

Manitoba First Nation Addiction Committee
March 11 – 13, 2008
Delta Hotel

Members in Attendance:

Eli Beardy – KTC
Bertha Fontaine – NACM
Anna Mandamin – FNIH
Bonnie Gamble – DOTC
Nora McdLeod – North Rep
Gloria Roch – DOTC
Mari Stagg – IRTC
Peter Constant – SCTC
Marcy Richard – FNIH
Linda Grieve – SERDC
Renita Paul – WRTC
Susan Thomas – Sagkeeng Family Treatment Centre

1. Opening Prayer & Introductions

Serenity Prayer was offered. Introductions were made.

Decision was made to divert from standing agenda to complete the workplan.

Workplan will be attached to these minutes for information purposes.

2. Review & Approval of Agenda

Motions and then Actions were read. All actions and workplans for 07/08 have been complete.

Follow-up

Action # 1	letter to AFN should read NNAPF on the response to the 37 recommendations. The recommendations need to be taken into consideration in the NNADAP Needs Assessments.
Action # 2	complete to be followed up
Action # 3 & 4	Ed has the template for the MFNAC assessment after each meeting. This will be distributed by Ed for committee implementation.
Action # 5	no response yet from MCWWG
Action # 6	Marcy has information for distribution regarding drug testing
Action # 7	Outstanding: Maxine is to follow up on the drug by-law information and bring to next meeting to share with others.
Action # 8	Ed to share info on NHML bursary electronically
Action # 9	written reports (that should be highlighted at NNAPF level) discretionary

Action # 10 Letter regarding Marcy. She will be moving to MCWWG and we will be getting Myra C. back in the position.

Motion # 1: That the Agenda of March 11 - 13, 2008 be approved as presented Linda/Mari carried

3. Review & Approval of Previous Minutes

Motions #2: That the Minutes of Dec5 – 6 07 be approved as amended. Gloria/Peter Carried

4. FNII Report

i. National Native Addiction Information Management System.

NAIMS is dead. The new program is AMIS. The national committee to decide on new model and prepare for national implementation will take place at a meeting in to be held in Winnipeg in April 2008. MFNAC's representatives will be Maxine Stevenson and Linda Grieve, Ed will maintain his role at NNAIMS working group member in addition to the two MFNAC reps.

ii. Website

Eli Beardy will work with Myra to review, maintain and safe guard the information that will be posted.

iii. FN Wellness Addiction Counsellor Certification Board

Hired person is in place to coordinate the certification of applicants. The listing that we have been provided with is not complete, Marcy has expressed concerns with FNWACCB regarding the discrepancy in numbers of people who have applied for certification.

iv. Community Centred Therapy Program Update

Bonnie will be our lead on this to work with Myra. She can update us on attendance, dates, grad, renewed contract process etc.

v. Regional Needs Assessment

At Sept' 07 meeting, 12 people were identified by MFNAC members to be approached to submit RFP's to MFNAC for decision. Marcy and sub-committee will host a meeting with those 12 people to provide the guidelines and identify a timeframe for them to have their submissions in. They will have 6 weeks to submit their proposals. The sub committee will have one week turn around to select the best candidate and their documentation has to be sent to the national experts panel for review prior to beginning the Regional Needs Assessment. This Regional Needs Assessment is the first step in a five year process for the evaluation of NNADAP.

The sub committee –as selected in Sept 07 3 Quarterly Meeting shall consist of Myra/Marcy, Eli Ed.

Action #1 Marcy will book a meeting room and e-mail Eli and Ed the Needs Assessment national guidelines.

vi. NADS (National Anti-drug Strategy)

Announced in Oct 07, Justice is the lead federal department for the National Anti-Drug Strategy. Regional allocations have not yet been identified. Decisions regarding the regional allocations and national roll out will take place at the Regional Consultants meeting in May 2008. The national budget is \$64m over 5 years. The money will be divided by the 7 regions.

See the MWAC document handed out in Ottawa for further information. Discussion took place on the possibility of holding a day forum to comprehend the document and be part of positive change.

Action #2 Ed will contact AFN to make inquiries on the Mental Wellness Advisory Committee (MWAC)

vii. MCWWG collaboration report

No response has been received from our Dec 07 letter

Action #3 Ed will do a follow up letter by Friday March 14 08.

viii. Reorganization of FNHI Committees - MFNAC

“Intergovernmental Health Council on First Nation Health”

The replacement of all regional FN committees will be made up of a super committee on reps from AMC, Prov., Fed’s. Discussion took place on the “merits” of this process. It was concluded that the process will slow down or stop the good work that MFNAC has been doing.

Action #4 Eli to contact Ardell Cochrane today March 12, 2008 to secure a meeting to review the document to help us understand their perspective on the reorganization process. To point out the clear omission of addictions, the clear lack of expert representation on the committee, the lack of passion driven person power to deliver regional activities, etc.

