

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

Friday, March 24, 2017 | 7:00pm – 8:45pm

Saturday, March 25, 2017 | 9:00am – 3:00pm

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

March 24, 2017		
#	Item	Notes
1.0	Call to Order by Chair.	7:14 p.m.
2.0	Reflection/Prayer	
	Led by Chair.	
3.0	Attendance	
	<u>Attendees:</u> Gina Dolphus – Chair Brenda T'Seleie Alphonsine McNeely Irene Kodakin Sandy Whiteman (via teleconference) Mireille Hamlyn – Chief Operating Officer (COO) Sharlene Rankin – Executive Assistant (Recorder)	
	<u>Regrets:</u> Andrea Modeste Theresa Etchinelle	
4.0.	Approval of Agenda	Action
	<i>The Council moves to approve the Agenda as presented.</i> Motion # 04-17 Moved by: Alphonsine McNeely Seconded by: Irene Kodakin All in Favour. Motion Carried	
5.0	Previous Meeting Minutes – Review and Approval	Action
	<i>The Council moves to approve the Minutes from October 21, 2016 as presented.</i> Motion # 05-17 Moved by: Sandy Whiteman Seconded by: Irene Kodakin All in Favour. Motion Carried	

	<p>Question: Who does the hiring? Answer (COO): Hiring is completed with the Regional Manager of Human Resources and the appropriate Regional Manager for the position. E.g. If hiring a nurse, the Regional Manager, Community Health Centres participates. There is always a minimum of two people.</p> <p>Discussion:</p> <ul style="list-style-type: none"> ▪ RWC members requested additional information on recent territorial review of radiology reports. <p><i>The Council moves to approve the Minutes from November 17-18, 2016 as presented.</i></p> <p>Motion # 06-17 Moved by: Brenda T'Seleie Seconded by: Alphonsine McNeely All in Favour. Motion Carried</p>	
6.0	Action Items Review	Action
	<p>Please refer to Action List provided with Agenda.</p> <p>Item 1 – Completed. Item 2 – Completed. Item 3 – Completed. Item 4 – Completed. Item 5 – To be discussed during Agenda item #13 – <i>Communication</i>. Item 6 – Completed. CBC interview to be completed by Chair. Item 7 – To be added to Agenda item #14 – item (a) – <i>Update on Deline Traditional Healer/Counselor Pilot Project</i>. Item 8 – Completed. Item 9 – Completed. Item 10 – Completed.</p> <ul style="list-style-type: none"> ▪ RWC noted request has been sent out for members for the Sahtu Dene Council Health Committee. <p>Item 11</p> <ul style="list-style-type: none"> ▪ COO: Sahtu's Esther Story has been embraced territorially; new versions to be created for territorial use. Client-focused care is a territorial priority. The Esther Story is being discussed by the Executive Committee of the NTHSSA and the Department of Health and Social Services in Quality as a Business Strategy planning sessions. 	<p>Executive Assistant to recirculate the Sahtu Esther Story. To be added to next RWC Agenda for further discussion and if any suggestions or revisions are necessary. COO can then bring feedback to next Executive Committee meeting.</p>

