

MANTIOBA FIRST NATIONS ADDICTIONS COMMITTEE

January 13-15, 2009
HOLIDAY INN SOUTH

In Attendance

Nora McLeod
Oliver Bear
Bertha Fontaine
Ed Azure
Eli Beardy

Mari Stagg
Renita Paul
Susan Albert
Susan Thomas
Derek Harper

Regrets: Linda Grieve
Bonnie Gamble – January 14, 2009
Peter Constant – January 13, 2009

1. Opening prayer offered by Bertha.
2. Review and approval of agenda

Motion #1 Agenda approved – Bertha/Nora – carried

3. Review and approval of previous minutes
Motion #2 To accept minutes as presented – Mari/Renita - carried

4. FNIH Update

- 4.1 Screening & Assessment tools – meeting rescheduled – in the next couple of weeks.

Action #8 from previous minutes – Peter raised this as an issue in the area of Cree Nation Tribal Health, also issue for Fox Lake & War Lake. When clients are referred to treatment, they need a physical. In these communities, the FN clients are being charged by provincial health care services \$50-100 for this. Brought up with Jim Mair – this is an issue in provincial run facilities. Jim brought it to MB Health, and they aren't going to do anything.

Options? How much does NIHB pay for Man2 tests? Discussion of formation of sub-committee to address access to health service concerns of communities covered under the 64 Agreement. Sub-committee may arrange process for NIHB to pay for these exams. MFNAC sub-committee (Eli, Ed & Peter)

- Motion #3 That a 64 agreement sub-committee of Ed, Eli & Peter be struck to address Manitoba provincial policy of charging patients fees for physicals and Mantoux tests (TB) as pre-requisites for going to residential treatment. Mari/Nora – 2 abstentions
- 4.2 SASSI Training for north will take place in February in either The Pas or Thompson, tentatively February 18 & 19, 2009. Training will take place in Thompson. A separate training session will take place before end of March for southern communities/treatment centres.
- Bring forward item to cover off cost of SASSI at March quarterly. Eli will cost out the SASSI products.
- 4.3 FNWACCB (Certification update)
- Discussion on workforce retention allocation with recommendations for Marcy to take to Ottawa next week. Recommendation of \$3,000 for Level 1, \$6,000 for Level 2, and \$9,000 for Level 3, annually.
- September discussion concerning Gloria's role on FNWACCB board. Marcy expressed FNIH concerns regarding sharing of personal information from FNWACCB.
- 4.4 CCTP Update
- Program will be graduating 15 of 15 participants. Students are planning their graduation for approximately 400 guests. Marcy provided information that Grand Chief Fontaine is confirmed as keynote for this event. Don Burnstick to be approached as entertainment. Budget request - shortfall to date of \$15,670. Marcy will email committee with dates (CCPT Grad – June 6 at Victoria Inn and RRC Powwow).
- Motion #4 Given CCTP 1's substantial success, the MFNAC acknowledges their efforts by contributing \$10,000 towards the group's graduation, \$5,000 from fy 08-09 and \$5,000 from fy 09-10. Eli/Derek. Carried.
- 4.5 Regional Needs Assessment
- Almost all tribal council areas as well as treatment centres have not completed their focus group for the regional needs assessment process. Debbie will not focus on completing these groups and begin work on final report.
- 4.6 DUPPWG Update

Leading nationally. Informational brochure created that provides information on safe storage and disposal of medications, mixing of over the counter drugs as well as Rx. Drugs, etc.

Regional person (Darryl Spence) will be attending national meeting in February to focus on evaluation of DUPPWG initiative.

4.7 Other Business – Anti-Gas sniffing Update

Many issues were highlighted during a recent meeting of the committee of funders, that the University of Manitoba has identified. Further, Debra Dell provided information that the University of Manitoba had previously completed research on this same thing in the 80's with unsatisfactory results. The University of Manitoba has also stated that Opal Fuel will not work in Canada's colder climates, Debra Dell opposed this theory as it has not been proven.

Due to these new developments, the committee of funders has agreed to use the pooled fund of \$50,000.00 to purchase Opal Fuel for pilot testing in a Manitoba community. The committee decided that research from the YSAP program be provided to FNIH Manitoba region to identify our pilot community.

The committee also decided that Deborah Del will be contacting British Petroleum to follow-up on these discussions. The pilot community has since been identified as Shamattawa.

4.8 Conference Report – distributed to MFNAC members.

4.9 Treatment Centre Director Update

Meeting last week of Treatment Centre Directors will provide direction as part of the National Anti-drug strategy treatment centre modernization implementation with Manitoba region. First meeting with therapist occurred in January, with the Therapist from Whiskyjack providing information on how she works with staff at this centre. It is hoped this functions will be implemented at all Manitoba FNIH treatment facilities.

Board governance training – Carol Hopkins has been requested to supply her curriculum with respect to governance training. The region is seeking information and direction on who could implement governance training with the region. Carole's documentation will be reviewed to determine if she will perform this function.

The treatment centre board governance training will take place March 26 – 28, 2009.

Action #1 Ed to communicate with Carol to share governance training curriculum with treatment centre directors.

4.10 CCSA

Marcy shared information on the Issues of Substance Conference that is being hosted by the Canadian Centre for Substance Abuse in November 2009. This is a bi-annual event and the last one was in Edmonton with over 1500 delegates, that included little to no First Nation input. Marcy suggested this be included as a workplan item for next fiscal year.

Motion #5 MFNAC member or designate attend the Issues of Substance conference in Halifax Nov 15-18, 2009 and that on November 14 and 15th the third quarter meeting be held in Halifax at that time as well. Susan/Derek. Carried.

4.11 Regional Needs Assessment - Job Descriptions

RNA contracted people requested job descriptions/ball park salaries. Want to create report that will highlight inequities across the board that exist in the NNADAP network.

4.12 NNADAP ID cards/name change

Louise provided an update on the ID cards for NNADAP workers from the conference. Security is working on these, no timeframe identified for completion of the cards.

Discussion occurred on the name of CAS (community addictions specialist) as opposed to NNADAP workers, which clearly outlines the mandates of the program/what they've always been known as. CAS more positive – removes the word "abuse" from title. Concern regarding gambling – whether or not group considers it an addiction. Also concern with title applying to new employees with little/no experience and/or training.

5. NNAPF Report/Update

Marcy informed the group of discussions that occurred with Linda regarding the Manitoba request to extend the RFP deadline and to expand its distribution to an “open” RFP as opposed to an “Invitation” RFP. Response provided was that there was not enough time to extend the deadline as NNAPF had already identified the Institute on Governance. Discussion occurred on the next steps, Marcy suggested deferring this topic to the next meeting when Linda will be in attendance.

Further discussion occurred from September minutes – Motion #8 reads that MFNAC maintains its full membership on the NNAPF board, under advisement, pending an open (not by invitation only) Organizational Review RFP process and our endorsement of the final report from same. Further that the existing RFP process be extended one full month. Eli/Susan, carried.

- Motion #6 Based on NNAPF decision to go ahead with the RFP and disregard Manitoba request for an extended timeline, that effective immediately, MFNAC withdraw its membership in and support for National Native Addictions Partnership Foundation. Further, that the effect of this motion makes null and void the MFNAC’s appointments to the NNAPF organization and that any and all references to a NNAPF-Manitoba relationship be stricken from correspondence, websites, etc. Eli/Susan. Carried. No opposed, no abstentions.

6. FNIH/AMC Working Groups Update

FASD – proposals and letters sent out, deadline is January 30th. Likely that funding for capacity-building projects only. Manitoba has ten mentor sites, should be only three. No funding for additional mentor sites in other communities. Goal of mentor sites is to work with women who are at high risk for drinking while pregnant. Proposal review scheduled for Feb 11 and 12. Teleconference on Jan 16 to lay out agreed base-line costs. A number of communities have not sent in either their activity and/or financial reports, which will make them ineligible for this years’ funding. Lora Montebruno-Myco is acting FNIH manager for FNIH.

Marcy suggested formalizing a dialogue with the FASD and NNADP committees through the creation of a sub-committee.

- Motion #7 MFNAC designate Renita, Eli as alternate 1, Linda alternate 2 on the partnership sub-committee to address matters including but not limited to FASD, MCH, MCWWG, ADI, CPNP, etc. Nora/Susan. 2 abstentions. Carried.

7. New Business

7.1 NIHB – Client Travel

When clients come to treatment and for whatever reason have to leave, based on our sound recommendations to NIHB, they should pay for these people to travel back to their community. There is a need to meet with NIHB concerning this matter to advocate for clients. As per Marcy, NIHB is following national policy – this information needs to be included in the RNA. Petition local leadership, brief them on this issue, and hopefully Melanie and/or Debbie could include some of the leaders concerning what else NNADAP needs. Important for leadership to bring this forward. Best way to bring this forward is to centre it around liability.

7.2 Meeting Evaluations

Evaluation forms were distributed and filled out by MFNAC members. Marcy picked up copies and will have separate person review to compile data and report back at next meeting.

8. Program Reports

8.1 Sagkeeng Family Tx Centre – 7 weeks, 6 cycles/year. At end of each cycle there is a one week period for staff to use as training or vacation time. Longest closure in terms of holidays, etc. is 15 days. Received \$400k to spend before March 31. Had 10 beds, now increased to 14 (before 3-4 families, now 4-5 families). Classroom and daycare were too small – inadequate. Try to adhere to standards i.e. space requirements. Doing renovations, intend to bring on part time nurse, part-time mental health therapist. New cook, new maintenance, new treatment counsellor and a new family coach. This is first year for doing and completing job evaluations with staff. Cleaning hr files – resumes, certificates, letters – everything is in there pertaining to their job performance at the centre. Also coordinating floor space in terms of storage, office space, tx space as well as starting an inventory of assets. Biggest piece hiring Charlene Richard – helping clinical team, fine tuning confidentiality practices, debriefing with counsellors, Hired to help put together a mental health component.

