

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 Monteburno-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.