Motion #3 To have a special meeting on or before April 30 2008 with AMC staff members - Ardel Cochrane and Loraine McLeod, to receive further detailed information on movement AMC has made regarding the restructuring of committees. Peter/Nora Carried

ix. Other:

5. Sub Committee Reports

i. DUPPWG (Drug Utilization Prevention and Promotion Working Group)

Marcy reported that Gloria vacated the position. A job posting was done. One has applied. It is hoped the position will be filled by April 1, 2008, so that pilot activity can begin by June 2008. The decision to do the project at Treatment Centres was not allowed by headquarters. Direction coming from HQ is that any region whose pilot is not operation by June 2008, will not participate in the national pilot and funding will not be moved to those regions.

A question arose regarding the manuals that were reviewed at the NIICHR0 Conference. A copy of this document is being requested.

Action #5 Marcy will pass on the question to NIICHR0 or the DUPPWG person when they get hired.

Note: The MFNAC sub-committee composition was comprised of the five treatment centre directors, but as the Treatment Centre initiative was cancelled by HQ that sub-committee is no longer pertinent. Hence the new sub-committee members shall be: Peter Constant, Susan Thomas, Gloria Roch (if she is able) and Myra Courchene.

Motion #4 The sub-committee comprising of Peter Constant, Susan Thomas, Gloria Roch (if able) and Myra Courchene meet on or before April 15 with the DUPPWG newly hired staff for the purpose of composing a workplan for the initiative in Manitoba region.
Linda/Eli Carried

ii. CAS Manual

a) Editor: reporting and workplan templates, etc

Action #5 Each committee member is to acquire NNADAP workers e-mail addresses to Linda Grieve, for inclusion into the next edition of the CAS Manual.

Motion #5 Linda Grieve be appointed as the editor to update on an as needed basis. Some suggested changes include new reporting templates, health funding arrangements and e-mail addresses will be the priority this year.
Eli/Susan Carried

iii. MAAW/NAAW

Bertha has nothing to report as there have been no MAAW meetings since our last MFNAC meeting. For historical purposes, \$5,000 was moved from to MAAW from FNIH, in 2006-07. No reporting was done on that agreement, therefore, there is no avenue to move additional funding until reporting requirements have been met from 2007/08. In 2008-09, there will be an opportunity to provide funding to the MAAW again, if they request it.

NAAW – FNIH headquarters has made a decision to nationally RFP the administration of NAAW activities. In Dec 07, MFNAC motioned (#5) to support SERDC to respond to the RFP.

Action #6 Myra/Marcy to determine time frame from headquarters on the call and inform SERDC.

Action #7 Upon submission of the SERDC proposal, the document will be distributed to MFNAC membership with a request for a letter of support from the MFNAC Chair.

iv. Professional Development

a) Conference report

AMC will be providing a written report on or before April 30 – which will include the evaluation roll up.

Comment: the rooms were not well labeled displaying the workshop names.

Conflict of Interest Discussion took place with the decision made for all MFNAC members to bring to the next MFNAC meeting your own community/treatment centre Conflict of Interest Guidelines.

Action #8 Clear conflict of interest guidelines/policy be drawn up by and for MFNAC. Each member will bring their conflict of interest guidelines for discussion and decision at our next quarterly meeting.

b) Computer training report

Three 5 day sessions were held in Jan and Mar. Each session allowed for 18 participants. The first week 15 come couldn't come because of weather. The last session there were 5 participants absent due to weather. Out of a possible 54 participants, 41 received certificates. Presidio Learning was an excellent choice to provide the training.

Action #9 Ed will request a copy of the FNIH travel cost of participants for computer training spread sheet from Myra.

Motion #6 In 2008/09, there will be one intake of 18 participants for entry level training; an advanced level computer training (Power point, Microsoft Outlook, etc) will be done for two groups of 18 each. The budget will be to train 54 participants at a contract of \$28k. The travel will come from FNIH NNADAP O & M or from our training budget. Target date will be end of Sept 08.

6. Brochure/Poster

Discussion took place about the possibility of CCTP students taking on this task. Perhaps the students could take on the role of gathering facts and content as an assignment with a remuneration of \$ to go toward the cost of their grad. There was also a suggestion to do a contest. It was determined that the students would have to work under the direction on a sub committee that will be struck.

Topics to include:

Brochure/poster on Treatment Centres: Including testimonial stories of recovering client/ families.

Fact brochures on various street drugs (ecstasy, crack, crystal meth, heroin, solvents, and alcohol).

Poster on well family vs dysfunctional families and the importance of positive role modeling.

Johnnie Ads – targetting youth on healthy lifestyle choices (the more graphic the better). Possible partnership with the MFNERC to have them posted in school washrooms.

Motion #7 The Poster/brochure sub-committee shall be Myra, Bonnie, Bertha. They are to seek professional input (ie: Dr Fandry, Murray Gibson: MANTRA). Committee to have drafts for Sept Quarterly mtg., where decisions will be made. The final mock ups will be available at the November NNADAP Conference for feedback process.
Mari/Susan Carried

7. HOSW

Discussion took place on the FNIH Headquarters announcement regarding funding for regional representation to attend HOSW Aug 2010 in Hawaii.

There is a need to identify a committee member to represent NNAPF.

