

**Regional Wellness Council (RWC) – Sahtu Region  
Meeting MINUTES**

Thursday, November 17, 2016 | 4:00pm – 8:30pm

Friday, November 18, 2016 | 9:00am – 1:00pm

NTHSSA Region Board Room, 2nd floor, 27 Mackenzie Drive, Norman Wells, NT; and via Teleconference

Thursday, November 17, 2016		
#	Item	Notes
1.0	Call to Order by Chair	4:15pm
2.0	<b>Reflection/Prayer</b>	
	Led by Alphonsine McNeely	
	<b>Attendance</b>	
	<p><u>Attendees:</u> Gina Dolphus – Chair Alphonsine McNeely Theresa Etchinelle Sandy Whiteman Brenda T’Seleie (via teleconference) Les Harrison – Executive Director Clinical Integration Gillian Moir – Senior Advisor to the Chief Executive Officer (CEO) Nathalie Nadeau – Territorial Director, Social Programs Mireille Hamlyn – Chief Operating Officer (COO) Ellen McDonald – Regional Manager, Mental Health and Wellness Sharlene Rankin – Executive Assistant (Recorder)</p> <p><u>Regrets:</u> Irene Kodakin Andrea Modeste Jim Antoine, Chair NTHSSA Leadership Council Sue Cullen, CEO, NTHSSA</p>	
3.0	<b>Welcome and Opening Comments</b>	<b>Action</b>
	<ul style="list-style-type: none"> <li>• Introductions.</li> <li>• Opening comments and introduction to the orientation session provided by the Chair.</li> </ul>	
	<b>Mental Health and Addictions Discussion</b>	<b>Action</b>

**COO:**

- This meeting is an opportunity to reflect and discuss Mental Health and Addictions in our region and how to best support Fort Good Hope and all of our communities.

**Question:** Do we have mental health workers in all communities?

**Answer (Regional Manager, Mental Health and Wellness):**

- Yes, all communities have a Mental Health and Addictions Counselor and a Healthy Families Community Wellness Worker.
- Colville Lake is serviced through Norman Wells.
- There are currently two Counselors in Fort Good Hope – one permanent and one casual. Another full time term position is in process (and will replace the casual).

**Discussion:**

- Noted appreciation for support provided to community of Fort Good Hope during recent tragedy.
- Noted a need to focus on prevention rather than so much energy spent on crisis management. How do we do it?
- Trauma training has been offered in the past.
- What you witness stays with you. Many community members are already traumatized.
- Recent events have brought back memories. We need to go way back. We still carry it with us.
- Youth have been supporting each other in Fort Good Hope. Support group meetings have been happening at different houses.
- A youth meeting was held just prior to the most recent suicide. The meeting focused on asking the next generation what they want to see in the future -- leadership planning, job training, recreational and other activities in the community. A follow-up meeting is planned.
- I am taking it upon myself to undertake Addictions Counselor training.
- There is one Mental Health and Addictions Counselor in the community that everyone uses. She can only take so much. We should have an Alcohol and Drug Worker.
- We need more parenting workshops.

**Question:** Why are there no Alcohol and Drug Workers in the Sahtu region?

**Answer (COO):**

- The Sahtu Region used to have Alcohol and Drug Workers that were first hired through the local Band Councils and then through the Health and Social Services Authority. These positions eventually transitioned to become Mental Health and Addictions Counselor positions.
- Healthy Families Community Wellness Workers, in partnership with Counselors and other health and social services staff, assist in supporting families and clients in supporting mental health and wellbeing.

**Executive Director, Clinical Integration:**

- The Executive Team will be traveling to each community to examine the differences in support and how each region is funded.
- It is not just about population size but rather what resources each community needs.
- Now as one Territorial Health Authority it will be easier to address issues such as this, as more resources are available across the system.
- Mental Health is the largest issue in the Northwest Territories.
- Locally, we have met with health and social services staff, we would also like to meet with local leadership next.

**Discussion:**

- Programs and Services can be added to the agenda for the next general meeting in Fort Good Hope.
- Utilizing cultural and On the Land programs is important and getting youth to participate and invest by fixing up traditional healing bush camps.
- It is difficult to leave your community to go to a treatment program. We will have less relapses if we keep programming close to home among our own community and family members.
- Awareness of suicide is important and to talk about it openly.
- It is affecting children as young as six and seven-years old.
- Utilizing a Justice Circle and involving Elders with Mental Health and Addictions Counseling programming is important. Elders will come and talk to those in need and help them.
- Why are all of the treatment centres closed across the NWT? We need them. Workers burn-out.
- A bush camp in the Sahtu Region could be run by community members and Mental Health and Addictions Counselors and Alcohol and Drug Workers.