<p>General Meeting in Norman Wells, site visit to New Facility in Norman Wells, visited NTHSSA Regional Office, Health Centre and the Norman Wells Land Corporation.</p> <ul style="list-style-type: none"> ▪ Visits to Fort Good Hope and Colville Lake occurred in the fall of 2016. ▪ Visit to Deline was cancelled at request of Deline Got'ine Government. <p>Item 26 –</p> <ul style="list-style-type: none"> ▪ COO: Funding is provided through a Contribution Agreement with Department of Health and Social Services for the Deline Traditional Healer/Counsellor Pilot Project. <p>Item 27 –</p> <ul style="list-style-type: none"> ▪ COO: 2016/2017 budget is now complete. Leadership Council has approved 2017/2018 budget. ▪ RWC Chair: To determine if full budget can be released to RWC members. <p>Item 28 –</p> <ul style="list-style-type: none"> ▪ COO: Leadership Council has approved 2017/2018 budget which includes funding for RWC to travel to different communities. <p>Item 29 –</p> <ul style="list-style-type: none"> ▪ COO: Provided review of hiring process surrounding Community Health Nurse in Deline. ▪ Other candidate under consideration did not provide confirmation of RNANT/NU registration. <p>Item 30 –</p> <ul style="list-style-type: none"> ▪ COO: Once RWC meeting schedule is complete, a meet and greet with staff can be planned. <p>Item 31 –</p> <ul style="list-style-type: none"> ▪ COO: If a community member has a complaint, RWC members can provide the COO's contact information/business card. Community members are not always comfortable speaking directly with the practitioner or Nurse-in-Charge. ▪ Director, Quality, Safety and Patient Experience is also available for formal complaints. ▪ RWC requested that poster be created to be posted in public areas. <p>Item 32 –</p> <ul style="list-style-type: none"> ▪ COO: To follow-up regarding additional support for Sahtu Residents and options when they call the NWT Help Line, e.g. services during weekend when offices are closed. ▪ Will notify NWT Help Line of RWC member dissatisfaction with services/recommendations provided. ▪ Will inquire regarding language options. ▪ Noted that group sessions are now available using the Help Line. The Help Line is also on Facebook. <p>Item 33 –</p>	<p>Executive Assistant to create poster to be posted in public areas regarding complaints/suggestions process.</p>
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	<ul style="list-style-type: none"> ▪ COO: Staff list has been provided which contains emergency numbers, Regional Managers, and number for Director, Quality, Safety and Patient Experience. <p>Item 34 – Complete. Item 35 – Complete. Item 36 – Ongoing. Executive Assistant to reconfirm location of postings of public notices for Leadership Council Meetings. Item 37 – Complete. Item 38 – Complete.</p>	Executive Assistant to confirm location of postings of public notices for Leadership Council Meetings.
7.0	Business Arising from the Previous Meeting Minutes	Action
	<p>Discussion:</p> <ul style="list-style-type: none"> ▪ Agenda item will be revisited as business arises. 	
Meeting suspended: 8:28p.m.		
March 25, 2017		
Meeting reconvened: 9:20a.m.		
8.0	Chairperson's Report	Action
	<p>Chair:</p> <ul style="list-style-type: none"> ▪ Sahtu's community profile was reviewed by the RWC and the Leadership Council during Orientation and again during the budget approval meeting. ▪ The 2017/2018 NTHSSA Budget was approved by the Leadership Council on March 6-7, 2017 at a meeting in Hay River. ▪ Prior to this Leadership Council meeting, the RWC Chair, COO and the Director, Finance and Administration met to review the Sahtu Region's portion of the NTHSSA budget. ▪ Sahtu Region has the lowest deficit level of the six NTHSSA regions. ▪ Regional travel for the RWC members has been approved. ▪ NTHSSA-Sahtu Region budget: \$15,085,934.00 ▪ NTHSSA-Sahtu Region deficit: \$645,812.00 <p>RWC members were provided with a one page high-level copy of the budget for their binders.</p> <p>Question: When is a Head Nurse going to be hired in Fort Good Hope? Answer (COO): This position is in process. It has been posted and interviews are ongoing.</p> <p>Question: Was Applied Suicide Intervention Skills Training (ASIST) held in Tulita on Feb 28 – Mar 1, 2017? Answer (COO): Yes. ASIST and Mental Health First Aid training will continue to be offered in</p>	

the communities on a rotational basis. COO to discuss future timing of training courses with the Regional Manager, Mental Health and Wellness.

Discussion:

- Recommendation to host training in November but not in March.
- Encourage communities members 16 years of age and older to attend.
- Advertise more widely.

Discussion (Mental Health):

- Discussion of how to explain mental health to community members – especially to elders who speak another language.
- How to explain the spectrum of mental health issues - from stress, anxiety or depression to severe psychosis - and the support available along this spectrum to allow an individual to lead a productive life.
- A workshop is needed to explain this in North Slavey.
- It can be described as a problem someone carries around and needs to work on. A traditional healer could come in so they can get their work done.
- We need Alcohol and Drug workers, suicide prevention workshops, inner child, depression, grieving workshops. Options to do one-on-one and group sessions to do work. We need to bring in someone with those skills.
- Workshops could be held live over the radio. Leave it to the communities to decide the format for support that they wish.