Motion #8 Linda be appointed to sit on NNAPF HOSW Committee and report back to MFNAC and NNAPF – with the provision that MFNAC concerns of focusing on international concerns, rather than immediate Canadian concerns are addressed by NNAPF to satisfaction by MFNAC.
Derek/Peter Carried (one abstention)

Action #10 Committee members will encourage their contacts to begin the fundraising process to ensure maximum participation.

8. Treatment Centre Directors

a) Re-profiling

There is a need for clarification on what is happening with this file.

The decision made in our workplanning process yesterday, was to wait for the outcome of the regional Needs Assessment before any further decision is made on any re-profiling initiatives in Mb. Region.

4. NNAIMS/AIMIS

- a. AMIS system is an off-the-shelf system to implement a computerized tool to gather addiction information, process client information, determine status of regional treatment beds, etc.
- ii. **“Intergovernmental Health Council on First Nation Health”**
 - a) Ardel Cochrane and Lorraine McLeod (AMC author of document) is willing to meet with us. Ardel assured Eli that the document is not final, it is a product in the works. She does not have a whole lot of information on it at this time. Myra/Doug will be updated on the issue by Marcy. Myra will be asked to bring supporting documents pertaining to the inter-governmental health committee to the planned meeting. The meeting date will be confirmed by Eli.

9. NNAPF Report

i. HR Planning and Capacity Building Conference Report

Eli, Bertha, Linda, Ed, Gloria and Marcy attended the conference in February. The objective was to enlighten and then set direction on policy for the Work Force Strategy. There was representation from ea. Region. There was a preliminary report on the workforce strategy survey – presented to the forum. The numbers were not conclusive due to the low response. Workshops were held – staff satisfaction was interesting, research workshop was inconclusive due to digression among the participants, planning and quality of life, etc – see agenda on NNAPF Website. At the end of each day discussion group sessions on the daily workforce presentations were held to gather input on workforce strategy. The brainstorming information and the surveys will be considered and compiled and input in the Workforce Forum Report. There was a workshop on Accreditation that was pertinent to Mb. Treatment Centres in that there is a template to support the accreditation process. This template will be shared with Mb. Region.

Good info was available at the various booths – esp. at NNAPF – contact Leroy Bear to request books on addiction related topics.

ii. Letter of concern response –

- a) Ed reviewed the NNAPF summary of response from E.D. -Carol Hopkins. There are problems with response with number 2, 4, 8 and proceeding issues.

There is a need to draft correspondence in response to written correspondence from NNAPF. This item will be on the agenda at the June NNAPF board meeting.

Motion: A sub-committee consisting of Ed, Eli, Susan meet on April 10 to draft reply to NNAPF's Feb 28, 2008 letter. MFNAC's draft will be reviewed, amended as necessary and approved at the May MFNAC Quarterly meeting of May 8 & 9, 2008. Eli/Renita Carried

iii. Quarterly meeting report

Ed shared a verbal report of the NNAPF meeting of Feb 29 08; Ed is Manitoba's rep on the Policy Review sub-committee. This is a good process and Ed will share the template.

There is still concern with merging Mental Health and Addictions – see it as off-loading onto the province.

Action #11: Linda will e-mail the template to MFNAC members

10. Cluster Programs Updates

Marcy reported that the new cluster reporting system is being implemented on April 1, 2008, and relevant details are included in new 08-09 & 09-10 Contribution Agreements. Changes are made to the reporting templates and the timing of when reports are due.

New agreements are currently in process of being distributed and prepared for April funding release.

General Agreements moving to Set Agreement = 2 year agreement & less reporting.

Integrated = Transitional agreements – 2 year agreements with less reporting and creation of a community health plan

Transfer = Transfer one annual report, carry over funds, audit requirement

Transfer Flexible = one annual report, audit requirement, carry over funds.

iv. AMC FASD Working Group

Eli reported that the FASD working group met to review proposals on Feb. 28 & 29. \$1.8M received in region for distribution to community projects that were selected via RFP process which totaled \$1.3M. Mentoring and capacity building proposals were reviewed; decisions made by the

committee on who would and would not receive funding. Manitoba region has 10 mentoring sites due to lack of direction coming from HQ.

A special meeting of the group is being proposed to complete the proposal selection. No date has been finalized as of yet.

A new component of the program may include two sites to hire community coordinators. Tribal councils are able to apply to receive funding via this process for FASD.

v. MCWWG Wellness Diploma Revision Update

Marcy reported that the U of M has expanded their Wellness Diploma program to include two degrees – one for addictions and one for mental health. The U of M addictions degree program will be one of three in the country.

11. Program Reports – Treatment Centres

Sagkeeng Family Treatment Centre – Susan updated the group on the accreditation process that they are currently involved in. Survey completed in November, self assessment/self rating with surveyors have since been completed. CCHSA was backlogged and their report has just been received. Susan has not yet had the chance to review the report for their recommendations. Accreditation status will not be received until recommendations have been implemented. Currently advertising for a treatment manager, this position has been vacant since November with existing staff acting in the treatment manager role. Position was advertised twice with no suitable candidates interviewed. Five applications have been received on the most current ad which expires on Feb. 21st. They are seeking a Masters level education person to act as treatment manager. Three families will be intaked per session, the waiting list has since been reviewed and is more realistic in the 6 – 8 months wait time as opposed to 2 – 3 years. Contribution agreements are currently with the region, with program manager acting in an ex-officio role. Main referrals for this centre come from northern Ontario. Within one year there will be six cycles of 7 weeks in duration. Question regarding national board membership, the question is; are there plans to change the board to make it more regional? Susan responded that the this board is still in infancy, with no changes to membership planned. Three year duration for existing board, with no planned membership changes.