In terms of accreditation, the thought around it right now is indifference – put a lot of work into it but there were

misunderstanding regarding the portal and ended up dealing with inappropriate behaviour from surveyors.

West Region Tribal Council - Currently short staffed – mental health therapist left. Haven't been able to do any programs/workshops because of current case load. Staff turnover – one position terminated but has been replaced. WRTC has identified a new trainee in CCTP. In process of asset mapping training for communities. Needs to do FASD proposal for health department, due at the end of January.

Peguis Al-Care Treatment Centre - In field, working directly with clients. Board members appointed – no qualifications required to be appointed. Community would like to see elected board members. Diane is acting executive director.

Main goals is to look after clients as best we can and work with our political leaders. Short staffed – board did try to hire new ED but this is put on hold.

Interlake Reserves Tribal Council - BFI piggybacked for computer training – all except two have computer training. One NNADAP in CCTP (Dave) Peguis now has 3 NNADAP workers. Regarding certification, three are complete, one's not doing it and five are in review. Hold quarterly meetings.

Native Addictions Council of Manitoba - people in field voiced opinion of treatment not being long enough for some people, too long for others. Residential treatment is five weeks, outpatient is six weeks, open outpatient program is 8 weeks, womens' healing program is six weeks – potential for a woman to attend a full 25 weeks of treatment. Long waiting lists raises health safety issues. Hopefully on the right track with the new building.

Accreditation – can recognize what you do offer. Working towards an April goal for on-site visit. Achieved accreditation last spring. Certification – two certified so far. All the rest that applied are in process. Some chose not to apply for certification (three are degreed people). Proud of the work we do and the workers we do have.

Cross Lake - Currently have no chief and a new council who are not familiar with our programs. Feel comfortable with them now. Health program manager is aware of our needs so we don't go to leadership with problems. All the health workers except FAS due to the lay off of the crisis workers. Had a jamboree in November –

about 300+ people attended. NAAW week was very successful – primarily the elders attended. Intending to have an elder day once or twice a month to work through loss/burdens. Children from Whiskyjack also attended.

Presented to approximately 12 classrooms concerning respect – i.e. for the teacher, what it is. Also do a lot of referrals. Has good communication (one worker specifically).

Invited Virginia on cluster reporting – health consultant did a brief demonstration but was not effective. Health program managers involve us when they have a workshop regarding the health workplan.

Work with school counsellors regarding gangs – some boys identified as members. Want to get a program running – so far only met twice but nothing further has been done – people don't show up.

Keewatin Tribal Council - Although mental health doesn't fall under job description, Eli does much of the mental health work – leads crisis response team. Workshops regarding suicide, specifically youth. Many requests for counselling the bereaved training. These training programs are all certified. Ruth Okemow is retiring this month. At Dec quarterly meeting she announced that. Cynthia Clipping returned early from maternity leave Sayisi Dene. In Thompson, the new treatment facility is about $\frac{3}{4}$ completed. Looking at turning old facility into detox.

KTC has done the RNA focus group with Debbie in early December.

Continue to do asset mapping training – Eli one of the three nationally certified trainers.

FASD proposals – deadline is Jan 30 – tomorrow all the communities will be in Thompson if they want help with their proposals.

CCTP – Linda Neckoway is graduating, new student is Theresa Merasty (Brochet).

Eli – would like to do pre-treatment and relapse prevention training for the KTC NNADAP workers. Some workers requested AFM training.

Marcy – concerning reporting, the CLOs will not do program specific reporting requirement for new templates. Am available upon request to come and do one day session on reporting requirements.

Concerning Ruth's retirement, this table should do something.

Whiskyjack Treatment Centre - WJ going through changes – screening and referral process. Staff is good – many changes have take place and creates an excellent treatment staff. Positive feedback from clients. 16 week program changed to include detox – an extra couple weeks to get comfortable.

Island Lake - Vision to get treatment centre for the four Island Lake communities – is there a way for this group to help. Have submitted proposal to the leadership as well as submitted the resolution to the AGM for the Island Lake Tribal Council. Still trying to get this going – hopefully in near future.

Successful NAAW week – two separate jamborees – both successful. Leadership and community helping all the way. Poster contests, tv & radio presentations.

One CCTP – Irvin – will be graduating. Hoping to get another one in with next group.

Nelson House Medicine Lodge - Had excellent xmas – awards dinner - to recognize long term service employees in five-year increments, recognize staff who are most committed to the organization/puts in extra effort (i.e don't use all their sick time) this year it was our intake worker, staff who graduate the highest number of clients, recognize community members – this year to the chief of police.

NHML thinking about hiring new staff.

Same problems with accreditation as Sagkeeng but agrees with Bertha's comments. Driver in accreditation is continuous quality improvement. Previous survey team struggled to find something to recommend for improvements. This particular survey team had 45 commendations, many centered around client safety. Survey team has little treatment experience, their training is medicine. Sent complaints up food chain – we need treatment people doing the surveys. We're paying for this service but instead of drawing from our pool of experts, they're going outside. If they paid surveyors a

little better, chances are there would be better applicants to be AC surveyors.

We're moving forward with Sun Dance this spring/summer. The round dance is the winter healing ceremony. NHML has been running these for the last four years. NHML identifies a need not only for return transportation for clients, but also for refresher training courses for staff. At each round dance we're graduating people and tying this to our concept of success. Would like to bring successful graduates back.

13. Closing Exercises – Date & Location of next meeting & Prayer

March 23-25. Clarion.

Minutes
MANITOBA FIRST NATIONS ADDICTIONS COMMITTEE
March 23 - 25, 2009
Clarion Hotel,
Winnipeg, Manitoba

1. Members in Attendance:

Susan Thomas (Sagkeeng)
Nora McLeod (North Independent Rep)
Gloria Rach (DOTC)
Eli Beardy (KTC)
Linda Grieve (SERDC)
Peter Constant (day 2 pm and day 3)

Bertha Fontaine (NACM)
Oliver Bear (Peguis Treatment Centre)
Renita Paul (WRTC Health)
Ed Azure (Nelson House Medicine Lodge)
Derek Harper (day 2 pm and day 3)

Regrets: Roxanne Kozak (Whiskyjack) & Peter Constant-day 1 (CNTH)

2. Opening Prayer was offered by Bertha

3. Review of Agenda

Motion # 1: Agenda as amended be approved. Eli/Mari – carried

4. Review and Approval of Previous Minutes – tabled to next quarterly meeting as minutes are not available

5. FNIH Announcements

- a. Marcy is program manager for NNADAP and Accreditation and Acting Team leader for addiction and mental health cluster – creating overload, as a result the minutes fr the last meeting are unavailable.
- b. Peguis Al-care is shutdown as of March 25 09. The centre will be shut down for 4 months. The clients that would be normally sent there will have to be referred to other centres.
 - i. There is a board in place, that will begin to oversee their own CA with FNIH, prior to this the treatment centre agreement was overseen by C & C.
 - ii. Accountability is looking at the file.
 - iii. Funding will continue to flow status quo
 - iv. Training, governance review, board training and will be offered and staffing will be addressed during the shut down time
 - v. The Chief and Council appoints the board

- vi. Media fall-out? Don't know. The other Treatment Centres may be contacted – can we have something prepared? Decided to offer no comment.

There will be an independent contractor to evaluate the process.

The next projected intake date is August 3 09.

- c. MFNAC Workplan is to be updated tomorrow
 - i. Info on commitment is to be included in 09 10 workplan. NADS is to be excluded
 - ii. Enhancement and CDS (3rd and final year) is to be included
 - d. Regional Needs Assessment is on agenda for Mar 25th – to be finalized and tabled by end of March.
 - i. To accommodate the regions that had not yet started, the date to complete the national Needs Assessment was extended to June 09
6. FNIH update
- a. SASSI – just completed the four training sessions as per our work plan. Marcy is recommending that we contract with same trainer another four training sessions for next fiscal year. North, South, Peguis and conference will be the four training sessions. There is a continual need to training. The fee is 250/day for the trainer. The cost of travel/accom/ meals needs to be included. North there were 27 registered, but only 10 people showed up, South there were 21 registered but only 8 showed up. Certificates are being sent out by FNIH.

At the Treatment Centre meeting it was decided to purchase SASSI forms for the NNADAP prevention workers. The forms will be sent out to the NNADAP prevention workers (25 sheets) as there is additional funding remaining from the Clinical Support to Treatment Centre funding pot.

The cost analysis works out to \$1.10 per sheet if 75 packs are purchased. There is a Type 1 for computer pack where worker inputs the answer the client provides. Type 2 is client answered directly onto the paper and then the worker completes the decision sheet.

SASSI is required as part of the referral package to NNADAP funded Treatment Centres.

Recommendation: when SASSI forms are distributed a letter be written from FNIH that SASSI is required as part of the referral process. Treatment Centres will update their referral forms to indicate that the SASSI decision sheet information is required.

It is very useful to screen all clients when they first come to NNADAP workers – regardless if they go to treatment.

b. FNWACCB

- i. Contract is prepared for this fiscal year to cover the cost of the workers application to FNWACCB for certification. There are workers who were not on the list from the Sept Quarterly mtg.