COO:

- Provided staffing updates in regards to Mental Health and Addictions Counsellors.
 - Fort Good Hope Counsellor – in process (succession planning; retirement).
 - Tulita Counsellor – in process (unexpected vacancy).
 - Fort Good Hope Mental Health Nurse – in process (Job Description preparation).

Discussion:

- A casual counselor was placed in Fort Good Hope in February 2017. The community is emotionally up and down. It is important to have coverage and support.
- Positions are always hired from outside and then they leave.

Question: Can someone come in and train people from the community for a counseling position? What about a mental health diploma or certificate?

Answer (COO):

Executive Assistant requested to send updated regional contact list (leadership) to RWC members.

- Counsellor positions require a Masters level education (social sciences) with crisis and trauma support experience. If you are aware of someone in the region, please encourage them to apply.
- A mentorship program could be examined for support positions.

Discussion:

- It is annoying and maddening. Employees decide to leave and we pay for their travel.
- Imagine for the clients. So much unfinished business. You have to begin again and again.
- This is not good for me. Perhaps something could be coordinated through Aurora College. We are advertising all the time. It is so important because southerners just leave. It is always the same issue.

COO:

- Reviewed several staffing positions which have been filled by long-term permanent employees such as the Mental Health and Addictions Counsellor in Fort Good Hope (10 years), Norman Wells (5 years), Tulita (2 years), job share nursing staff (10-17 years).
- During the last visit by the Minister of Health and Social Services, he encouraged youth to seek education and employment opportunities in the Sahtu Region.

Discussion:

- Sahtu people do not get hired.
- Counsellors do not need a Masters. If they can speak Slavey they can help people.
- The Regional Manager can have a Masters but those that work in the community do not require it.

COO:

- Sahtu Region did have Alcohol and Drug workers in the past. These positions have transitioned into Healthy Families Community Wellness Workers and Mental Health and Addictions Counsellors.
- This was a territorial decision; it was felt that the trauma work required warranted a Masters level.

RWC Chair:

- Training on the job and other certificates are what is needed.
- RWC Chair encouraged members to speak with their leadership.
- The Sahtu Region has two Mental Health Counsellor positions coming up.

<ul style="list-style-type: none"> ▪ We need to bring this back for discussion and I will also bring to the Leadership Council. ▪ We need more development positions, similar to the Associate COO position. ▪ It is very difficult to deal with Mental Health; hiring locally doesn't happen. <p>COO:</p> <ul style="list-style-type: none"> ▪ Provided update regarding support to the community of Fort Good Hope. <ul style="list-style-type: none"> ▪ Assistance with proposal writing, supportive workshops and strategic planning with the local leadership groups is taking place. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ General discussion of external support and the importance of having a good fit with the community; honest intentions and wholehearted involvement. ▪ Community should be cautious in selecting those to involve. <p>Sandy Whiteman joined the meeting via teleconference: 9:59a.m.</p> <p>COO:</p> <ul style="list-style-type: none"> ▪ Provided update regarding training for the new facility in Norman Wells. ▪ NTHSSA, in collaboration with Aurora College, has offered courses in First Aid, Cardio-pulmonary resuscitation (CPR), Customer Service Training, Medical Terminology, Transportation of Dangerous Goods (TDG) and Workplace Hazardous Materials Information System (WHMIS) and Food Safety. ▪ First Aid/CPR, WHMIS and Food Safety are being reoffered in March 2017 within the region. ▪ There will be 22.5 new positions, e.g. cooks, cook helpers, clerks, cleaners, etc. ▪ Employment opportunities for community members and youth. <p>Question: What about personal support workers?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ A Personal Support Worker Certificate training program was delivered at Aurora College Inuvik Campus. ▪ This is an eight month certificate program that began in September 2015 and ended May 2016. ▪ Fifteen full time students and one part time student were registered in the program. Six students from the Sahtu Region graduated from the program in June 2016. ▪ Three students from the Sahtu Region completed their Personal Support Worker Practi- 	<p>RWC Chair to bring forward "Mental Health Counsellor position qualifications" to the Leadership Council for discussion. RWC members to discuss with local leadership.</p>
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	<p>cum in the Sahtu Region. Currently, three of the graduates from the Sahtu Region are working on a casual basis in the Region.</p> <p>COO:</p> <ul style="list-style-type: none"> ▪ Additional staffing updates provided. <ul style="list-style-type: none"> ▪ Community Health Nurse (CHN) Deline (0.5) – in process. ▪ CHN Tulita (seven year employee) – one year leave request. ▪ Nurse in Charge (NIC) Fort Good Hope Job Share – in process. ▪ Community Health Representative (CHR) Norman Wells – in process. Start date in June 2017. ▪ Healthy Families Community Wellness Worker Colville Lake – in process (position posted for 6th time; examining developmental/training and half-time options). Regional Manager Mental Health and Wellness to discuss position with Chief of the Behdzi Ahda First Nation Band Council. ▪ There are now two full-time (permanent) CHNs and two Job Share CHNs in Norman Wells. ▪ NIC Job Share positions in Norman Wells are held by two employees with 8 years and 15 years’ experience in the region. 	
9.0	RWC Member Observations and Comments	Action
	<p>Discussion:</p> <ul style="list-style-type: none"> ▪ Reviewed upcoming On the Land programming in Fort Good Hope and subsequent preparations. ▪ Reviewed two situations which involved a family requiring assistance transporting a loved one home from Long Term Care/Extended Care to home community. <ul style="list-style-type: none"> ▪ In one case a family felt the need to charter a plane in order to speed up the process of transfer. This additional cost is not fair to the family. ▪ In the other case, the family did not receive support from the Health Centre for their request for home care. ▪ Noted need for Nurse in Charge position in Fort Good Hope to be filled. ▪ Discussed patient with a pulled tooth that required additional support as it wasn’t healing. 	<p>COO to review client transportation issue with Medical Travel. (Note: Client travel to and from a Long Term Care Facility is a Non-Insured Health Benefit.)</p> <p>COO to follow up with Cassien Edgi Health and Social Services regarding palliative care/home care support to client returning to community from Long Term Care facility.</p>
	Break: 10:29-10:39a.m.	
	Discussion:	