Peguis AI-Care Treatment Centre – Human resources are becoming a challenge to the Treatment centre, but this should be ending in the near future. The Drug Policy has brought the treatment centre team closer

together, a stronger team. Community Health Program will be conducting information sessions over the new radio station that has recently been started up. Community likes this type of radio information programming that is being made available. Drug testing on reserve is now official and will proceed with implementation, chief and council have since been drug tested with an additional two people per week to be tested. The cost is somewhat prohibitive and this is the reasoning behind two tests per week. Question regarding if the drug test tests for prescription drugs, response yes it does. Further questions regarding urine testing and why are they not doing this process as it is less expensive. Question on programming, Maxine responded that they are currently working with the 12 step program. Same board in place, but ongoing discussions are taking place. Plans are in place to include more culture in the programming.

NACM – Accreditation process took place in mid February and are currently waiting for the report from CCHSA. One item arising from the meeting with the surveyors was the amount of work required to undertake/complete the Accreditation process. Further, how items such as these are not taken into consideration for staffing of treatment centres, when this is a mandatory item for Transferred Treatment Centres. Two beds have been added via provincial funding, new total is 22 beds. Long waiting list still exists, some clients have come into the city and taken the out patient programming. Fundraising for a new centre is still on the agenda for NACM. The province's response to NACM request for additional funding is to move NACM into another facility. Board has considered this suggestion and does not support this push from the province to move to the new centre. Ongoing discussions are taking place with NACM, FNIH and the province. Old building valued at \$3M, but probably could not get this amount if building was sold.

NHML – Ed reported that surveyors are scheduled to be at the Lodge next week, but are not sure if they will arrive as expected. Some issues have arisen with the survey. Not overly concerned, but will take corrective action. CCHSA are stating that NHML has completed the wrong self assessment, but they used the one that was previously used. Ongoing discussion will take place to clarify this. The Lodge's gathering in December was a very successful event with long term staff being recognized. Community recognition also took place, someone who has made a difference in the community. The student bursary was also awarded to a former client of the Lodge who has gone onto complete her post secondary education. One staff member who is "specialist" in aboriginal culture, is a nationally sought after commodity. The lodge has offered him a employment with the flexibility for him to maintain some national requests for his cultural service. Participation at sweatlodge ceremonies has never been higher among client population. Round dance has been attracting a larger audience of participants – from Alberta,

from all over northern Manitoba and is only getting bigger and better. Big plans for the summer to focus on the cultural piece. Seeking funding to add staff housing at the centre which will free up space for them to enhance their transition programs. Business plan currently in development stages.

Keewatin Tribal Council – Eli reported NNADAP community programs are supported by the TC as requested by the communities. Various presentations and training sessions are shared with communities on a variety of topics. Four agencies comprise the Crisis Response Team, with Eli being the lead along with KTC, Awasis, MKO, etc.

Cree Nation Tribal Health – Certification update 6 of 9 have applied, four have received various levels of certification. Five completed computer training, seven completed survey before the due date. NIICHRO conference, the CNTH rep came back and reported on the conference. CAS manuals have been received by the workers with the exception of the tribal council staff members. Wait Time template reviewed at February meeting with discussions taking place. Some suggestions are the form is too small and needs to be enlarged, clarification on family treatment, when completing family applications. Clarification provided. The NNADAP workers want to use the template and are creating their own system to supply the required information. Quarterly meetings ongoing with majority of workers in attendance. CNTH workers have requested Anger Management Training.

IRTC – CAS manual received by workers. Three communities are following up on drug by-laws with ongoing work related to this initiative. Quarterly meetings are ongoing, three new NNADAP workers with Mari providing background information and will be following up on the Certification application with the new people.

WRTC – Quarterly meeting in February in Ebb & Flow, first day Willard Munson staff came and presented on their treatment centre. Each community will host quarterly meetings, next one to take place in Pine Creek. Representative that attended NIICHRO presented on the conference to the remainder of the group. Ongoing discussion related to the suggested salary scale in the CAS manual. Had 40 counselling files open and have since closed 16 files. Complete file review conducted in partnership with the Therapist in January which resulted in a reduction of client files. Member of the AMC FASD working group and participated in the planning of the Conference in February and the proposal review in February. Working with the school in Crane River working with grades 4, 5, 6 & 7, on an ongoing weekly basis. Wait Time template disturbed in late February. Recent training includes SASSI, advanced computer training and life skills in some communities. Some workers are providing

service to IRS clients with clarification needed on whose role is it – BF or NNADAP. Request from community to present on Crack cocaine, Renita has developed a presentation and will do this in the community who has requested the information. Renita can share this presentation with others who want it. Domestic violence workshops will be taking place with this tribal council area. Health board passed a resolution to drug test all staff of the tribal council on a random basis to begin April 1, 2008.

