health assessment without injury.

5.4 Child Protection

Peacekeepers handled 168 child and youth welfare calls. In the most complex, they responded overnight to reports of abuse at a residence, sheltered the children at the fire hall, worked with RCMP and CFS through the night, and supported the safe placement of five children with a grandparent. A Peacekeeper was assaulted during that response; RCMP arrested the assailant at the scene. Peacekeepers followed up with the school and preventive services in the days after.

5.5 Family and Household Disturbances

Peacekeepers respond to family and household disturbances, where a calm, known presence often settles the situation before it escalates. The protocol is firm: any call involving intimate partner violence goes directly to the police of jurisdiction for attendance, and wherever Peacekeepers believe domestic violence was or could be a factor at a disturbance, they involve police. Peacekeepers do not attend intimate partner violence calls in place of police.

5.6 Weapons and Life-Threatening Situations

Peacekeepers responded to 45 weapons calls, 16 of them major incidents worked alongside RCMP. They held the perimeter for an RCMP tactical team at an active shooter call, supported the RCMP response to a home invasion with shots fired, and recorded body-camera evidence that led to charges

against a man who threatened Peacekeepers and referred to an AR-15. Edged-weapon and bear spray incidents were contained through distance, verbal engagement and coordination with RCMP.

> *Without the program, at least one man would not have survived cardiac arrest, eleven overdose survivors would not have been revived, people in suicidal crisis would not have been found and stabilized, and children would have stayed exposed to harm that trained, community-governed responders interrupted.*

5A. Case Studies: The Model in Action

These case studies are drawn from documented incidents in the flagship deployment. Details that could identify a person, time or place have been removed or changed.

The AED That Arrived an Hour Earlier

A call comes in: a man has collapsed at home and his daughter is doing CPR. Peacekeepers are minutes away. They bring the AED that was delivered to the community hall that same hour, take over compressions, and shock. He comes back. EMS arrives to a patient who is conscious and stable. Without a 24/7 team on the reserve, the outcome would have depended on how long an ambulance took from the nearest urban centre.

The Call Made to Peacekeepers, Not 911

A woman calls the Peacekeeper Tip Line, not 911 and not RCMP, because a family member is not responding after using. She knows the Peacekeepers and trusts they will help first. A unit arrives within minutes, gives naloxone and rescue breathing, and calls EMS. The person survives. The program existed at the moment the family needed it, in the form the family would accept.

Two Firearms, No Injuries

Peacekeepers find a man in crisis holding a rifle and a shotgun and saying he wants to die. They set a safe perimeter and start talking. RCMP arrive and the conversation continues. The man puts both weapons on the ground and is taken for mental health assessment. No one is hurt. The relationship the Peacekeepers had built with community members made that outcome possible.

Five Children, One Long Night

Peacekeepers receive reports of adults abusing children at a residence. They move the children to safety at the fire hall, call RCMP and CFS, and stay with the children through the night. By morning all five are placed with their grandmother. A Peacekeeper is assaulted during the response and RCMP arrest the assailant. In the days that follow, Peacekeepers check in with the school and preventive services. Jordan's Principle was not being debated that night. It was being delivered.

Fire at 4:25 a.m.

On overnight patrol, Peacekeepers see flames at the community church. They attack the fire with extinguishers and hold it until the Fire Chief arrives, who credits them with preventing major structural loss to a building at the centre of community life.

> *These are not exceptional events. They are what a 24/7 community-governed crisis response team does, shift after shift.*

6. The Economics of Inaction

The case for community-governed crisis response is first a human one. But inaction is not free. The cost of doing nothing is large, documented, and often larger than the cost of acting.

6.1 Downstream System Costs of Untreated Crisis

Downstream System	Benchmark Cost
Federal incarceration (per person, per year)	$150,000+
Adult custody, trauma-related (per person, per year)	$55,000 to $150,000
Emergency psychiatric hospitalization	$1,800 to $3,200 per day
Emergency ambulance response	$800 to $1,200 per call
Police crisis response	$400 to $900 per incident
Child apprehension and placement	$4,000 to $8,000 per apprehension

Benchmarks are public-domain estimates compiled by RMFC; they vary by province and year and are used here for illustration.