	<ul style="list-style-type: none"> ▪ Review of community concern in Deline; more staff support required during grieving process. ▪ RWC member shared experiences in the Tlicho Region: <ul style="list-style-type: none"> ▪ There is always a counselor available in the building. The counsellor took members of the family for a car ride or to the store, and was generally available to provide support. The counsellor provided a cell number and encouraged us to call. ▪ Share this with Sahtu staff; it is part of their role. ▪ People are stressed for their elders coming home; families need more visits. Other kinds of losses are happening too. ▪ We need a support person in Deline. It is a concern. Other communities see more support. ▪ Mental Health and Addictions Counsellors need to go out and not just be in the office; they need to set up a schedule of visits. ▪ We need to document concerns; these can be reviewed next meeting. ▪ Staff issues need to be resolved. Someone is using their power to use other staff members. It is disrespectful to other colleagues to tell them what to do. <p>COO:</p> <ul style="list-style-type: none"> ▪ Requested documentation and further discussion for review with Human Resources; specific dates and situations regarding incidences (objective data for review). ▪ NTHSSA promotes a respectful workplace; these behaviours are not acceptable. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Minister of Health and Social Services recently visited Norman Wells and Tulita with Member of Legislature (MLA) for Sahtu Region and Minister of Industry, Tourism and Investment, and Infrastructure, March 20-21, 2017. ▪ No additional updates provided regarding Norman Wells. 	<p>Executive Assistant requested to order half-size agendas for RWC members.</p> <p>Mental Health and Addictions program and service concerns to be documented and reviewed next meeting by Council and added as agenda item.</p>
10.0	Projects and Priorities	Action
	<p>Please refer to attached list of priorities developed in August 28, 2016.</p> <p>1. Regional Priority: Improving Mental Health and Addictions care in the community and across the system.</p> <p>Discussion:</p> <ul style="list-style-type: none"> ▪ In regards to improving mental health and addictions care in the community, frontline 	