Motion #2: That MFNAC recognizes Gloria Rach as our representative on the BCFNWACCB to receive generalized (non-personalized) updates on and to address any MFNAC concerns of our affiliation with the organization. Linda/Nora carried (one abstention)

CCTP Update: at the Jan meeting there was a report that there are still 15 of 15 in the group. There was a motion to approve \$5k from 08 09 for grad and \$5k from next fiscal year. Since that time there has been one drop out – possible 2 drop outs. This will be the first NNADAP funded grad class of CCTP. There are grad plans in place. The issue is that the funds were approved because of no drop outs. Was this in workplan? No. NADS initiative made some of our workplan redundant, so it was allocated to this f/y workplan.

Motion #3: That MFNAC maintain our commitments. If there is fundraising that ends in a surplus, they allocate their surplus to the CCTP Group 2. defeated (no mover & no seconder)

DUPPWG is in fifth year of the 5 year funding. Funding will be reduced to 110k from 160k in the final year. It will run till Aug 09 (education and prevention summer camps in Swan Lake) and then a RFP will be done to contract someone to evaluate. Info will come from HQ for details on the evaluation. It seems that the project may become a best practice (NIHB Drug formulary). When prescriptions are written in the surrounding communities of Swan Lake that contain narcotics, the prescription is changed by Dr Fortier to a generic non- narcotic. The objective is to reduce the number of prescription drugs becoming abused. A brochure has been created regarding storage and disposal of un-used prescription.

Gloria: The RHA has been key in addressing this issue.
NAYSPS will be evaluated from HQ without any regional input.

6.7 Anti-gas update: Just prior to Jan mtg, the committee of funders met in Dec. Debra Dell shared information on Opal fuel proving not to be successful (Opal fuel does not work in cold conditions is yet to be determined). The decision was made to remove ourselves from the U of M. and partner with British petroleum. They will appoint a rep on the . CDC MB found out about it and requested information, Pilot site is Shamattawa – Feb 5 conference call (Eli, director of KTC health, and Chief of Shamattawa). They agreed to be the pilot site focussing on the summer months to reduce the solvent effect in the Opal fuel. Time did not allow for the fuel to be transported on the winter road. There was a motion passed at the Sept meeting to request FNIH to reimburse NNADAP by BF/BHC for these funds. The funds are sitting with the working group.

- c. NADS Updates – NACM & Sagkeeng moving full speed ahead. Sagkeeng has the funds. NACM is working on zoning for the Tx. Centre. There has to be a municipal zoning public meeting. Sue and Ed will sit with Bertha to review the process and develop a support plan.

At the end of Jan, HQ had funding surplus, so Marcy requested this funding for Nelson House Medicine Lodge. Ed identified programming to increase his outpatient youth/elder prgm. (Tx Center modernization) Ed will forward a program description to the committee

Mental Wellness Team: Sylvia Myer will oversee the team. She is going to Sask (money is being divided). Using data from NIHB, nursing centre directorate and prgm cluster staff will identify the host community site. Marcy will forward written info for further detail

- d. Other business

7. Workplan

- a. Move to approve 09 -10/10 -11 MFNAC Workplan and related budget(s) and further the workplan/budget be reviewed and updated on a quarterly basis. Bertha/Nora carried

8. NNAPF

- a. From Jan meeting there was a motion to withdraw from NNAPF, Ed wanted to bounce off the motion to Linda. After speaking with her, it was determined that some information was not relayed regarding the follow-up from our last correspondence with NNAPF. Ed decided not to follow up (with apologies to the group) on the Jan. motion as a result. (More constructive to fix something rather than throw it out).
- b. The NNAPF review / survey was carried out, our concerns were identified in the survey. The items of concerns are now being addressed in the review. The interim report speaks to the issue of the multi role of the CEO/Chair.

Recommendation: sub-committee (Ed, Sue, Eli, Gloria, Linda) review the original concerns, review the report, review the correspondence to NNAPF to determine and assure all our concerns are being positively addressed.

Q: what was the response at the NNAPF table when the issues were raised? A: the specific issues were not raised at the table, but became part of the correspondence that resulted in the review.

Ed is part of the governance review sub committee. The reps from NWT, Nunavut, and Quebec are also on the committee. It is these very people that cause concern about the organization (do not have NNADAP funds in NWT and Nunavut) and Quebec is not a recognized rep.

It is difficult to criticize something, but not attempt to fix it. The NNAPF is following-up on the issues we are raising. There is still determination to address the issue.

Motion #4: To re-open MFNAC motion # 6 (Jan 09), referencing MFNAC withdrawal from NNAPF. Eli/Susan carried (one abstention)

Motion #5: That MFNAC motion # 6 (Jan. 09) is rescinded, and the previous MFNAC – NNAPF relationship continue as guided by an organization/governance review acceptable to MFNAC. Bertha/Nora carried

- 9. Regional Needs Assessment
 - a. Debbie Grimes and Mel McKinney facilitated a process to fill in matrix for needs assessment
- 10. MFNAC Workplan
 - a. Workplan draft was developed and forwarded to Marcy
 - b.

The following items were tabled to next quarterly meetings

- 11. AMC FASD working Group
- 12. MAAW Update
- 13. Tobacco Program
- 14. Casino Fund AMC board
- 15. Web Master Contact – Eli
- 16. Committee Lists - Eli
- 17. Certified Training Evaluation Summary
- 18. Domestic Violence & Sexual Assault Conference
- 19. Wait time survey
- 20. Next Meeting May 4 – NNADAP Needs Assessment conference call. May 26 – 28 Quarterly meeting.
 - a. Note: dates were subsequently changed to June 4 -5 to coincide to CCTP Grad.

MANITOBA FIRST NATIONS ADDICTIONS COMMITTEE

Minutes

June 4 -5 2009

Boardroom B - 391 York

Members in Attendance

Renita Paul – WRTC

Bernelda Robinson – Sagkeeng Fam Tx Centre

Nora McLeod – Northern Independent

Peter Constant - CNTC

Linda Grieve SERDC

Diane Bear – Peguis Tx Centre

Eli Beardy – KTC

Bertha Fontaine NACM

Derek Harper – ILTC

Mary Azure NHML

Gloria Rach – DOTC

Regrets: Roxanne Kozak, WTC
Mari Staff, IRTC

1. Opening Prayer & Introductions

1.1 Derek opened meeting with a prayer

2. Review & Approval of Agenda

2.1 Motion #1 to approve agenda as amended:
Nora/Peter carried

3. Review & Approval of Previous Minutes

3.1 Jan 13 – 15 09

Amendments:

Regrets: Linda Grieve, Peter Constant, Gloria Rach

Item 1.1 need not be part of the minutes

Motion #3 should read: pg 2 That a '64 agreement sub-committee of Ed, Eli & Peter be struck to address Mb. Provincial Health policy of charging patient fees regarding physicals and Mantoux (TB) tests.

Ruth Okemow's retirement: no follow up was done on the suggestion (2nd last pg)

4. Business Arising Previous Meeting

4.1 Jan 13 – 15 09

4.1.1 Action: Tx Centre Directors training on Governance was held in Gimli (roads were extreme). Feedback was that it was an excellent training – all Nelson

- House Board members attended, 3 of Whisky Jack attended, 2 of NACM, and 1 of Sagkeeng
- 4.1.2 Motion # 5 Halifax Conference action was not put into 09 10 Workplan
 - 4.1.3 Motion # 7 – FASD, MCH, MCWWG, ADI, CPNP information sharing to see how we can work together – no meeting took place.

Action 1: information sharing will take place at upcoming MCH planning meeting (Eli/Linda). Furthermore the mental health & addictions cluster exchange needs to be enhanced. Gloria Rach sits on MCWWG and can update us at the June 09 mtg and for the remainder of the fiscal year.

Motion 2: to table motion # 7 Jan 13 – 15 09 Mary/Linda carried (one abstention – Gloria R)

Motion 3: to adopt the minutes of Jan 13 – 15 09 as amended Bertha/Derek carried (one abstention)

Motion 4: to post Jan 13 – 15 09 minutes on web only when they have been fixed. Derek/Bertha carried

4.2 March 23 – 25 09 Quarterly Meeting

4.2.1 Amendments

- 4.2.1.1 Item 6b (pg 3) Gloria is concerned with the wording. The concern is that the wording of FNWACCB is responsible for certified workers not getting salary enhancement. “This is wrong.”

FNIHB is in a contract relationship with FNWACCB. Through this contract there should have been timely information back to FNIH on the number of workers with certification.

Rebuttal: there is no contract requirement that states that FNWACCB is to send a list to FNIH. A list violates privacy laws. From now on, the workers must provide evidence of certification

Gloria: independent clarification needs to be done. Notes be sent out to Headquarters and FNWACCB to have them objectively get feedback.

Action 2: all dialogue regarding FNWACCB will be deleted from minutes and will only be kept as notes. The following will replace the draft minutes

a. FNWACCB

- i. Contract is prepared for this fiscal year to cover the cost of the workers application to FNWACCB for certification. There has been a delay in communicating regarding the contract. There are workers who were not on the list from the Sept Quarterly mtg.

Motion 5: to accept minutes as amended Peter/Linda cared

Action #3: as per previous motion, minutes will be changed as per amendments and posted on web.

**4.2.1.2 Business Arising fr. Mar. 23 – 25 09
mtg**

4.2.1.2.1 Minutes with amendments will be forwarded to Marcy to be posted on Web

4.2.1.2.2 Things to be posted on website: submit to Eli for inclusion

4.2.1.2.3 Website hits are very encouraging. There are enquiries about printing the CAS Manual. The document is a public conference

4.2.1.2.4 Nelson House ML is celebrating 20 Anniversary – info to be posted on web

4.2.1.2.5 There are several youth conferences and other NNADAP activities that can be posted on the web.

4.3 Screening & Assessment Tools

- 4.3.1 Marcy, Eli, Peter & Bertha sit on this committee and have not completed review/revising the various mental health and addiction screening tools and intake forms to be posted on the web. The work should continue.