- More alcohol and drugs leads to more gambling and family violence. We can't keep up and counselors can only do so much.
- Suicide is a sensitive subject. Some elders cannot read or write. Some elders do not understand or have words for suicide in North Slavey.
- Simple education and simple prevention is what is needed with support and encouragement from leadership.
- Leadership is often the first point of blame not family; however family must take responsibility and not hide from issues.
- Information on how best to support friends, family and our community should be provided by the leadership in our language and in English.
- We have to work together and ask them how they want us to work with them too.
- We need joint ventures with those from the Department of Health and Social Services. How do we get sustained support above and beyond what we are doing this week?
- We need to support NTHSSA staff as it is hard on them too. We need to ensure they are okay.
- We need a lot of people who are trained to know what people are going through at different times; sexual abuse can be hidden.
- It is important to learn about our history and support our young girls who were abused.
- Families do not like to admit that a member of their family has committed abuse.
- What have our children seen? What did they go through?
- We need anger management training. We need Alcohol and Drug Workers and in community support programs. We need to look at what is the cause of it. We need to look at the actions of our leadership and how it affects our youth.
- Youth and Elders should be in workshops together. Everyone should be taught how to cry.

**Question (Executive Director, Clinical Integration):** What types of mental health education is offered in the Sahtu Region?

**Answer (Regional Manager, Mental Health and Wellness):**

- Applied Suicide Intervention Skills Training (ASIST) was presented in Norman Wells on November 8 - 9, 2016.
- Mental Health First Aid for Northerners was presented in Fort Good Hope in May 10-12, 2016.
- Response has been positive from attendees; mostly professionals in attendance with some lay people.
- Will continue to offer several more sessions before the end of the fiscal year.

- Mental Health First Aid was offered in Tulita on October 25-27, 2016 but was not held due to low attendance.

**COO:**

- Mental Health First Aid training was offered several times as Professional Development for Sahtu Health and Social Services Authority (SHSSA) Board Members however we were unsuccessful in scheduling the three day training.

**Executive Director, Clinical Integration:**

- Mental Health First Aid teaches about all aspects of mental health in a simple way; making it easier to identify mental health issues and what to say or do to help.
- ASIST provides basic training on how to deal with a potentially suicidal individual.
- We should examine how we can use elder support further and deliver more programming in multiple languages.

**Discussion:**

- There are many different dialects. Elders listen to the local radio and this could be a way to reach people.

**Question:** What programs and services are offered through Mental Health and Addictions?

**Answer (Manager, Mental Health and Wellness):**

- Mental Health Counseling is the priority.
- Suicide Risk Management/Suicide Prevention.
- Family Violence Prevention including school visits.
- Treatment Application for Addictions.
- Community Crisis Support.
- Healthy Families Community Wellness Worker (HFCWW) and Community Health Representative (CHR) both discuss Mental Health awareness and prevention on local radio programs.
- NTHSSA health and social services staff work as a team and they also work with Wellness Workers from the communities that are hired by the Community Councils/Bands. Tulita, Norman Wells, and Fort Good Hope each have one Wellness Worker and Deline has two Wellness Workers.

**Discussion:**

- Reviewed various community wellness activities such as sewing circles, fishing with youth, drum making, snow shoeing, On the Land programs, drum dance, hand games, men’s spa nights, “feel good days” for stay-at-home moms.
- These simple, supportive community/group activities build trust and eventually allow for discussion of difficult issues (e.g. family violence, sexual abuse, addiction).
- Community members should be engaged in program development.
- Encouragement of staff participation in cultural/community events.
- Suggestion of additional early child development support and screening.

**Question:** What support is there for bullying?

**Answer (COO):**

- Anti-bullying is not a structured program area.
- Each school and community develops their own program ad hoc, and may also participate in national campaigns such as “Pink Shirt Day.”
- Counselors visit schools regularly and Community Health Representatives (CHR) visit as well.
- Royal Canadian Mounted Police (RCMP) are also involved.

**Question:** What about additional funding for Mental Health?

**Answer (Executive Director Clinical Integration):**

- During the first year as the NTHSSA, a thorough assessment will be completed of all program areas per region.
- Focus will be on Child and Family Services, Mental Health, Emergency Room, Labs, Diagnostic and Pharmacy. All of these connect to Mental Health.

**Question:** How do we support those with disabilities?

**Answer (Executive Director Clinical Integration):**

- Different solutions have been tried but these are unevaluated. Work needs to be undertaken to evaluate programs to determine the best way to support children with special needs.