	<p>workers must be careful regarding posting negative responses on social media such as Facebook.</p> <ul style="list-style-type: none"> ▪ Comments regarding addictions were made regarding a youth and spread online. ▪ It felt like we were being labeled. The whole world is labeling us. <p>COO:</p> <ul style="list-style-type: none"> ▪ Such behavior by an NTHSSA employee is unethical. ▪ COO to follow-up with Regional Manager, Mental Health and Addictions and staff member involved. <p>2. Regional Priority: Supporting youth to have careers in health and social services is a shared responsibility. Council encourages NTHSSA Leadership Council Chair and CEO to discuss the importance of education and training when they visit communities and speak with the leadership; encourage students to apply for scholarships.</p> <p>COO:</p> <ul style="list-style-type: none"> ▪ Territorially, the Minister of Health and Social Services has made youth a priority. ▪ Priority hiring systems are in place territorially. ▪ Sahtu Region is participating in career fairs; encouraging youths to pursue education and employment in health and social services. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Regarding healthy communities, it is important to thoroughly screen candidates. The person hired can become part of the problem. At times, it is difficult for those hiring to see all of the pieces. ▪ Discussion of criminal record checks and foster care placements. ▪ Fort Good Hope is currently piloting a Parenting Council; assisting those completing fostering applications. <p>COO:</p> <ul style="list-style-type: none"> ▪ During the hiring process, every employee goes through an interview with a hiring committee of at least two people. A criminal records check is performed and the most recent references (2-3) are examined. ▪ Discussed liabilities involved in foster care placements, the role of the Director of Child, Family Services and the pardon process. <p>3. Regional Priority: Integrating traditional medicine in health and social services care.</p>	<p>COO to follow-up regarding social media comments regarding a Sahtu youth by an NTHSSA employee.</p>
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	<p>Discussion:</p> <ul style="list-style-type: none"> Work is ongoing with Deline Traditional Healer/Counsellor Pilot Project. <p>4. Regional Priority: Improving Supports provided for medical travel escorts which will mean better care for medical travel patients.</p> <p>Discussion:</p> <ul style="list-style-type: none"> All four priorities to be maintained and reviewed moving forward and tracked for improvement/action. <p>Question:</p> <ul style="list-style-type: none"> Years ago, when my father had cancer, the nurses did not provide much supportive care. Our family requested teaching on how to care for him and what we could do as a family. This support care teaching is important. How can staff help family members to care for their elders? <p>Answer (COO):</p> <ul style="list-style-type: none"> Home care clients receive assessments by a nurse. Family should be informed of what everyone's role is and what each person can do to help. Teaching is an expectation of home care. It is part of the role, e.g. turning, administering medication, consultation with physicians (Facetime). 	<p>Home Care Family Support to be added as Regional Priority #5.</p>
11.0	COO Report	Action
	<p>Please refer to attached COO report.</p> <p>Question: Can you provide more information on Community Visits?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> Regional Managers schedule two visits per year per community with additional visits as needed operationally. These visits are used to review and confirm program standards. <p>Question: When will the new facility in Norman Wells open?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> The estimated completion date for construction is October 30, 2017. Following this, Department of Infrastructure will need to perform function/system checks (commissioning) throughout the building (1-3 month process). 	

<ul style="list-style-type: none"> ▪ The building will then be ready for occupancy by the NTHSSA. ▪ The Regional Manager, Operations is currently planning the move. ▪ In early September, NTHSSA will have a clearer idea regarding a move schedule; many factors are involved including the barge schedule to receive final building supplies. <p>Question: Have applications for long term care been received from the Sahtu? Is it just for our region?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ COO reviewed Territorial Admissions Committee process and documents provided with the agenda. ▪ Sahtu Region will not be able to support dementia clients. <p>Question: Regarding suicide prevention, what is happening? Are there staff members in the communities?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ Discussed system challenges and the expertise and resources available at the community level and those clients requiring additional help and support. ▪ Reviewed challenges surrounding client transfers to Yellowknife or Edmonton; discharge planning and follow-up care and providing access to psychiatric care through Inuvik. ▪ Statistical information is being tracked for suicide ideation, attempts and completion. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ It is important to be open and honest when talking to youth about suicide. It is important to constantly check and watch them. ▪ There have been no follow-ups since the murder in Fort Good Hope from the psychiatrist. Please follow-up on this issue. ▪ The Mental Health and Addictions Counsellor in Fort Good Hope is very busy. <p>Question: There has been an increase in Tuberculosis cases in Nunavut. What about the Sahtu?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ The number of cases in the Sahtu Region has been stable. ▪ Community Health Representatives offer prevention programming. ▪ Important to pay attention to coughs that last more than three weeks. <p>Question: Can you please provide an update on Electronic Medical Records (EMR)?</p>	<p>COO to provide list of names of those sitting on Territorial Admissions Committee for review by Council.</p> <p>COO to provide an update regarding community level suicide support and psychiatric care in Fort Good Hope.</p>
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Answer (COO):

- Implementation is complete in Norman Wells.
- Deline and Tulita are still in process.
- Fort Good Hope and Colville Lake to be determined.