The sub committee will set a date to meet and report back at next quarterly mtg.

4.4 Web update – Eli

Nothing to report

4.5 Conference/Professional Development sub committee (Bertha, Eli, Linda, Peter, Ed, Marcy & Janette Thomas)

- 4.4.1 Certification of the various courses can still be done if we submit the CV of the presenters and the course content. Co-occurring, Grief and Bereavement.

Action 4: we need to get info from FNWACCB on what the criteria is to certify courses so we can inform the presenter what is required. What are the criteria to be recognized as a trainer?

Action 5: Sub committee will meet with AMC –Janette Thomas to plan the conference. Certification of courses will be sought.
Action: letter is to be sent to Ardel Cochrane to request AMC to partner with MFNAC to put on training

5. FNIH Update

5.1 NADS

Explanation of NADS (sunset in 2012) – four components

1. Treatment Centre Modernization: Sagkeeng and Nelson House Med Lodge have received funds for this.
2. Workforce Retention
3. Mental Wellness Teams

Expression of interest (based on evidence base) was sent to high use areas for letter of interest and then a RFP will be required

Cree Nation Health Services
Medicine Lodge
DOTC
WRTC

Sagkeeng + 2 more

4. Research Papers – available on NNADAPRenewal.com website

5.2 NNADAP Renewal

5.3 SASSI Training

Scan Tron (Eli) – reported that the cost of the machines is \$6,584 each but if a purchase of 5 machines is made there will be a reduction of 600 per scanner (total 3k). Annual maintenance fee is 600/yr. However they will provide the first 3 yrs free. They are willing to take NACM's in as a trade-in. Ball park of \$38k for ea tx centre getting scanner. There is a CD available for clients that are unable to read the SASSI form. The info will be mailed to ea to MFNAC members.

Both training and boxes of stuff was purchased by Sagkeeng (scoring sheets) and send out by FNIH. Youth SASSI scoring sheets can be ordered.

5.4 FNWACCB (Certification Update)

5.4.1 Certification process

Mb region is not only region experiencing difficulties with FNWACCB, other regions are experiencing similar difficulties in communication with organization and timely information on certification of workers. A review has taken place of this organization with a significant number of recommendations identified for FNWACCB to address.

There are funds available for salary enhancement for those workers who acquire Certification. The deadline for workers to inform FNIH through MFNAC reps is Oct 1 09. Each certified worker must be in good standing.

The salary payouts for 2009 10 fiscal year will be a mandatory reporting item for all contribution agreement holders.

Motion 5: Given that the NADS allocations will change on an annual basis, level 1 – 3 certified workers be provided with salary enhancement of a percentage basis: level 1 (10%) and level 2 getting (25%) and level 3 getting the highest percentage (65%) of funds available on an annual basis. To reach this end, a letter will be written to Headquarters with the decision. Linda/Bertha carried (one opposed -Peter)

Action 6: Chair/vice chair to write the letter to also indicate that the MFNAC be part of the dispersal process.

5.4.2 Clinical Supervision: There are workers in First Nations that do not have access to a clinical supervisor. They will be unable to reach level 3 certification without clinical supervision. This includes a requirement of 10 hrs of supervision in each of the 12 competencies.

Possible solutions:

- training instructors,
- Health Directors with master degrees,
- Tx Centres could provide supervision,
- Mental Health Therapists
- AFM
- Tx Centre /prevention employee exchange (nursing station or teacherage accommodation)
- Nurses

Action 7: Chair/vice chair write a letter to those with level 2 with suggestions on where to get the supervision from.

Action 8: Marcy will check with Nursing Directorate and Pat Pederson (psych services) of FNIH to discuss the issue

Action 9: Each MFNAC member will get their NNADAP workers to sign release of information in order to access names and levels from FNWACCB

5.4.3 Fees: When it comes time for renewal the FNWACCB will contact the certified worker 120 days before certification expires- includes criminal check, child abuse, and registry check possible a test that is currently being developed that is culturally appropriate.

Action 10: FNIH will not be entering into a new CA with FNWACBB, each worker that applies for certification or renewal will have to cover the cost and then will have to submit to FNIH – Marcy for reimbursement.

5.4.4 CCTP Update

Red River Pow Wow for grads was held. Grad is this Sat. CCTP 2 is still good – all trainees are on board.
3rd intake? No definite word

5.4.5 DUPPWG Update

All community activity is ceasing in Aug. Is the Dupp staying on till end of fiscal year? Suggestion: overlap for one month with evaluator's .Once the national roll up is done then there will be recommendations to address prescription abuse issues. A

coordinator could follow up on what could be done at region level to address College of Physicians (not following up on). Pharmacy issues.

We need education on Oxicontin – bigger issue is “Pams” and T-3,4,5

Other working with the RFP’d person, do we keep the coord on.

Motion 6: Regional Coord position cease after one month with the RFP consultant. Furthermore if there are funds left in the file, a training T4T resource manual be developed to train front line workers on pharmacology misuse. Linda/Peter carried.

5.4.6 Tx Centre & Clinical Support

Part of regional NADS allocation was intended for clinical support to Treatment Centres. Sandra Gardner was hired to do a report to meet needs. Bertha has been identified as the Tx Centre rep to meet with Marcy and Sandra for the next 3 months. Medicine Lodge is hosting the funds. The biggest need is for a nurse practitioner to be on hand for the centres. FNIH has nurse practitioner. There is a need to establish an updated policy/procedure and training on the use of prescription drugs during treatment. Sagkeeng has agreed not participate in the process as they are doing their own initiative. There is a report done for Sagkeeng and it is a good report.

Action: Bernie will check out to see if they can share the Sagkeeng Clinical Support report

6 Regional Needs Assessment

- 6.1 Draft # 4 was approved by electronic vote. It will be mass printed and mailed to all NNADAP workers and to MFNAC committees
- 6.2 Presented Manitoba’s RNA to National Experts Panel on Tues. Says the same as Ont.’s assess. The doc’s will be shared with all regions.
- 6.3 See handout – The NNADAP Renewal Process. Hope is to hold national consultation before Jan. NNADAPRenewal.com is the website where all reports will be posted. Hoping AFN will hold year end forum on the papers.
- 6.4 Health Canada will not accept paper # 4 because they do not have the mandate (NADS). Justice has the mandate. There is no indication of what the plan is for the prevention piece of NNADAP.
- 6.5 The Regional Assessment feeds into the NNADAP renewal.

6.6 NADS – Justice & Health Canada are partners and Justice has the lead roll for prevention

The MFNAC Assessment was well received

Action 11: post MFNAC Assessment report on web

7 NNAPF Report/Update -Linda

7.1 Issue of extra seat for Atlantic region totalling 2 and 4 seats for North

Action: Mb wants to review the cost analysis of expanding the board seats to 2 for Atlantic Region before they can give direction on accepting/declining the add'l seat for Atlantic.

7.2 Issue of relocating to Ottawa and to replace regional board member if the original rep gets elected as president – direction was sought.

Motion #7 To support the existing process of having a region replace the director if that director is elected as President and to support the notion of relocating the office to Ottawa Linda/Gloria carried

Health Canada update: NNAPF's international work has stopped except for HOSWW.

8. MFNAC Workplan Review

8.1 was done – see Marcy's notes iurweurw

9. FNIH/AMC Working Groups Update

9.1 MCWWG

9.1.1 Last meeting was held May 26 & 27 in Wpg. Working Group has difficulties in getting decisions made and actions complete. Last year they did have a conference "Care of Caregivers". Report on conference is expected by end of June from 4 Arrows. The Youth Suicide initiative ends this fiscal year and is in the year of evaluation. The criteria for approving proposals are weak. There was a process of having committee decisions overturned by FNIH which caused community concern. At last meeting there was a motion to get a report with a request to meet with Chief's Health Task Force. The co-chairs made an arbitrary decision not to meet with them. Gloria opposed this decision – very contentious. Jon Spence is no longer chair. The newly elected co-chair is Amber Prince and Pattie Constant. Gloria declined to participate in the

election because according to the TOR Patty is not an official member. There is a problem in soliciting all members input – members get shut out. There is an NAPS evaluation being done, spearheaded by FNIH headquarters. Six case studies (as yet undefined) will be done and submitted to Dr Brad Cousins fr University of Ottawa. Gloria requested to review the TOR. There was a unanimous decision to strike a working grp to undertake this, but the chair subsequently sent out an e-mail stating there was no need to carryout the working group’s task. In the end, the grp met; there was no copy of the TOR available, the co-chairs showed up. The current TOR membership is the “Tribal Council BF/BHC rep and independents.” Gloria is writing a letter of concern to the chair cc’ing Virginia, Doug, AMC

- 9.1.1.1 Who are the members representing, who are they accountable to? They represent BF/BHC front line workers and should be accountable to both FNIH and Mb, Chiefs and councils.
- 9.1.1.2 AMC is holding their AMC Youth Gathering in Keesee. in July. It is now 5 days.