6.2 The Productivity Cost of Community Shutdown

When a community member dies, the Nation closes in keeping with cultural protocol to grieve, prepare and bury its dead. For a Nation with about 230 employees, a shutdown day costs about $63,000: roughly $51,000 in wages (230 staff, $28 an hour, 8 hours) plus about $12,000 in fixed overhead. Across a year of preventable deaths, the cost runs into millions:

Scenario	Shutdown Days per Year	Annual Productivity Cost
Conservative (15 deaths, 2 days each)	30	$1.9 million
Realistic (20 deaths, 4 days each)	80	$5.1 million
Worst case (25 deaths, 7 days each)	175	$11.1 million

6.3 The Value of 20 Lives Preserved

The flagship deployment saved 20 lives in nine months. At two to four shutdown days each, those are 40 to 80 shutdown days the Nation did not have to absorb, worth $2.5 million to $5.1 million in avoided productivity loss alone, before any downstream system cost is counted and before any value is placed on the lives themselves.

> *The economic case for the model does not rest on what the service costs. It rests on what its absence costs.*

6.4 Comparison with the Policing-Only Alternative

Dedicated community policing and provincial mobile crisis teams each cost well over a million dollars a year per community or team, and neither provides on-reserve, 24/7, trauma-informed crisis response. A community-governed program under the RMFC model provides a service the policing-only approach does not, at a cost that is competitive with, and in most configurations below, the downstream and productivity costs it prevents.

6A. Cost Avoidance: An Illustrative Calculation

This calculation applies the benchmarks in Section 6 to the flagship deployment's documented record. Assumptions are deliberately conservative and shown in full. Program costs are not disclosed in this document.

Cost Avoidance Category	Basis	Value (Nine Months)
Overdose reversals	11 events × $4,000 to $9,600 in avoided emergency and hospital costs	$44,000 to $105,600
Custody diversion	2 to 5 people diverted from custody for one year × $150,000	$300,000 to $750,000
Child apprehensions avoided	1 in 4 of 168 child and youth calls (42) × $4,000 to $8,000	$168,000 to $336,000
Police crisis response	575 RCMP assists × $400 to $900	$230,000 to $517,500
Community productivity	20 lives × 2 to 4 shutdown days × $63,296	$2,531,840 to $5,063,680
Total illustrative cost avoidance		**$3.3 million to $6.8 million**

The total leaves out the value of generational trauma interrupted, children kept in their homes, and the long-term effect of community stability. It also leaves out the economic value of a trained, employed local workforce (Section 9).

> *No investment that prevents millions of dollars in downstream cost should be judged on its program cost alone. The right question is not what it costs, but what it costs not to have it.*

7. The RMFC Incident Intelligence Platform™

Most community safety programs in Canada run on paper forms, spreadsheets or generic records software. Even when they produce strong outcomes, they cannot prove them, and trends surface only after they have escalated. RMFC built its own platform to close that gap. It began as the Peacekeeper reporting system and is now delivered on OnPost, RMFC's security operations software, which is also licensed to security and public safety organizations.

7.1 Capabilities (Disclosed Summary)

- **Field documentation.** Peacekeepers file from a phone in real time: GPS-pinned locations, photos and video, voice-dictated narratives, and structured incident types.
- **Supervisor review and roles.** Defined permissions for creating, reviewing, approving and releasing reports, with every change recorded.
- **Chief and Council reporting.** Approved reports go to Council securely, and bi-weekly Daily Situation Reports are generated from the same records.
- **Analysis.** Dashboards, incident heat maps and AI-assisted trend analysis surface emerging patterns, risk factors and follow-up actions. The same data supports forward planning, such as RMFC's 12-month call-volume forecast for the partner Nation.
- **Built for rural and remote use.** Runs on any phone or tablet, works over cellular data, and saves work continuously so nothing is lost where signal is weak.
- **Evidence governance.** Uploaded evidence is stored securely and governed under OCAP® principles.

7.2 Why It Matters

Every figure in this paper traces to a specific GPS-tagged, supervisor-approved, evidence-linked record. That is what lets a Nation take its results to funders and auditors, and it is what turned a body-camera recording into criminal charges after a threat against Peacekeepers.

7.3 Data Sovereignty and OCAP®

Data generated in a partner Nation belongs to that Nation and is governed under OCAP® principles. Chief and Council control what is reported, to whom and on what terms. RMFC operates the service; the data is the Nation's.

7A. Pattern Intelligence and Vehicles of Interest

Aggregated over time, individual reports reveal patterns no single report shows. The most consequential in the flagship deployment was the Vehicles of Interest function.