Nora McLeod – Getting ready for year end report, with work to begin immediately. Monthly numbers are compiled so the year end is easy to complete. Would like computer training to complete these monthly tasks on the computer, this would be less time intensive. Telehealth information workshop with health staff conducted by a team from the Public Health Agency, presentation was very good and informative. Two staff that required HIV/AIDS training completed this at the conference and will enable them to receive a higher level of certification. Referrals to Thompson AFM are ongoing, as there are staff there who speak the language. Drug testing for Cross Lake is still under review. Anger Management training is being requested by this community as well. Wait time issues are ongoing related to lengthy wait times. Requests from outside agencies for presentations continue to come in and Nora will accommodate when able to. Noticeable increase in number of clients for counseling by local NNADAP workers. Wait time template still being used by Cross Lake. Suggested process to maintain monthly numbers as this will be easier to compile annual year end numbers.

DOTC – No report at this time will report at next quarterly.

Island Lake – Derek is appreciative of attending these meetings and grateful for the support from this table. The group at this table is a happy group who provides the support required. Great feedback from the workers on the training, conferences, computer training that have taken place during this fiscal year for the workers in the Island Lake area. They are now able to do power point presentations for his area resulting from the computer training. Clarification may be required on the Wait Time template, will check with other workers in the area to determine if further guidance is necessary. Recognition of local constables in the community by the NNADAP workers. Healing strategies in place as a result of the people who perished in the fire last December. Workload has increased in counseling, resulting from recent IRS payouts. Old wounds being reopened and counseling is required.

12. Other Business

12.1 Posting of minutes on website

10. Closing Exercises

- i. Date, Location of Next Meeting: May 8 & 9, 2008 at The Delta.
September meeting September 17-19, 2008 in The Pas at the Kikiwak (large meeting room required), December 2-4, 2008 in Winnipeg (large meeting room required), March 23-25, 2009 in Winnipeg.
- ii. Closing Prayer

Minutes
MANITOBA FIRST NATIONS ADDICTIONS COMMITTEE
SEPTEMBER 17-19, 2008
The Pas, Manitoba

Please see Attendee listing at end of Minutes for 3 days

1. **Introductions and Opening Prayer Offered by Bertha**
2. **Review of Agenda - Ed and Marcy reviewed minutes .**
Motion #1: Agenda approved Susan/Eli – carried
3. **Review and Approval of Previous Minutes.**
Motion #2: To accept the minutes as presented – Peter/Nora - Carried

**3.1 May 8 & 9 minutes were reviewed. Actions brought forward:
Action # 3 & 4**

Ed has the template for the NNAPF assessment after each meeting. This will be distributed by Ed for committee implementation.

Follow up: Ed's computer is out of commission, but will e-mail it when he can. We will use it next meeting

Action # 5 no response yet from MCWWG regarding partnerships between NNADAP and BF/BHC. Follow up: Write letter to Doug requesting MCWWG Consultant and Chair to attend our next quarterly meeting to address the lack of partnership initiatives and the role of the worker. There is a presumption at this table that NNADAP is doing the BF/BHC file ie: mental health counselling, crisis intervention/ response, case reviews & management, etc. The implementation of the National Anti-Drug Strategy appears to be focussing on Mental Wellness. Please clarify the roles of the BF/BHC and NNADAP. Bring forward to Virginia - Supervisor of BF/BHC tomorrow

Action # 7 Outstanding: Maxine is to follow up on the drug by-law information and bring to next meeting to share with others. Eli has the written info from the Cree Nation area that he will copy and share with the committee. Those that attend the Fisher River conference next week will share any new info.

Business arising:

- a) AFN/AMC's position regarding Mental Health & Addictions AMC Intergovernmental Health Council and the Ten Year Health Plan presentation are dovetailed. Lorraine McCleod and Dave McDougal have both vacated their positions. There will be two meetings per tribal area for consultation on the 10 year plan. The next step is to form into cluster committees vs program committees.

There is discrepancy on AFN's support of these documents. Gloria is attempting to gain written confirmation.

- Action #1:** Gloria to distribute (today) the summary document from AMC for our information.
- Action #2:** Gloria bring forward our concerns at the next AMC Health Technicians meeting (next week). She will communicate the result via e-mail.
- Action #3:** Encourage NNADAP attendance at the tribal consults to voice concerns (lack of addiction issues, lack of expertise regarding addictions at table, fear of "mental health" swallowing NNADAP in the process....Mental Wellness Strategic Action Plan). Contact your tribal Health Director/ Portfolio Chief to request attendance.
- Action #4:** CAS Orientation Manual Linda to update the new reporting template into the Manual by Oct16 08
- Action #5:** The screening and assessment tools that were selected by the sub-committees will be posted onto our web – with editorial comment.
- Action #6:** The sub-committee will meet one last time to develop the editorial comments: Marcy Eli, Bertha, Peter, Linda
- Action #7:** Committee to acquire written permission to post screening and assessment tools
- Motion #3:** That NNADAP program allocate \$15k of its regional resources to support the Anti-Gas Sniffing Research Project. Further that the MFNAC correspond with the FNIH RD to request that the solvent abuse program reimburse the NNADAP regional funds. Eli/Linda Carried unanimously - Tabled to Dec 08

Action#8: Marcy will get TB clarification and attempt to find a way to wave the fee and report back via email by May 22.