Action 12: Check to see if your youth are registered to attend

- 9.1.1.3 Amber is going to the aboriginal sub group of the provincial youth suicide task force. Gloria put up a motion to have Amber be the rep and to report back to MCWWG – the motioned died. There is potential funding available to MCWWG, but the info is not coming back to the table.
- 9.1.1.3 Amber was sent by MCWWG to Australia last Aug 08 and has yet to report on the conference.
- 9.1.1.4 The Workplan was done, but the co-chairs declined to send it out to the members. There was no opportunity to review the workplan prior to the meeting, the group passed the workplan that they did not go through

- 9.1.1.4.1 \$100k Conference week of Sept 21 – 26 09. It is unsure if there is a sub committee
- 9.1.1.4.2 \$252k (down fr \$370 last year) to U of M – Wellness Diploma program. There is no clear number of BF/BHC workers who are taking this course. Gloria requested information. There is only 1 DOTC member in the class. There is a need for the students to be sponsored from Education Student Counselling.
- 9.1.1.4.3 \$24k for promotional items – vest
- 9.1.1.4.4 \$170 – crisis management goes to 7 TC's and 5 independent FN's – it has to be applied for
- 9.1.1.4.5 \$110 injury prevention – pilot projects in selected communities (car seats, PFD's drowning prevention, etc). Information from WHA was accessed by contract.

Action 13: Gloria will send us the injury prevention promo items.

- 9.1.1.4.6 NADS –
- 9.1.1.4.7 Health Careers – Charlene E presented on info and recommended it be combined with AHHRI for Aboriginal Health Careers – the MCWWG was not receptive to the idea. It will now be funnelled through AHHRI
- 9.1.1.4.8 O & M is frozen at 50k – no travel for consultant
- 9.1.1.4.9 Training activity: Journey to the Teachings – very good course. It will be available as a T4T.
- 9.1.1.4.10 Website has been cancelled – sighting high expense and failure of a volunteer fr group to monitor and update.
- 9.1.1.4.11 Budget is unknown: it was a workplan action from 2007 08. The “visioning booklet” has been in the works for 2 years and was sent out to the working grp members for approval – it is outdated, but it seems it will be printed and distributed

We are morally and ethically bound to respond to these issues. The attitude and process the MCWWG is taking is unacceptable. The information of annual budgets is in the AMC 10 year Wellness plan.

Action 14: Gloria send MFNAC a letter over viewing her concern with MCWWG. TC's /Tx C's address it with possibly recommending that if there is no apparent change in the next quarter, we recommend the MCWWG be disbanded. Jerry McDonald is the BF/BHC Consultant at FNIH. Virginia Sanderson Mental Health and Addictions Team leader and Doug Mercer Community Program Supervisor

Comment: glad we appointed Gloria to be our link. Doug's presentation yesterday and we see the MCWWG as a concern.

9.2 FASD

Linda reported there is a process for AMC-FASD working group does a call for proposals. Previous fiscal year 37 sites were approved, 37 capacity development sites and 10 mentoring sites are currently in place. Some pilot sites are into their fourth year, agreement was in place to continue with existing mentoring sites until end of current fiscal year. FASD is not A-based and FASD could sunset March 2010.

April 15, 2009, last meeting of FASD committee, this meeting finalized the list of approved projects for upcoming year, created workplan that will see mentor training in September and mentors meeting in June. Remainder of funds are provided to communities.

Many minutes to review at last meeting, the FNIH program manager position has changed 12 times since 2000, high staff turnover in this position.

Lora Montebruno has notified the FASD committee that the June meeting will be her last meeting in her current role. Focus will now change to Evaluation of the Mentoring sites of the FASD initiative.

Within SERDC's mentoring sites six FASD moms have been referred to treatment. This could be link to MFNAC with FASD. Case reviews are conducted on a monthly basis with this tribal council area. There is a high need for this program to continue.

Updated TOR, but not yet approved by AMC, this document was tabled at the AMC meeting.

Training budget of \$78K for current fiscal year, this funding will be used to update skills of mentors within existing sites. Surplus funding from previous fiscal year was suggested to be used to purchase FASD resource material, currently on order.

Committee members are sent for professional development training opportunities, who always report back to regional committee.

Derek requested info to determine if there is a representative from Four Arrows, Renita responded there has been representation from Four Arrows at previous meetings but not regularly.

SCO has been contacted to initiate a process to identify a representative to sit at this committee. This has not yet been actioned.

FASD babies as well as teaching curriculum were purchased several years ago and distributed within the region. Training took place and the babies are currently in use throughout the region.

Discussion on Treatment centre possibly using FASD babies as part of their programming. Ordering information was requested, Marcy will provide ordering information to MFNAC members.

Action 15: Marcy will distribute ordering information for the FASD babies to MFNAC members.

9.3 Tobacco

- 9.3.1 - AMC distributed a notice from AFN for a Call for Proposals for Tobacco Initiatives. Expressions of interest is open until June 30, 2009.

9.4 MAAW Update

Bertha was unable to attend the last meeting, but plans to attend the next. We need a heads up on what promo material we can order. There are free fact sheets and brochures

9.5 NAAW Update/Report

- 9.5.1 Alberta Native Counselling Services has the contract. They are on the web

9.6 MCWWG Wellness Diploma Revision Update

- 9.6.1 tabled to next meeting

10. Treatment Centres & Tribal Areas – Prevention Rpts –

10.1 tabled

11. H1N1

- 11.1.1 Peter: Polaris Place Tx Centre is not accepting client if they have flu – like symptoms as a precaution. What are the other Tx Centres doing? What is the response to client who are in tx are start displaying symptoms
 - 11.1.1.1 Nelson House ML: signage regarding hand washing, coughing, sneezing is posted.
 - 11.1.1.2 In Peguis – they would be referred to the PM Hospital
 - 11.1.1.3 The tx centre directors were to get together to discuss a policy – there is not a need to have a policy in place.

There is funding available to the PTO's but there has not been an update from them for over a month.

Action 16: NNADAP workers inform their clients that if they are displaying flu-like symptoms (according to the Mb. Health description on their website) , that they delay their tx plans.

Action 17: Marcy to find out what the policy is for out of prov victims of flu like symptoms (according to the Mb Health website)

Action 18: The current policy of NIHB is not to pay for transportation to home, so the the tx would be best to take the referral directly to the nearest hospital. The tx centre review their pandemic response in their emergency preparedness policy.

When is it time to put the gloves and masks on? FN's are to aligned with RHA's with the Pubic Health policy.

Action 19: The tx centre need to be hooked up with the same policy as the nursing stations for the gloves, masks, mask fitting,

Motion 9: Marcy to request a meeting with her counter-parts in Headquarters and NIHB to establish a policy on how to address potential H1N1 symptomatic clients that are in treatment centres regarding transportation to health care facility. Linda/ Renita carried

Action 20: Gloria will forward the daily updates she receives electronically from ANA – Prov Mb.

Action 21: Marcy to find out if the link can be posted on our website

12. Workforce Retention Salary Enhancement Process

Once a worker becomes certified, it will be their responsibility to provide FNIH (Marcy) with their certification docs with a request to be considered for salary enhancement. The deadline for this is Oct 1 09.

After Oct 1 09, the list of certified workers will reviewed by Marcy and considered (according to HQ's direction) for the salary enhancement to be rolled out in Feb 10.

Action 22: MFNAC members to inform the workers they represent of this salary enhancement process.

Action 23: MFNAC members request their workers to sign release of information forms to FNWACCB so they can share the list with us. This will enable us to check to see if the list is correct.

13. New Business

13.1 **Wait time Template** – IRTC month-by-month basis, Cross Lake, CNTH area have responded

13.1.1 It was mailed out again with a request to complete and send it in asap showing a 4 week period.

Action 24: put on next quarter agenda

13.2 Committee Review Process (Doug – FNIH)

Doug M presented background: Mb. FNIH is one of the few regions that engage advisory committees (approx 10) \$971k was spent on the committee processes last year – this includes the CCTP training fees. The 10 year AMC plan clearly states the need to assess the committees. The process of fair representation is questioned. Doug was requested by AMC Chief's task force on Health to review the committee effectiveness and consistency. The accountability was to be reviewed.

The Aboriginal Transition Fund was allocated to AMC for 700k to do this, but there has been no report yet.

Doug reviewed the budget and saw that there are a lot of funds spent on the committees with question of accountability.

Develop a process of ea committee, what their mandate is, who they are accountable to, what their strategic plan is and how they are evaluated for success. What is the process for communication?

A call has been made for proposals to assess all committees as above. FNIH will select a consultant. They will contact the chairs of ea. committee.

Strong recommendations can be made to be more cost effective, accountable and truly represent the FN's.

There will be an opportunity to have ea committee to give input. The timeframe to complete is end of Sept 09 and then to take it to the AMC Health for them to respond for increased response to community need.

The operational budget of the committees for this fiscal year is 50k for committee meetings.

14. Dates were set for meetings

- 14.1 Sept. 15 & 16 09,
- 14.2 Dec. 8 & 9 09 and
- 14.3 March 2 & 3 10 at FNIH

Motion 10 to adjourn meeting – carried

15. Prayer offered by Nora M- meeting adjourned

Minutes – Sept 14 & 15, 2009
MANITOBA FIRST NATIONS ADDICTIONS COMMITTEE
Delta Hotel, Winnipeg Mb

1. Members in Attendance

Janet Longclaws – DOTC – DOHS
Peter Constant – CNTHC
Renita Paul – WRTC
Eli Beardy – KTC
Oliver Bear – PATC
Nora McLeod – Northern Independent Rep
Mari Stagg – IRTC
Ed Azure – NHMC
Linda Grieve – SERDC
Roxanne Kozak – Whiskeyjack

Regrets: Susan Thomas

2. Opening Prayer & Introductions

3. Review & Approval of Agenda

Motion 1: to approve agenda as amended Mari/Eli – carried

4. Review & Approval of Previous Minutes

4.1 Minutes of June 4 & 5 (action and motions) were reviewed.

Motion 2: to approve the minutes Peter/Eli –carried with one abstention

Motion 3: to reconsider the previous motion: Mari/Nora carried with one abstention

Motion 4: to approve the minutes as amended Mari/Nora carried with one abstention

5. Business Arising Previous Meeting

5.1 Criteria for FNWACC- Linda updated the group: Instructors required to be post-secondary educated (preferred at masters level). The material/content is to be reviewed for consideration of certification however there is no clear guideline to assess a 2 hour course vs. a 2 year course. They have struck a committee to review this process but have not yet established clear guidelines.