During overnight and Power Patrol hours, Peacekeepers documented a steady pattern of non-community vehicles entering and crossing the reserve at predictable hours on predictable routes, several of them linked to observed drug activity. Each Vehicles of Interest entry records the plate, make, model and colour, the time and GPS location, the activity observed, and any inter-agency follow-up. Entries were reviewed by supervisors, flagged to Chief and Council in bi-weekly reports, and shared with RCMP. In one case, patrol intelligence identified a confirmed stolen vehicle.

Drug trafficking on reserve is often driven from outside the community by networks that exploit isolation and the absence of 24/7 watch. Peacekeepers linked at least one overdose to a supply network they had seen pressuring the same person days earlier. Vehicles of Interest records give Chief and Council more than a log of events: they show who is coming into the community, when, and why.

> *The platform does not just record what happened. It shows what is happening, at the pattern level, in a form Chief and Council can act on.*

7B. CCTV Integration and Cyber Defence

Two further capability layers extend the program's reach.

CCTV Integration and Centralized Monitoring

RMFC can bring a Nation's existing cameras under one monitoring hub and add cameras, including solar-powered units for sites without power or network, to protect critical infrastructure. RMFC can then monitor them 24/7 or train Nation members to do it, building local capacity and keeping control with the Nation. Camera alerts can trigger Peacekeeper dispatch and feed the same reporting records as every other incident.

Cyber Defence and Intelligence

First Nations face rising cybercrime and fraud with limited capacity to respond. RMFC's cyber services include network security audits and access policy, website hardening and penetration testing, OSINT and background investigations, exposure analysis, dark web monitoring, and ongoing cyber defence operations. Scope is agreed as part of a Nation's overall service agreement.

> *A community that cannot see what is happening on its roads, at its perimeter or in its digital systems cannot fully govern its own safety.*

8. Governance, Accountability and Cultural Grounding

The best service will fail in a First Nation if it is governed from outside. The model is built to avoid the history of programs designed, delivered and controlled by others.

8.1 Four-Layer Governance

Layer	Entity	Role
Strategic authority	Chief and Council	Program direction, scope approval, Band Council Resolution authority, community accountability
Community advisory	Community Wellness Circle	Elder guidance, cultural protocol, community feedback, Peacekeeper wellness oversight
Operational management	RMFC Inc.	Daily operations, staffing, training, bi-weekly reporting to Chief and Council
External oversight	Funder / contribution agreement	Financial accountability, outcome reporting, audit rights, renewal conditions

8.2 The Contractual Framework

The RMFC Nation-Governed Service Delivery™ framework includes ratification by Band Council Resolution; Council approval for any change in scope; Nation-directed personnel decisions, including Council's right to require removal of any Peacekeeper; bi-weekly Daily Situation Reports; a joint complaints process; mutual termination on notice; and full data sovereignty under OCAP® principles.

Authority also sets the limits of the work. Where Council has not passed a Band Council Resolution for a duty, such as acting on encampments, banned individuals or suspected drug activity, Peacekeepers observe, document and report until it does. Some calls always belong to police: intimate partner violence calls are referred to the police of jurisdiction for attendance.

8.3 Cultural Grounding

Cultural grounding is structural, not an add-on. Peacekeepers are selected for community fit. The Community Wellness Circle guides delivery and Peacekeeper wellness. Elders lead quarterly trauma processing circles. Every interaction accounts for Treaty context, colonial history, and the experiences of women, Two-Spirit people, youth and Elders.

8.4 Peacekeeper Wellness

Peacekeepers carry the weight of everything the community is going through, and they are sometimes hurt doing it. The model treats their wellness as a program priority: monthly debriefs, quarterly Elder-guided circles, and supervision after critical incidents. Supporting the people sustains the service.

9. Replication: Scaling the Model Nation by Nation

The model is designed to scale. RMFC has delivered peacekeeper services to multiple First Nations in Alberta and is in expansion discussions with Treaty 6, 7 and 8 Nations.

9.1 What Replicates and What Is Customized

The core (service pillars, certification, platform, governance framework and doctrine) is consistent across deployments. What changes is how they meet each Nation: language, the Elders in the Community Wellness Circle, Council's priorities, local agency relationships and cultural protocol.