Treatment Centres require TB clear test. The issue is that a lot of clients have to pay a fee (\$50 - \$80/clients) to get the test done.

Action #9: Establish a sub committee to meet with NIHB to clarify the process. If we are unsuccessful, a meeting with Mb Health to attempt assurance of cost being covered.

Action #10: Subcommittee to research and develop a presentation on Crack Cocaine and updating Crystal Meth: Mari, Renita, Oliver. Marcy will arrange for an AFM presentation to the sub committee. Dates to be announced – deferred until workplan review

Action #11: Ed to e-mail us the contact info on FASD from MLCC
Co-chairs will be meeting with FASD co-chairs to address issues of common concern.

Action #12: Eli will follow up on gathering information to secure a two hour presentation (generic information on Mental Health issues, how to respond to mental health issues, etc.) at our Sept meeting. He will also report back with clarification on the Training of Trainers capacity on the Mental Health First Aid course – via e-mail. If we can, Mari, Renita, Eli, Peter, Linda, Bonnie all want to take the training. The info will be brought back to this table.

There is a Mental Health First Aid training coming up June 10 & 11 204 982-6100 or cmhawpg.mb.ca. Folks are encouraged to register if they are interested.

Motion #4: Specific to Action item 12 - Due to the high cost of the Mental Health First Aid training and the level of education required to become a Certified trainer of trainers, the MFNAC decided not to pursue this training opportunity.
Linda/Mari carried

4.1 FNWACCB

- i. Mb currently has 19 NNADAP workers certified. Marcy is doing an additional round of application to Manitoba's**

NNADAP network to ensure completion of applications forms. At headquarters mtg, workforce retention was discussed as part of the certification process. The outcome was that the workforce retention funds will go to those who have acquired Certification. There will be no increases to those are not certified. Headquarters is working with FNWACCB to determine level 1 certification requirements.

- ii. Gloria is now part of FNWACB board (by invitation) there is now a full time position at FNWACCB funded by FNIH. Many concerns were shared by MFNAC members on their attempts to communicate with FNWACCB regarding their or their staff's applications, some comments are: "I was beginning to think that FNWACCB was somewhat of a fly by night operation, when my staff or myself tried to contact them, sometimes we reached a friendship centre, sometimes there was no answer at all, sometimes it appeared to be a tribal affiliation, but no one ever knew anything about Certification"; "I can never get a response as to what is missing from my workers applications".**

FNWACCB is working at expediting the process. Gloria will take the issue of miscommunication (the list) back to the board.

Motion #5: MFNAC endorses FNWACCB selection of Gloria Rach as a board member from Manitoba region. We urge FNWACCB to further accept an alternate, namely, Mari Stagg. Linda/Nora carried.

Action #13: Gloria to recommend that a letter be written from FNWACCB to explain to the supervisors the reason for the letters of support and the process

Gloria was in communication with FNWACCB and received updated information regarding the Certification of Manitoba's NNADAP network. This information was printed and distributed to MFNAC.

Action #14: Tribal Council Coordinators be included as a cc when FNWACCB responds to the submissions. The TC Coordinator can then advocate for the worker to complete the submissions.

4. a. CCTP Update

- i. Everything is in place for the training. There is still three names outstanding. The money is tight, but we will be able to start in late Oct (date to be confirmed) with intake group 2. The letters will be sent out within the next 2 weeks with orientation information to the identified trainees. The classes will be held in the same location on Pembina Hwy. The May RRC Grad will held in May 09. Group 1 will be finished in June 09. The committee is asking for an invitation (we can coordinate the June quarterly meeting to coincide with grad).
- ii. Remind the trainees to look for the letters (ccing the MFNAC Committee reps) next week. Non-public travel letters will be issued.

b. DUPPWG

- i. Swan Lake is the selected pilot site. DJ Spence is the regional rep. Darren Soldier is the community rep. The kick off was held in Aug. There were reps from DOTC, RHA, RCMP, AFM, School, College of Physicians & Surgeons, College of Pharmacists, Chief and Council. There will be a presentation on the initiative in Quebec City. The project will address prescription use, misuse and abuse in the community – education awareness prevention campaign. So far, the preliminary finding is showing there is misuse of sharing prescriptions. There will be community attitudes survey. There will be community presentations on the issue. FNIH will be working with NIHB on the misuse/abuse. There will be school initiatives on the creation of posters on prescription misuse/abuse
- ii. The pilot will be complete March 31/11. Once the pilots are complete, the gov't will develop policy based on the recommendations from the pilots.

Action #15: Request from DJ the list of resources that we can access now. Request that DJ come to give us an update on the project and an idea of the extent of abuse in each Tribal area and community at each of our quarterly meetings.

c. National Anti-Drug Strategy Updates –

- i. NACM– announced in May that funding was approved for a new treatment facility for Mb region – NACM. Current year funds will see funds for planning and development of specifications and acquiring property. An additional BEC pressure will be identified by HQ on April 1st – which will request the funds to build the facility.