Action 1: continue to gather the C/Vs and course outlines to submit for consideration of certification, but there is no guarantee that the criteria will be clear by the time the conference is offered.

Q: what is the consideration for traditional elders and the wisdom they have to share.

- 5.2 Letter to be sent to AMC regarding funding partnership in Certified Training
- 5.3 Salary enhancement letter will not be written because FNIH region has to follow the headquarter rollout policy. (i.e. not percentage based for level 1 vs. level 3)
- 5.4 Letter regarding MFNAC be part for the salary enhancement dispersal will not be done because the MFNAC members are not legally responsible – only public servants are able to carry out the task.

Motion 5: the MFNAC Chair write a letter to HQ regarding the issue of not being able to access clinical supervisors for the purpose of achieving level 2 & 3 certification with the suggestion of using NADs funding. Renita/Linda carried unanimously.

Motion 6: MFNAC chair write letter of concern be sent to Headquarters – Debra Harris cc Marcy Richard, Virginia Sanderson, Doug Mercer and Jim Wolf regarding the illogical process of equal salary enhancement of NADS Workforce Retention Funding from level one through to level three. Linda/Derek carried unanimously

- 5.5 Letter regarding supervision for certification level 2 & 3 applicants. Marcy has checked with nursing – they can't do it due to their scope of duties. Marcy checked with Pat Pederson – she is on sick leave and her return is unknown. The AFM is open to partnerships – we have to go to them.

Question: Could FNIH pay for the clinical supervisor/mental health therapist in the WRTC area? Marcy will follow up. Renita could write the letter herself.

- 5.6 letter of release form was dispersed by Marcy
- 5.7 The MFNAC members are to inform the workers that FNWACC fees be covered by their program and then with a receipt be submitted to FNIH for reimbursement.
- 5.8 DUPWG – person will be identified in Oct and the regional coord. position will cease. It is unknown if there will be funds available for pham. training. This item will be brought back to next meeting.
- 5.9 Web posting is done
- 5.10 Injury prevention items – Gloria was to send us info on this – to be done
- 5.11 MGWWG update not available
- 5.12 FASD babies info – Marcy will be bring it tomorrow
- 5.13 H1N1 – clients displaying symptoms prior to tx, should postpone their travel plans. Clients who display symptoms while in tx, they should take precautions (possibly masks). If it comes to the need to transport to hospital, the coverage to transportation will be handled on a case by case basis. Eli shared that if there are costs incurred, the bands are to cover the costs. Ed shared that HQ – Debra Harris responded to the query stating that H1N1 is a provincial jurisdiction.

- 5.14 H1N1 daily updates have not been linked. The e-mails come out when possible
- 5.15 Salary enhancement process – sent out Sept 1. by Marcy for us to distribute. The list has to be updated ea year.

Motion 7: to accept business arising Derek/Eli carried

6. FNIH Update

6.1 FNIH Update

- 6.1.1 The Peguis Tx will re-open on Nov 1 09. The new E.D. Ken Gennaille will start Oct 1. Full staff complement in place. Training will start on Oct 1 09. SASSI will be the first training – new workers in the area can also attend Sept 23 & 24 09 is the date of the SASSI training

Action 2: Marcy will inform us if the travel costs will be covered

Support was good from Wiskeyjack (helped with interviews) – thanks Roxanne! Referrals can start now!

Action 3: Marcy will send out a letter to inform workers of the re-opening.

6.2 SASSI Training

- 6.2.1 Training will be offered in the North near the end of Oct. Marcy is requesting names of new workers via e-mail. Oct 26?? (2 days)
- 6.2.2 SASSI will also occur at the Feb conference

6.3 CCTP Update

- 6.3.1 Everyone is still attending. They just ended module 2.

6.4 DUPPWG – demonstration project indicates that there has been a drastic reduction in abuse of prescription abuse. Emilia is the presenter and is able to document the reduction in her community profile use of prescription drug presentation. Since then each DOTC has requested a presentation.

6.5 Other Business –

- 6.5.1 H1N1 – Mb Region is in the process of hiring 30 add'l nurses for a 3 month period. There is a response. Pgrm mngers have been told to expect to be pulled from their regular duties to travel into the communities two times (Oct & Nov) to do 2 vaccinations. Marcy will be one of these prgrm managers to travel.
- 6.5.2 HQ NNADAP National manager is leaving her position to be the assistant director of nursing in Mb Region. She will be in position Oct 5.
- 6.5.3 Regional Needs Assessment – final read through has been complete – every NNADAP worker and TC will be receiving a printed copy. The NNADAP Renewal.com website is not yet up, but will be up within 2 weeks. The research papers will also be posted. The other

- regions are in various states of completion. There has been no update since July fr Darcy on evidence based. We are to be prepared to be called to a consult in late fall or after New Year.
- 6.5.4 Ed stated that at NNAPF Debra shared that the regional reports have all now been received and that the consult will happen in Jan. in Ottawa.
- 6.5.5 NAD's sunset 2013

Action 4: Marcy will provide a document outlining NADS

- 7. Election for Chair, Co-chair, Secretary
 - 7.1 Chair was handed over to Marcy
 - 7.1.1 Floor was opened for nominations for Chair
 - 7.1.1.1 Secret ballot took place. The result: Ed Azure
 - 7.1.2 Floor was open for nominations for Vice-Chair
 - 7.1.2.1 Eli was acclaimed Vice-chair
 - 7.1.3 Floor was open for nominations for secretary
 - 7.1.3.1 Linda was acclaimed as Secretary

Note: Chair, vice chair, secretary positions are both second positions

- 8. MFNAC Workplan review
 - 8.1 Professional Development Committee
 - 8.1.1 FNWACCB status.
 - 8.1.1.1 Communication is an issue
 - 8.1.1.2 Who has access and how long does FNWACCB hold personal information regarding instructors; and what do they do with personal information when they have completed their internal processes?
 - 8.1.1.3 Health Canada does have a CA with FNWACCB – it was recommended that there be an agency review – it took place in the spring with 83 recommendations to follow up.
 - 8.1.1.4 MFNAC Certification Training
 - 8.1.1.5 Janette Thomas walked us through the draft agenda (copy provided) and the Registration form. Changes were made. Janette will make the necessary changes

Action 5: Marcy to send Janette logo electronically
 Add Mb First Nation Addiction Committee on front. Add NNADAP Community Addiction Specialist Certified Training. Add logo. Bio and synopsis of each workshop should be added. This is where each workshop can be identified if it is certified. Janette needs to know if presentations need to identify a maximum number of people

Action 6: Chair to write a letter to appeal decision on certifying the Medicine Wheel and CODI presentations last year with a request to certify the workshops for this year.

Action 7: Marcy to follow up with Susan request Medicine Wheel give equal time to each tribe

Action 8: Bertha to follow up on the 3 certification bodies to request they attend and present their process of certification requirements.

Action 9: Ed is waiving fee and donating it to purchase door prizes to those that register early (Jan 8 10).

Action 10: members of this committee will only charge up to a fee of \$250/day. Other presenters we will need to clarify the costs.

Action 11: Janette will provide an estimate budget in Dec on the conference costs.

Action 12: If the \$300 registration fee creates a surplus, the funds will go towards another AMC professional development type conference.

Action 13: In Registration Form above FAX information: Certification: Workshops identified as certified are certified through BC First Nation Wellness/Addiction Counsellor Certification Board (BCFNWACCB) website: www.fnwaccb.ca

Theme: Enhancing our Strengths

Note: The treatment centres are allowed 4 seats plus the MFNAC committee rep. Only one mileage is allowed per community. Treatment Centres will get 2 mileages. Travel rates will be per AMC rates used last year.

8.2 Screening & Assessment Tools

8.2.1 Eli, Linda, Bertha, Peter, Marcy, -

8.2.1.1 At our last subcommittee meeting in June, the recommendation was to put all of our stuff on the website, but there are copyright issues. We have to apply for permission to post from the owners

8.2.1.1.1 Subcommittee conference call will meet to come back with recommendations or secure permission.

8.2.1.1.2 We need to update CAS Orientation Manual. The CAS Orientation Manual was posted 2 years ago and has not been updated for at least 3 years. Mari, Nora, Eli, Linda, Ed, will make up the sub committee. Next mtgs Oct 26

Action 14: Linda to set up Illuminate Conference call

8.3 Treatment Centre Directors – Clinical Support

8.3.1 Bertha and Marcy met with Sandra Gardner-Hays to review work done to date since June. Sagkeeng has now decided to come in with the rest of the group. Peguis will also be part of the process.

Clinical Nurse specialist from FNIH has accompanied Sandra on trips to the Tx Centres. The initial visits show that each TX centre has different needs. Ms Ferguson (contracted Nurse Practitioner) is contracted to assist. There is training available on compassionate fatigue and vicarious trauma. Some centres require one-on-one support with workers. Co-occurring disorder response process is being worked out. There are good things happening (4 days a month). The hope of addressing the need to standardize an intake form for referral will not happen due to the lack of funds. Marcy hopes to access some lapsing funds from other regions to carry out this task before the end of this fiscal year. Training for referral process is also a hope. Inappropriate referrals are such a big issue. More to come.