**Discussion:**

- At the last Annual General Meeting in Deline people were concerned for youth with mental disabilities. Has there been any further follow-up on this?
- At the community meeting last week in Fort Good Hope, the Community Social Services Worker (CSSW) provided a presentation on all of the things a social worker does. It is not just about taking people's kids away. Good information was provided. Programs are offered to keep kids in the home.

**Question:** There are no treatment centres in NWT. What are we doing to help heal? What treatment is available?

**Answer (Territorial Director, Social Programs):**

- Treatment centres in NWT were not being utilized and had very low numbers.
- People wished to go south rather than go to the three centres that were available.
- After these centres were closed, it left a gap.
- On the Land programs are discussed often as well as a desire for treatment in the region or community; treatment closer to home, closer to connections to provide the support needed to succeed.
- If a new program is to be developed, we will need to evaluate the need in order to provide the right type of service; how to shift and provide more capacity – a multifaceted and collaborative approach to work as a team (DHSS, youth, elders, leadership, regional and territorial NTHSSA).
- Providing options in services is important.
- Pull down barriers and talk about who is responsible to help start healing.
- Examine models that work best in each region.

**Discussion:**

- Need to work and communicate with community leadership.
- Need partnerships and collaboration.
- Have own Sahtu Treatment/Support Centre; needs to be culturally appropriate and offer traditional healing programs.
- There is no support when you come back from treatment (e.g. Pound Makers) at the community level.

**Question:** What about people coming back from jail? What support is available to them? What sup-

	<p>port is available to victims as well?</p> <p><b>Answer (Manager, Mental Health and Addictions):</b></p> <ul style="list-style-type: none"> <li>• Territorially, people are supported through their probation officer and counsellor.</li> <li>• RCMP, probation officer, mental health counselors and health and social services staff work as a team to provide wrap around services. This same team works with the victim.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Offering training over and over is important as people move on, otherwise people get left out.</li> <li>• People are not reading posters. Put information on the radio for elders. It can be in English.</li> <li>• Communication is so important.</li> </ul>	
	Break: 5:58pm – 7:10pm	
5.0	<b>Regional/Community Profile Presentation</b>	<b>Action</b>
	<p><b>Please refer to Tab 11 in binder (or digital file) – Sahtu Region Community Profiles.</b></p> <p><b>COO:</b></p> <p><b>Question:</b> Is Colville Lake’s health services changing in the future? E.g. full-time nurse or community social services worker?</p> <p><b>Answer (COO):</b></p> <ul style="list-style-type: none"> <li>• Full-time nursing staff is not typical for a community of that size.</li> <li>• NTHSSA met with the Chief of the Behdzi Ahda First Nation and two challenges were identified last year: <ul style="list-style-type: none"> <li>○ Request to provide support for elders in the home.</li> <li>○ Request for Healthy Families Community Wellness Worker (HFCWW) full-time position.</li> </ul> </li> <li>• A contribution agreement has been signed and is providing funding for an Assisted Living Program and a HFCWW full-time position has been posted.</li> <li>• A physician visits Colville Lake once a month.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Discussion of how staffing is organized in the region.</li> <li>• Noted low number of people on income support.</li> </ul>	



	<ul style="list-style-type: none"> <li>Noted that most are voluntary child services.</li> </ul> <p><b>Question:</b> How is diabetes handled? Have there been increases? There is no dietitian in the region.</p> <p><b>Answer (COO):</b></p> <ul style="list-style-type: none"> <li>Diabetes care is integrated into the nursing program. Numbers in the region are stable.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>Former diabetes team was not continued after the retirement of the specialist program lead.</li> <li>Diabetic foot care support is currently provided through the nurses and regular elder care through home care staff.</li> <li>Discussion of diabetes support provided by local community members who are trained to host education workshops regarding infection prevention and self-care.</li> <li>It is important to have the education in both languages.</li> </ul>	
	Meeting paused: 8:48pm	
Friday, November 18, 2016		
	Meeting resumed: 9:05am	
	<b>Meeting Overview and Check-in</b>	
	<ul style="list-style-type: none"> <li>Round table discussion and review of agenda.</li> </ul>	
<b>6.0</b>	<b>Overview of Leadership Council</b>	<b>Action</b>
<b>7.0</b>	<b>Overview of Northwest Territories Health and Social Services Authority</b>	<b>Action</b>
	<p><b>Please refer to Tab 12 in binder (or digital file) - Northwest Territories Health and Social Services Authority Governance and Operations Overview</b></p> <p><b>Question:</b> What is legislation?</p> <p><b>Answer (Executive Director Clinical Integration):</b></p> <ul style="list-style-type: none"> <li>Legislation is the law.</li> <li>Regulations are how the law will be implemented.</li> <li>Policy is further detailed instruction for implementation (who, what, when, where).</li> <li>Example: Child and Family Services Act:</li> </ul>	

- The legislation (or Act) outlines why a child needs protection.
- The regulations outline the timelines on how to implement child protection.
- The policies outline how to meet those timelines.