Sagkeeng – allocation of \$400,000 (a-based) to increase capacity at this centre. Funding should be in place by Dec.

- ii. \$61,000 (f/y 08 09) – clinical services will be provided to the four treatment centres. Not sure if this is A-based. The clinical team process has not been firmed up. Possibly case reviews could be done with each treatment centre.**
- iii. Sask partnership – \$200k (100k for ea region) recommendation from RD to work in partnership with Sask to development Mental Wellness team for IRS clients. The proposal is up in the air – due to position vacancies in Sask.**

Day 2

- d. Other business**
 - i. Prevention Review -**
 - ii. AMC Casino Funding Dispersal Committee**

Eli informed the group that the Native Casino's requirement 2.5% of revenue that is being held in trust by AMC. This info was shared at the 2007 Gambling Conference. The recommendation was that a committee be formed comprising membership from Lotteries & Gaming Commissions and AMC. The MFNAC is discussing if we want a seat at this table.

Motion #6: Correspond to AMC to request for seat on the casino fund dispersal board/committee, further, that that seat be resourced by that committee. Eli/Linda carried

Motion #7: Linda Grieve be sanctioned by MFNAC to sit on the AMC Casino funding dispersal committee if a seat is offered to MFNAC. Susan/Gloria carried (one abstention)

Note: the expense of the person attending the AMC committee meetings would not be covered by NNADAP.

- iii. Request to Eric for Debra Harris to do headquarters presentation - done**
- 5. NNAPF Update – Ed shared with the group all activity to date and that the motion below be supported.**

Motion #8: That MFNAC maintains its full membership on the NNAFP 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

Action #16: Gloria to join the subcommittee of NNAPF response.

i. **NNAPF Treatment Centre national meeting Wpg -Sept 29 - 30**

1. The agenda was handed out; National Treatment Strategy, National Anti-Drug Strategy, Treatment based strategy, etc. . Attendance is at the TC's own cost. The TC Directors will be attending. There will be a sweat the Sunday nite at the U of M before the conference

Illuminate Demonstration was done – it was agreed to try the tool with a sub committee meeting

6. **NNAIMS Update – Ed reported that the working group met in Ottawa on September 11 & 12, 2008. Three centres who have been piloting the off the shelf versions informed the group that the prevention side of the program were not included. The intent is to bring in the Prevention side to ensure this side of the program is included.**

Requirements for the RFP have been complete. The prevention component will be included in the final package that is selected. AMIS is the current name being used, but they are seeking a new name for the package that will be rolled out.

September 30th is the date for the committee to have all preparatory work completed and will be ready to open with RFP process. December will identify the new vendor. AMIS working group will next meet in January.

7. **Regional Needs Assessment – Melanie McKinnon & Debbie Grimes**

The RFP process identified the successful vendor as Melanie McKinnon – Medicine Creek Solutions and Debbie Grimes –

Summit Solutions. They are now ready to begin the process of the data collection.

An initial tool was drafted by the vendors and submitted to the sub-committee for input/approval. The sub-committee identified several areas to identify further detailed information on the data collection tool and was sent back to the vendors. Further input will be identified by MFNAC during this discussion.

Data collection and review can include community evaluations and all other existing information sources. CCTP trainees could be a focus group. Processes were shared on how the information will be collected. Marcy will be travelling with the vendors to all Tribal Council quarterly meetings and treatment centres to collect this data. There was no funding allocated for travel purposes so this expense will be come from regional budgets.

Debbie and Melanie requested a contact list for MFNAC as well as a detailed listing of acronyms, e.g. DUPPWG, YSAC, RHA'S, AFM, etc. Marcy will provide this documentation. A further request was made to use consistent terminology.

Susan provided an overview of Sagkeeng's facility and their existing programming. Gloria will share the Asset Mapping process with Melanie and Debbie.

9. IRS Presentation – Bonnie Jackson

In 2006, TBS approved the Resolution Health Support Worker Program. Cleintele caseload increased drastically after this timeframe. The role of the Support Worker includes cultural, religious or other supports are available at the request of the client.

Health Canada oversees the Health component of the overall IRS program. Access to emotional health and wellness issues are overseen, as well as all First Nation people even if they are in treatment, correctional facility, etc.

Counselling will be made available to all eligible for IRS and their families. Strict confidentiality guidelines are adhered to all the way through the process at Health Canada.

This program is sunsetting in 2013 but will be extended to accommodate IRS existing processes.

10. MFNAC Professional Development

10.1 Discussion began as the committee were identifying potential presenters who could present at our upcoming conference. Payment for MFNAC members who do presentations or chair at conference were discussed in great detail with decision forthcoming (see Motion below). This topic arose once before but the committee did not finalize their Conflict of Interest Guidelines. As we (MFNAC) are in a position to put on a conference, we do not want to appear to be self serving. We also want to provide the best possible “presenters”. We will have to exhaust all other possibilities.