9.2 The Implementation Pathway

Phase	Typical Focus
1. Engagement and scoping	Community briefing, Chief and Council conversations, needs assessment, preliminary cost framework under NDA
2. Agreement and BCR	Service agreement, Band Council Resolution, funding pathway
3. Recruitment and certification	Candidates from the community and region; delivery of the Certification Program™
4. Deployment and launch	Vehicles, equipment and platform rollout; community communications; Tip Line; first shift
5. Stabilization and reporting	Bi-weekly reports to Council; first quarterly report; Community Wellness Circle established
6. Optimization and expansion	Tuning to call volume; specialized capabilities; multi-year funding pathway

9.3 The Strategic Case for Replication

The conditions the model answers (no 24/7 trauma-informed response, reliance on distant policing, unmet mental health and substance use need, and the cost of inaction) are shared by First Nations across Alberta and Canada. Every Nation that adopts the model gains lives preserved, a closed service gap, a trusted partner for RCMP, EMS, Fire, CFS and schools, structured intelligence for Council, and a long-term local employer.

9.4 Employment and Capacity Building

Every Peacekeeper position is a local, skilled, certified job. The 210-hour certification creates a pipeline: Peacekeepers who serve for several years leave with credentials and experience that transfer to EMS, community health, child and family services and other public safety careers. RMFC's capacity-development option goes further, hiring Nation members to certify and train in the field alongside RMFC's team, with paid mentoring hours, so the Nation can own and run the service over time.

9A. Year Two and Beyond

Funders are not being asked to fund a pilot. They are being asked to sustain a program that has already shown its value and has a defined path to maturity.

Predictable Demand

In year one, demand surprises upward: a community that has never had 24/7 trusted presence generates calls it did not know it had. By year two, patterns are documented and predictable. RMFC already produces 12-month forecasts of call volume and serious events from deployment data, so Peacekeepers can be placed where the data says they will be needed. The flagship data also shows strong seasonality: calls roughly tripled between early September and late October 2025.

Continuity After a Gap

When the flagship deployment ended in May 2026, Council asked RMFC to return in August. In the first month back the team logged more than 1,400 patrol stops and 122 incidents, including 47 mental health and wellness calls, 33 household conflicts, and 26 assists to RCMP, EMS and Fire. Calls included first aid to a critically injured youth after a crash, until an air ambulance arrived, and a house fire where Peacekeepers were on scene in six minutes and held it until Fire Rescue arrived 25 minutes later. Demand came back immediately, which is the strongest argument for funding continuity rather than year-to-year gaps.

Broader Capabilities

Drone thermal operations become routine as operators build skill. CCTV integration extends situational awareness. RCMP, EMS, CFS and schools come to rely on Peacekeepers as their default on-reserve partner.

Toward Multi-Year Funding

Health infrastructure needs multi-year base funding, not annual contribution agreements. RMFC supports partner Nations in building those applications from the reporting archive, the life-saving record and the cost-avoidance analysis.

Community Trainer Pathway

RMFC is developing a pathway for experienced Peacekeepers to help train new deployments in other Nations, supporting replication and creating career advancement for community members, with the first trainers expected in 2027.

> *Year two is not when the program starts proving itself. It is when the proof compounds: richer data, deeper relationships, broader capability and a stronger case for sustained investment.*

10. Recommendations for Federal, Provincial and First Nations Partners

10.1 For the Federal Government

1. Fund community-governed crisis response as health infrastructure, not policing. Federal mental wellness funding, including the $630 million announced in March 2026, should treat Nation-governed 24/7 trauma-informed crisis response as distinctions-based mental wellness infrastructure.

2. Move proven programs from annual agreements to multi-year base funding. Programs that deliver health infrastructure cannot run well on year-to-year cycles. The flagship Nation's own experience, a nine-month program followed by a three-month gap, shows the cost of that cycle.

3. Recognize these programs as delivery of Jordan's and Joyce's Principles. Build that recognition into funding criteria.

4. Open crime prevention funding to community-governed crisis response. As the $140 million community safety envelope is designed, include Nation-governed 24/7 peacekeeping as an eligible, multi-year model, and let Nations braid it with mental wellness funding. Do not require these programs to be recast as policing to qualify.

10.2 For Provincial Governments

5. Integrate with community-governed response, not around it. Health, emergency and child welfare systems should formalize protocols with peacekeeping programs. The flagship deployment's 575 RCMP and 269 EMS assists show integration works for every agency involved.

6. Resource cultural safety as infrastructure. Where provincial services do not reach the reserve, support First Nations-governed alternatives with naloxone, AEDs and links to mobile crisis services. Provincial health and community safety budgets should co-fund these programs as health services.