**Discussion:**

- It would be beneficial to receive a dictionary of legal terms and definitions.

**Question:** Do Hay River and Tlcho Regions receive funding as well from NTHSSA?

**Answer (Executive Director Clinical Integration):**

- Hay River and Tlcho use some of NTHSSA's services; an agreement is pending.
- Their funding comes from a separate area of funding from the Department of Health and Social Services.

**Question:** How much direction comes from the community level? I hear people ask why do they make decisions without community input.

**Answer (Executive Director Clinical Integration):**

- This topic will be revisited during discussion of Roles of RWC members.

**Question:** Who made up the former Joint Leadership Council?

**Answer (Executive Director Clinical Integration):**

- Regional Board Chairs, Public Administrators and the Minister of Health and Social Services.
- In summary:
  - Jim Antoine is Chair of NTHSSA Leadership Council representing all regions.
  - RWC Chairs act in an advisory role for their region.
  - NTHSSA delivers health and social services programs.
  - Department of Health and Social Services provides legislation, policy, standards, monitoring and evaluation of programs and services.

**Discussion:**

- Need to address client/patient assessments at health centres. Healthy people don't visit the health centre. E.g. don't just provide pain killers and send them home.
- Important to provide opportunities to evaluate care and for community members to be able to make suggestions for improvement.

	<p><b>Question:</b> Is this new NTHSSA staffing model in place now?</p> <p><b>Answer (Executive Director Clinical Integration):</b></p> <ul style="list-style-type: none"> <li>• It is approximately 80% complete. To be completed over the next year.</li> </ul> <p><b>Question:</b> What is the CMIO?</p> <p><b>Answer (Executive Director Clinical Integration):</b></p> <ul style="list-style-type: none"> <li>• Chief Medical Information Officer. This position ensures clinical staff have the right information to make good decisions and ensures information systems work more effectively.</li> <li>• E.g. tracking diabetes information manually versus tracking diabetes through Electronic Medical Records (EMR); EMR makes tracking and targeting easier and is more accurate.</li> <li>• EMR is now being implemented in the Sahtu.</li> </ul> <p><b>Question:</b> Can anyone review the Territorial Plan Annual Report?</p> <p><b>Answer (Senior Advisor to the CEO):</b></p> <ul style="list-style-type: none"> <li>• Yes, it will be available to the public and for comment by MLAs in the legislature in the spring.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• It is important to be sensitive to the needs of public attendees at RWC meetings; use of an interpreter may be necessary at public meetings.</li> <li>• The handbook will support RWC members with key statements in speaking on behalf of the RWC and in speaking at the community level.</li> <li>• The rules in the RCW handbook will provide order and structure for meetings.</li> </ul>	
	Break 10:20am-10:37am	
	<b>Diabetes</b>	<b>Action</b>
	<p><b>COO:</b></p> <ul style="list-style-type: none"> <li>• Reviewed diabetes numbers within each community.</li> <li>• Numbers have been stable or had a slight increase from 2014-2016.</li> </ul> <p><b>Discussion:</b></p>	