8.3.1.1 Question: what happens with follow up from TX Centres – each centre is different because of the different intake lengths.

Action 15: In camera session regarding referral issues will be put on agenda for next meeting.

NOTE: Treatment Centre Board training Nov 1 – 5 hosted by Sagkeeng. Carol Hopkins will be doing the training. Susan is the lead. Peguis is also looking for training.

Action 16: Marcy will follow up with Peguis Board to cost share event

Action 17: Linda will forward an electronic copy on any documents she can pass along

8.3.2 NNAPF Report/Update - Ed/Linda provided a verbal report

Motion 8: To accept the NNAPF report as presented Peter/Nora carried.

Motion 9: To invite a representative from NNAPF (at NNAPF's expense) to our next quarterly meeting to overview the strategic plan, the mission, vision and mandate of NNAPF
Linda/Bertha carried

9. FNIH/AMC Working Groups Update

9.1 **FASD** – Training is specific for mentors; Formed partnership with Mantioba FASD Clinic. The Clinic was moved to the Shriner's Hospital. Purpose is to assist with screening diagnosis. Will not accept referrals unless properly assessed. Process planned for proposal review as previous proposals was not completed consistently. Lack on data collection for PCAP mentoring sites. Terms of Reference updated and forwarded to AMC. This item did not make the AMC agenda and the committee is now unsure how to proceed.

9.2 **Maternal Child Health**, in 2010 the program is scheduled to sunset. There was a review done that demonstrates the effectiveness of the program. The program is a home visiting program to enhance child development and parent health. There was a joint meeting with CPNP,

Head Start, FASD and MCH to plan various options for the program: if it in fact sunsets, 1) status quo, and 2) if it continues with various options of enhancing other programming/ communities that does not have a home visiting program. The intent of the meeting was to be best prepared for the end of March. The evaluation and report from the meeting will be available at the end of Oct. AMC's capacity is to plan and deliver comprehensive training to the home visitors. Primus offered training on FASD 101 – how to work with clients.

CPNP – Training event planned for October 21 & 22, 2009. Partnering with FASD, MCH for hands on training for CPNP workers, topics will include a Fathering Panel, with Eli selected as one of the panellists. CPNP 101 offered to new/rookie workers on how to implement program. Pre-natal moms and post natal for those who are breastfeeding. Some discussion on cultural practices sometimes conflicting with program practices e.g. “Kookum says to breastfeed this way”. Mantioba has best program implementation due to the partnership with the University of Manitoba.

- 9.3 **HIV/Aids**
Action 18: Marcy will let us know if the vacancy at FNIH has been filled
 - 9.4 **MCWWG** – no report
 - 9.5 **ADI** – no report
 - 9.6 **MAAW Update** – Bertha- no report. Contact Bertha for info on upcoming activity
 - 9.7 **NAAW Update/Report** – Native Counselling Services – you can go onto the website to order resources and gain info on Addictions Awareness Week Nov 15 – 21 09
 - 9.8 **MCWWG Wellness Diploma Revision Update** -to be removed from standing agenda as there is no longer a committee
10. FNIH NIHB epidemiologist and Statistian – Emilia (1:15 pm)
- 10.1 A presentation on Manitoba Region's prescription drug use by First Nation clients was shared with the committee. This presentation was to be a “sample” of the type of information that can be gathered and made into community specific presentations at their request. General info on Mb FN's on various drug categories on the extent of use for male/female and age group. Amilia can be reached at ph 204 984 1597, fax 204 983 4178, Amelia_sheocharan@hc-sc.gc.ca
11. Program Reports
- 11.1 Treatment Centres & Tribal Areas – Prevention
12. **Anti-Gas Pilot Initiative/Opal Fuel** – was first spoken about in Jan 08. Marcy was tasked with compiling pictures/information on Shamattawa's storage, capacity, access, security, for community fuel use. British Petroleum is prepared to ship summer gas (June – Aug) on the winter road. There is an anticipated

technical issue with the change of gas. To address this there will be technical support in place via a partnership with Red River College. Marcy is very careful on the communication because of the technical info. The site will be the first site outside of Australia. The outcome could impact the use of Opal Fuel in all of Canada

13. NADS (National Anti-Drug Strategy)
 - 13.1 Marcy overviewed the NADS as requested the previous day
 - 13.2 Mental Wellness Team – WRTC will be hosting the Mental Wellness Team,
 - 13.3 Treatment Centre Modernization (400k increase to Sagkeeng TC)
 - 13.4 Workforce Retention (Certification process)
 - 13.5 Research (4 papers as distributed by D’Arcy from HQ)
 - 13.6 Regional Needs Assessments

All of these components are all feeding into the process of NNADAP renewal.

14. Workplan Review
 - 14.1 Was reviewed. Discussion on the flux of the budget.

Action 19: Marcy to invite Eddie to next meeting to overview NNADAP budget for MFNAC workplan.

15. Review of Health Advisory Committee - Ed
16. Treatment Centre and Tribal Council Program Report
 - 16.1 Whiskyjack – Roxanne was shut down in July and Aug for building renovation, program reviews, housekeeping, and outreach (Pikangecum, Easterville & Shamattawa). Last intake was shut down early due to mould in building, but attempted to do outreach for those clients. Now doing male intake. Sent counsellors to MKO conference to promote the program. Has used Cross Lake Resource people (fire extinguisher training, emergency response plan review, workplace & safety training). Other training includes canoe safety training, wilderness safety. Requires certified training due to the provincial licensing requirements. Risk management and client/staff safety is priority. Having accreditation training is coming up in Oct. The process looks easier because they are already licensed. Staff changes – director of programs – staff motivation techniques are used: advanced staff up into positions. Grieg Fontaine is new Treatment Director (still requires HR training/support/management – Roxanne will train him) Involves staff in decision making.
 - 16.2 Island Lake Tribal Area – has been asked for TX Centre to be place in the Island Lake area, but has not received response from the leadership. There is a proposal in place. Pandemic planning is complete. Has instructed the other NNADAP workers to be part of the plan. Recently had community emergency – forest fire close to community. The emergency response community plan was fine tuned as a result: clarifying roles, etc. It became clear out community emergency plan had to be clearer and focused in the roles. Pandemic planning is the priority.

- 16.3 DOTC – Janette started in mid-July. Held first quarterly meeting at the end of July. Submitted proposal for crisis management \$\$\$\$. Looking for certified training to address the needs of addiction and mental health planning during pandemic planning and self care of the care givers, bereavement and grieving, etc. Is involved in the Pandemic planning process
- 16.4 CNHC – Peter attended family camps (5). Since family enhancement workers came on board, they are using NNADAP in the programming. There is a noticeable change in trust of the services. A challenge in crisis management stuff and cost to budget. There is still a response, but it stresses the budget. Sits on a local committee that is working to create a TX Centre at a former prison. Organizations/resources are being approached to discuss and gain support for the idea. Sitting on pandemic planning committee. One of the addiction counsellors wants to take 2-3 clients next summer to the bush for traditional ceremony and preparation of ceremonies.
- 16.5 WRTC Renita did a 1 day Client Case Management workshop for Peter’s workers. Peter highly recommends it. Since April, Renita has been doing Mental Health Counselling Services (2 communities’ weekly/bi/wkly). Had 1 critical incident throughout the summer. In the process of posting the mental wellness position. The NNADAP position in RR is posted and Renita will be assisting with interview. Oct is the next quarterly meeting. Is doing Pandemic planning but has not been able to attend a meeting yet.
- 16.6 Mari – was on bereavement leave in June. Went to grad in June. Is doing a 2 prong degree program, started with 25 students for Ashern Field Stone. Held NNADAP Quarterly. Attended BFI meeting, attended treaty days, but stayed behind to answer ph. Colleague lost his wife, so covered for him in his absence. Held training but only 2 workers showed up. Attempted to hold a retreat, only 1 showed up. Has had a turnover in Lake Mb. and one is on medical leave for a year, new worker in Kino. (Jackhead). Holding a concert (native rap group) for the 7 communities’ youth on Oct 1st in Ashern. Attended the home care workshop and got handouts for workers.
- 16.7 Peguis TX Centre – Oliver – will not likely be attending any more meetings, the new E. D will be in place next meeting. Enjoyed his time with us. He will be continuing his work as a counsellor. Looking forward to the changes and being involved. Intake Nov 1.
- 16.8 Nora: gone all last month. Just got back to work ...new chief in cross lake put a stop to referrals for awasis especially because we wanted the worker to bring the client to the office so we can talk to the client and the worker started doing this on thursday had a conference with fas and cfs and the client particular women and we see the mothers at the bar drinking and we don’t like that we are not going to accept referrals no more and it is working. When we talk about FAS we talk in God’s earth given language...Cree....we do an assessment on their arrival in our office....our current interventions are working...the one I tried to help has 11 kids and she is pregnant again and now she has been sober for 7 months...Has pandemic planning and has had 3 workshops. Other

resource workers have taken 3 families out for family circle sharing. – Family camp out (700 people, 300 tents) another elder’s campout was held. One of the NNADAP workers is out on training for 7 months. Nora is having a hard time with this because we need to work with clients. VLT’s are coming to Band Hall causing concern. There is a petition against it. Concerns about the Grey Hound pull out. How will clients be transported? Will they travel like medical patients on the medical van? Has been with NNADAP for 30 years.