Motion #9: MFNAC adopt the following conflict of interest guidelines when planning conferences:

To address any actual or perceived conflict of interest:

- a) demonstrate we have exhausted all potential speakers;**
- b) endorsed by committee of the whole**
- c) member that presents does so**
 - a. forfeits payment**
 - b. accepts payment (to a maximum fee of \$200.00 per day), but does so on unpaid leave from paid employment (letter required)**

Linda/Susan carried (two abstentions)

Note: this comes into effect immediately

Motion #10: That up to 2 NNADAP workers per community be sponsored and up to 4 Treatment Centre workers per treatment centre be sponsored from our conference funding. Linda/Susan carried

- i. Letter to Paul Burk was drafted and approved to be sent out**
- ii. Jeannette was given direction to confirm venue, collect bios and create final agenda and passports, send out registration notice.**
- iii. Rooms are to be booked by participants by Sept 26**

8. Screening and Assessment

a. See motion regarding Linda updating and posting on web

9. Review and Prioritization of Workplan Activities – deferred until next meeting, no time remaining for further discussion.

Member Updates:

- KTC** Quarterly meeting on September 28 & 29, 2008, Marcy will be participating to share information. Invitation will be extended to northern independent communities to attend.
- CNTH** Triannual meeting last Thursday with 7 of 9 members participating. Three new NNADAP workers have recently been hired in this tribal area – Sapoteywak, Chemawawin and Marcel Colomb.
- IRTC** Youth Health Survey in all seven communities. Crystal Meth and Family Teaching at PATC.
- Mental Health training – 2 day computer training in partnership with local school. Fisher River was invited to participate.
- NI** Large conference was planned for youth to coincide with NAAW. Telehealth training in early July. Has concerns about cluster reporting. Marcy will communicate with CLO for training on cluster reporting.
- Donald and James have acquired Certification.
- Virginia** Thanked committee for inviting her participation. Keeseekoowenin has created a data collection tool that will be shared with region for use by other First Nation communities.
- ILTC** Working with 8-12 year old children for camps and local children jamboree. During NAAW the children's jamboree will be held.
- SPMTC** In process of Accreditation. Current intake includes all families from Shamattawa. SASSI training took place on August 25 & 26, 2008. AGM is in October and the Community Open House is in December.
- Further, SPMTC has submitted a Business Plan to FNIH to increase capacity.
- PATC** Acting in role of Executive Director reduced closure dates in July. Held a staff/team building workshop for staff in September. Posting for five positions at PATC that are currently vacant. Staff in process of acquiring Certification. Ongoing communication with the Board and everything is getting back on tract.
- DOTC** Developed templates for NNADAP workers – cluster reporting. Created definitions for use by tribal council area. Not sure how its going, but will find out at the first quarterly meeting will see the first attempt at capturing data for cluster reporting.

One electronic template will roll into an additional template.

A few NNADAP workers will be retiring so recruiting will be begin for new NNADAP workers.

SERDC Information shared on CCSA conference.

Attended a FASD conference in Montreat. Pregnant women should add folic acid to their diet. This greatly reduced the impact of alcohol consumed by pregnant women.

Request to regional FASD working group to begin working more closely with MFNAC.

Participates on Southeast Interagency meeting regarding youth and sexuality.

Assist traing just completed in Black River and will go to Hollow Water.

New worker in Little Grand Rapids – Russell Bushie. New worker in Brokenhead that Linda has been orienting.

Case review in Little Grand. The Tribal Council in it role as second level services has been instructed it is their role to assist communities in crisis – Pauingassi and Little Grand Rapids.

NHML NHML is 19 years hold this year. Three programs serviced 302 clients – 82 inpatient and 67 outpatients. Two staff in prevention work with 152 clients. Graduated more than half of the clients this year.

Definition of success – Round Dance last summer week of October 9/09. Fall Fast Camp; Sun Dance next year in this community.

Trailer houses maintenance people. Now have space for client lodge.

Staffing continues to be a challenge. Currently seeking counselling staff for outpatient.

Attendance – Day 1 September 17, 2008

Guests: IRS Presenters – Bonnie Jackson &

**Linda Grieve, SERDC
Gloria Rach, DOTC
Bertha Fontaine, NACM
Nora McLeod, NI
Peter Constant, CNTH
Ed Azure, NHML**

**Susan Albert, WTC
Diane Bear, PATC
Susan Thomas, SPMFTC
Mari Staff, IRTC
Eli Beardy, KTC**

Attendance – Day 2 September 18, 2008

Guests: Melanie McKinnon and Debbie Grimes

**Linda Grieve, SERDC
Gloria Rach, DOTC
Bertha Fontaine, NACM
Virginia Sanderson, FNIH
Mari Staff, IRTC
Eli Beardy, KTC
Derek Harper, ILTC**

**Susan Albert, WTC
Diane Bear, PATC
Susan Thomas, SPMFTC
Nora McLeod, NI
Peter Constant, CNTH
Ed Azure, NHML**

Attendance – Day 3 Septebmer 19, 2008

**Linda Grieve, SERDC
Gloria Rach, DOTC
Susan Thomas, SPMFTC
Derek Harper, ILTC
Mari Staff, IRTC
Eli Beardy, KTC**

**Susan Albert, WTC
Diane Bear, PATC
Virginia Sanderson, FNIH
Nora McLeod, NI
Peter Constant, CNTH
Ed Azure, NHML**