10.3 For First Nations Leadership

7. Exercise self-determination over community safety. The right is affirmed in Treaty, UNDRIP and the TRC Calls to Action. The flagship deployment shows it is operational today.

8. Engage qualified Indigenous-serving operators. Certifying, equipping and running a 24/7 program is specialized work. Look for documented results, proven training, purpose-built reporting, and governance that vests authority in Chief and Council.

9. Apply now for health and prevention funding. Pursue federal mental wellness funding as the anchor, and the new community safety envelope and National Crime Prevention Strategy funds for the prevention work. RMFC will support the applications with the Nation's own operational data.

> *The service gap is not new, and neither are the frameworks to close it. What is new is a proven, scalable, community-governed model that turns those frameworks into daily practice. Fund what works, govern it correctly, and replicate it wherever Nations choose to adopt it.*

11. Engaging with RMFC

First Nations considering a program

RMFC welcomes a confidential conversation with Chief and Council, Portfolio Managers or senior administration. Engagements usually begin with a community briefing and needs assessment, at no cost and without obligation.

Federal and provincial funders

Officials evaluating applications or designing funding envelopes can request a structured briefing on the model, the flagship deployment and the evidence base, in person or virtually.

Institutional partners and evaluators

RMFC is committed to independent evaluation and welcomes partnerships with qualified evaluators, particularly Indigenous-led organizations.

Media and speaking engagements

RMFC's President is available for media inquiries, conference presentations and policy forums.

Contact

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About RMFC Inc.

RMFC Inc. is an Edmonton-based public safety and technology company. Its First Nations Peacekeeper Program, the subject of this paper, delivers community-based peacekeeping and health crisis response under Chief and Council authority. RMFC also provides cyber defence, video surveillance and monitoring, armoured vehicles, protective operations, and OnPost security operations software.

RMFC is led by President Kristopher D. Dueck, who served 20 years with the Royal Canadian Mounted Police across general duties, forensic identification, drug and organized crime, covert operations and human source development, and who holds an MBA.

What the Peacekeeper Program Is Not

- **Not private security.** Individual Peacekeepers hold Alberta security licensing as a foundational credential, but the program's identity, training, deployment, governance and reporting are those of a health and public safety program.
- **Not a police service.** Peacekeepers do not replace policing where policing is appropriate. They work alongside RCMP, as 575 joint responses in one deployment show.

Partnership Values

- **Nation authority is absolute.** Chief and Council direct the program.
- **Cultural grounding is structural.** It is how the program operates every day, not a training module.
- **Accountability is continuous.** Bi-weekly reporting, OCAP®-governed data and structured outcome reporting are part of every deployment.
- **Outcomes are documented.** Every intervention, trend and outcome is captured, analyzed and reported.

> *Reconciliation is not a document. It is a Nation governing its own health and safety, supported by partners equipped to deliver at the standard the Nation deserves.*

Appendix: Data Sources and Method

Operational data

- Deployment period: August 15, 2025 to May 13, 2026 (272 days), 24/7.
- Totals for patrols, calls for service, RCMP and EMS assists, weapons calls, lives saved, overdose reversals, suicide interventions and child and youth welfare calls are from RMFC's Final Strategic Report for the deployment.
- Power Patrol, school safety and period-level figures are from RMFC's bi-weekly Daily Situation Reports to Chief and Council (November 2025 to March 2026).
- Return deployment figures (August 14 to September 15, 2026) are from RMFC's period reports for that deployment.
- Categories and outcomes are as classified by RMFC supervisors in the Incident Intelligence Platform™. "Lives saved" counts documented events in which Peacekeepers' urgent medical care (such as naloxone, CPR or AED) preceded the person's survival.

Economic assumptions

- Shutdown day: 230 employees × $28/hour × 8 hours ≈ $51,300 in wages, plus about $12,000 in fixed overhead, ≈ $63,300 per day.
- Cost-avoidance figures in Section 6A are illustrative, use the stated assumptions, and are not audited. Unit benchmarks are public-domain estimates compiled by RMFC.

External sources

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- Government of Alberta and Alberta First Nations Information Governance Centre, Alberta Opioid Response Surveillance Report: First Nations Peoples in Alberta, 2024.
- First Nations Mental Wellness Continuum Framework (Health Canada and Assembly of First Nations, 2015).