- 16.9 SERDC – Participated in Health Fairs at Black River and Brokenhead. Students from Berens River are on SERDC staff over the summer. She is a nursing student. Has completed 25 hours on NNAPF governance review during the summer. Will be distributing the manual when it is formatted by NNAPF. By-Laws and governance manual. Held quarterly meetings in August that included participation of health directors, usually 35 people are present, this meeting focussed on pandemic planning. Hollow Water meeting included participation of FASD and NNADAP to work together on referral, screening and revamping NNADAP to include case management and case reviews. Met with worker in LGR to review Certification application and process. Case management for PCAP program has 34 case files. NNADAP vacancy in Pauingassi.
- 16.10 Nelson House Medicine Lodge – Ed. Just had their anniversary open house with tours and showcased the building, grounds and a round dance. Folks came from Alberta, Sask, and OCN. Former clients, board, members, staff were honoured. This was an opportunity for clients to share what it is like for them. Premise is that people that know who they are and where they come from make better lifestyle choices. Medicine Lodge helps clients walk on the Red Road with the least resistance. The 2 day Round Dance was successful. Held several ceremonies over the summer. Sun Dance held in traditional land of NH (first one in 125 years). Clients Sun Dance, fast, picking medicines, fall fasting preparation. Staffing is an issue, because of location; it is hard to retain staff. Clifford Rabbitskin brings a lot to the cultural traditional piece. Certification and accreditation are still on the go. Aboriginal Healing Foundation, is still going. Prevention Staff work out of the TX Centre and works as a team with TX staff. Ed attended a training session Managing Things and Meeting People – best management program he has attended. Learns how to assess staff’s style and how to complement their skills. Dr Dennis Shackle is the one who does it. NHML will no longer do an individual recognition for graduating clients, now does a team quota reward. Roof is in need of repair. Mechanical structural and electrical assessment will be done. Not sure what the time frame is. Govt announcement for health structural improvements was just made. Hoping this will give backup to justify request additional funding. Has had a sewer backup.
- 16.11 KTC Eli – next meeting is being held in Nov. Last meeting the workers met in Wpg and traveled to Sagkeeng to tour the program, understand the philosophy. KTC staff does a lot of crisis response and mental health training, FASD training, community social issues meetings, H1N1 planning

workshops, Suicide prevention workshops with teachers. New workers in some communities. Total Of 5 workers in KTC area have taken CCTP (3 NNADAP). VLT's in communities should be giving 90% to social prevention activities. Roxanne asked who to talk to regarding the lack of KTC area community services to support kids that has suicide sibling history, want to go to TX or who just left TX. Eli responded that he has no control who the Bands hire. Eli has addressed his concerns with their supervisors. There is political interference. Lac Brochet, Fox Lake, Shamattawa all have new workers, has offered to orientate workers, but the workers declines stating they were orientated by previous workers. Eli suggested that workers need to be trained in detachment.

16.12 Health Committee Review – Questionnaire was sent to Ed/Eli as chair/co-chair by contracted EJ Fontaine to assess the amount of knowledge the chairs have and on the level of mandate each committee has. Ed completed the questionnaire and returned it. Ed stated that he overstepped his boundary by sending out the questionnaire to all members; it was only meant for the co-chairs. Ed will send out the copy of the completed to the MFNAC members. Eli shared that other committees were sent the same questionnaire. The FASD committee responded that the group will complete it.

17. Letterhead is required for the letters being written. Marcy will check with web master to determine if letterhead can be re-formatted into Word document rather than PDF adobe file from Jennifer Cook.
18. Intergovernmental FN Health Restructuring – Linda recommends that each tribal area ask AMC to present the current model. We need to plan for any potential change and look at alternative ways to meet our mandate for NNADAP enhancement. We can e-mail each other on alternative plans – NNAPF illuminate meetings, follow up our own food chain on affirming mandate to continue at program cost to continue to meet.
19. Closing Exercises – Date & location of next meeting & Prayer

MANITOBA FIRST NATIONS ADDICTIONS COMMITTEE

December 8 & 9, 2010

In Attendance:

Mari Stagg	Eli Beardy
Nora McLeod	Ken Genaille
Ed Azure	Linda Grieve
Peter Constant	Tina Linklater
Bertha Fontaine	Susan Thomas
Roxanne Kozak	Renita Paul
Derek Harper	

1. Welcome to MFNAC membership and Opening Prayer – Ed Azure
2. Agenda updated to add items from MFNAC membership.

Motion #1 To amend agenda as presented. Nora/Mari Carried

3. FNIH Update – Doug Mercer

Doug overviewed the process that halted the conference – the peer review process identified the \$190K for the conference and questioned the legality of expending this dollar amount without RFP'ing process. Process was completed as Sole Source to AMC.

New policy with region that FNIH will no longer support PTO's to deliver services. FNIH wants to bring this service closer to the community – e.g. tribal councils could oversee this function. Further on this topic, there is no equality among tribal councils.

The First Nations Health Council is supporting this process via strengthening the role of the tribal councils. FNIH has hosted 6 – 8 working sessions with tribal councils during the past year.

In the past PTO's have been funded to deliver services and this has not produced good results, hence the movement away from the continuation of this process. AMC was charging substantial fees over and above conference charges – Administration Fees are 10%.

Several requests have been made to AMC for clarity and for additional information from what was contained in their original submission to FNIH. To dates this has not been received. Additionally, the travel budget line appears excessive. Granted NNADAP is not funded to the same level as other community programs, and for those communities who have expended their available resources, travel will be made available for those NNADAP workers to attend.

Specific to operational costs and non-public servant travel, MFNAC has expended more than any FNIH committee.

Intergovernmental Health Council Update

Ten FNIH committees expended \$850K in 08-09 fiscal year. FNIH will support AMC's vision for the First Nations Health Council. Allowance will be made to allow for a transition period to allow AMC time to implement their vision. The various FNIH committees all address and support AMC's 10 year health plan.

Conference - MFNAC

All presenter CV's need to be forwarded to Linda for follow-up to determine approval for Certification.

Workshops for Certification reviewed and status update:

Eli to forward CV and course outline

Janelle – Linda will follow-up

Jessica – Marcy to follow-up

Renita – Marcy to follow-up

Anne P – Marcy to follow-up

Kelly S – Linda to follow-up

Pat S. – Linda to follow-up

Cecil – not certified FNWACCB is not able to provide responses to his questions on privacy issues e.g. how long do they hold this information for, who has access to it, etc.

Sherri F – Marcy to follow-up

Roselle P – Marcy to follow-up

Three Certification bodies – Marcy will acquire addresses and send letters of invitation.

Garry/Dan and David to forward their presentation to Linda for follow-up.

- Motion #2: Marcy to follow-up with FASD staff person to determine costs sharing expenses for Janelle's presentation. Carried
- Motion #3: To remove registration fee for non-NNADAP workers and not charge \$300.00/head for registration fee. Linda/Peter. Carried.

Further discussion items:

Registration Form needs to reference www.fnwaccb.ca on conference agenda.

Linda to forward Governance documents to MFNAC.

4. FNIH Update – NNADAP Marcy Richard

PD Committee Teleconference that will include Bertha, Linda, Eli and Susan will take place on Tuesday, January 5, 2010. This call will see finalizing of conference details.

Screening and Assessment Committee – No report as committee work has been halted as we wait for direction from AMC First Nation Health Council.

Treatment Centre Clinical Support – Final report will be tabled by March 31, 2010, by Sandra Hayes-Gardiner regarding the regional picture of this file. Sagkeeng has access to nurse practitioner locally; Peguis is partnering with Percy E. Moore for accessing these services as well. NACM is actively pursuing partnership with Mount Carmel Clinic.

Governance – Training has been cancelled due to H1N1. Sagkeeng will pursue this training and invite participation from other treatment centres. Marcy added now that Carol H. is ED of NNAPF these types of training should be provided as part of the overall NNAPF mandate.

5. NNAPF Update

No official response to the governance review from NNAPF. NNADAP Renewal update provided previously.

HQ will provide funding for three additional NNAPF representatives to attend Renewal Forum – Chief Bear, Natalie and Mike Martin.

HOSW – Background provided on how partnership came to be provided by Chief Austin Bear.

Barbara from Ontario shared that Ontario is now a full partner with NNAPF. Further, that Quebec is now at the table as a partner not an observer.

Linda attended the past three meetings as alternate and will request clarification on NNAPF policy to determine membership/alternate.

No update on Recommendations from Governance Review.

6. FNIH/AMC Working Groups

Maternal Child Health is leading training events on the roll out of Case Management training. Three day training is seeing 2 members from each tribal council participate. The expectation is to further train their community workers from this Train the Trainer. RIF funding was made available for this function. KTC dispersed this funding to the 11 bands, promoting Case Management training in January.

FASD – 47 workers will attend the NNADAP conference. Call for Proposals for sites are due at the end of January. Responses for successful sites will be made by mid-February.

10 PCAP are over and above the 45 community sites. Not intended to be a full time community worker program.

CPNP – The Grandmothers' Gathering in July 2009 consists of a series of four sessions over June & July. There will be a two day conference in October that will take place at the Greenwood Inn. This event will also see a panel of four fathers (which include our own Eli Beardy), all participants were excellent – there was not a dry eye in the house.

7. NAAW - Most communities did not receive NAAW promotional materials. Marcy will inform NCSA of this lapse.

MAAW did not distribute the kits this year and they were missed by the workers. Marcy will follow-up to determine continued partnership.

8. FNWACCB – Linda will follow-up on conference certification requirements.

Meeting adjourned.