	<ul style="list-style-type: none"> <li>• Discussion of diabetes management with pills, injections, self-management with diet, exercise and traditional healing.</li> </ul>	
<b>8.0</b>	<b>Exercise: Describing the RWC Role</b>	<b>Action</b>
	<p><b>Please refer to Tab 13 in binder (or digital file) – <i>Regional Wellness Council Roles and Responsibilities</i>.</b></p> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Group participation regarding activities that are in scope and out of scope for RWC members.</li> <li>• Example. <ul style="list-style-type: none"> <li>○ <u>In scope</u>: talking to community members, listening to complaints and directing to NIC or COO for resolution, advising of gaps in service, trends.</li> <li>○ <u>Out of scope</u>: hiring, firing, budget approval, discussing Leadership Council activities in public interview setting.</li> </ul> </li> </ul>	
<b>9.0</b>	<b>Exercise: Review of the RWC Handbook</b>	<b>Action</b>
	<p><b>Please refer to Tab 14 in binder (or digital file) – <i>Regional Wellness Handbook</i>.</b></p> <p><b>Question:</b> Who makes the legislated requirements for the RWC?</p> <p><b>Answer (Senior Advisor to the CEO):</b></p> <ul style="list-style-type: none"> <li>• Legislation is created by the Department of Health and Social Services with the Minister of Health and Social Services -Hospital Insurance and Health and Social Services Administration Act (HIHSSA).</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• RWC members represent the Sahtu Region (not simply one community).</li> <li>• RWC will need to figure out how to effectively represent Colville Lake as well. E.g. visit the community, coordinate a visit with the NTHSSA Chair, host a meeting there, etc.</li> </ul> <p><b>Question:</b> Do we have to host an annual meeting once a year in each community?</p> <p><b>Answer (Executive Director Clinical Integration):</b></p> <ul style="list-style-type: none"> <li>• RWC is not expected to host an annual meeting in each community. Options can be made available for the public to attend using technology. Meeting locations can rotate.</li> </ul>	

**Question:** What happens if a Sahtu Resident has a concern and they go to the Minister of Health and Social Services or the MLA?

**Answer (COO):**

- Each issue is examined and sent to the appropriate person within the NTHSSA or Leadership Council or RWC.
- Issues are directed back to the COO as client/patient consent to release information is often required for resolution.
- The sooner the COO or CEO is aware, the sooner the issue can be resolved.
- If the Minister or MLA is contacted directly, this process may take longer to resolve as more people are involved in the communication process.

**Answer (Executive Director Clinical Integration):**

- If several people come to an RWC member regarding a similar issue, this issue can be brought forward for discussion at an RWC meeting. The COO can be made aware and can work towards a resolution within the System.
- The Chair of the RWC can bring forward a recommendation to the Leadership Council for advisement to the CEO regarding system or policy changes, e.g. additional education or cultural training for staff.

**Discussion:**

- Review 2014-2016 SHSSA Strategic Plan final report with RWC priorities and connect with Ministerial priorities.
- Priorities must come from the community.
- Head Start program is supported through Early Childhood framework and funded through the Territorial Government and Federal Government.

**Question:** Do only elder women receive home care? To avoid harassment a worker could bring another staff member with them. Is there a reason they don't visit men? They are not getting visits.

**Answer (COO):**

- Home care is based upon a needs assessment, not because the person is an elder.
- If there have been operational issues these can be addressed with the Nurse in Charge (NIC).

	<p><b>Question:</b> Can you please elaborate on the statement “enhanced access to culturally-appropriate programs and services, and develop a comprehensive mental health and addictions framework?”</p> <p><b>Answer (Executive Director Clinical Integration):</b></p> <ul style="list-style-type: none"> <li>• How to ensure staff are more respectful and understanding with patients and clients.</li> <li>• How to better engage people in services and programs, e.g. On the Land programming.</li> <li>• Encouraging respect and awareness in program delivery.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• RWC members can use the resources at Health Centres to print documents, use the fax and to prepare for meetings.</li> </ul>	
	<b>Break 11:58am - 12:09pm</b>	
<b>10.</b>	<b>Wrap-up/Check-out</b>	<b>Action</b>
	<p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Review of “parking lot” items.</li> <li>• Esther Story, Strategic Plan and Territorial priorities to be reviewed at next RWC meeting.</li> <li>• Round table review of orientation session.</li> </ul> <p><b>Question:</b> When will regional visits/assessments by the Executive Committee take place?</p> <p><b>Answer (Executive Director Clinical Integration):</b></p> <ul style="list-style-type: none"> <li>• The COO will notify the RWC regarding upcoming visits.</li> <li>• A schedule is being examined taking into account the timing of RWC meetings, Leadership Council meetings, etc.</li> </ul> <p><b>Question:</b> Can the roles and responsibilities of the RWC be distributed to the public?</p> <p><b>Answer (Executive Director Clinical Integration):</b></p> <ul style="list-style-type: none"> <li>• Yes, these can be included in a letter to community leadership along with regional priorities.</li> </ul>	<p><b>Executive Assistant:</b> Regional Wellness Council requests a copy of Medical Travel Modernization/Escorts report.</p>
<b>11.0</b>	<b>Closing Reflections/Prayer</b>	<b>Action</b>
	Led by Alphonsine McNeely	

12.0	Adjournment	Action
	<ul style="list-style-type: none"> <li>▪ The Council moves to adjourn meeting.</li> </ul>	
<b>Adjourned: 12:48p.m.</b>		
<b>Next Meeting: To be announced.</b>		