Question: Can you please provide an update on Accreditation?

Answer (COO):

- Accreditation Canada works with health care organizations to help them improve quality, safety, and efficiency so they can offer clients the best possible care and service. They encourage a collaborative environment committed to quality, client service and professional growth, excellence, respect, integrity, and innovation.
- NTHSSA staff have undergone numerous telehealth training sessions and meetings.
- Each community will undergo self-assessment and develop work plans to ensure they are following the Remote/Isolated Health Services Standards and Infection Prevention and Control Standards prior to the end of May 2017. This is in preparation for Accreditation Canada's regional survey/review in September 2017.

Question: Are Aventa treatment program centres useful?

Answer (COO):

- Yes, response and feedback has been positive. Programs range from several weeks to several months which can be undertaken as a family or individually.
- Treatment is culturally appropriate.
- Case managers in the Sahtu work with the case worker at Aventa to support the client/family.

Discussion:

- Children that attend benefit from the Aventa program – literacy, sports, and gymnastics. Grandparents visit or stay in touch with Facebook.
- Follow-up and aftercare programs are necessary. Support information needs to be shared with family members and/or they need a sponsor.
- It takes a lifetime to heal. In the past, Alcohol and Drug Workers were in the community to continue the support with meetings, sharing circles, etc.
- Alcohol Anonymous meetings are trying to get started in Deline and Fort Good Hope but no one is attending. Traditional healing/activities need to go along with these meetings.
- The promotion of these meetings needs to be different; highlight the traditional aspect of sharing.

Council recommends NTHSSA staff be sent a reminder that posters should be reviewed by

<ul style="list-style-type: none"> ▪ Clients need continuing support, especially after only a month of treatment. It can take six months or longer. It costs much more money to send a client out again and again when we can do prevention here in the communities. ▪ Recommendation for local leadership (e.g. Band Council) to focus on Addictions treatment/support; the NTHSSA to focus on prevention and counseling. ▪ Recommendation for more community members to assist with Mental Health and Addictions with diploma certificates, to work with separate Alcohol and Drug Workers. <p>Question: Regarding the Healthy Families Community Wellness Worker program, have the Collection Kitchen and other programs and services been evaluated?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ Yes, the program is currently undergoing review with meetings regionally and territorially, led by the Chief Public Health Officer. ▪ Once recommendations have been received, they will be provided to the Regional Wellness Council for review. <p>COO (Sahtu Region Industry Changes):</p> <ul style="list-style-type: none"> ▪ ESSO plant shut-down has affected families in Norman Wells and has had a ripple effect on contractors and sub-contractors. ▪ Some employees are transferring out and this means less children in the school. ▪ Fiber optic program has completed; employment opportunities have completed. ▪ These changes may trigger some stress in the community. ▪ New Health and Social Services Centre and Long Term Care Facility in Norman Wells will create some local employment. <p>COO (Opioid Harm Reduction):</p> <ul style="list-style-type: none"> ▪ With the recent overdose events nationally, the Harm Reductions working group of the Opioid Task Team developed and implemented a Territorial harm reduction approach. ▪ COO reviewed training and tools to reduce and protect family members. ▪ Also noted Yellowknife’s Managed Alcohol Pilot Program which gives alcoholics set amounts of liquor throughout the day. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Discussion of how to educate youth and families to have a drink to enjoy it; not drink to black out or harm themselves or others. ▪ More programs on the radio, more education, prevention and home visits are needed. 	<p>the Regional Office before being distributed in communities; to ensure appropriate messaging, spelling and information.</p> <p>RWC Chair to discuss reinstating Alcohol and Drug Workers in the communities with the Leadership Council.</p>
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	<p>COO (Cultural Awareness Training for Staff):</p> <ul style="list-style-type: none"> ▪ All staff members are completing mandatory GNWT online modules/training to increase cultural awareness and safety. http://www.hr.gov.nt.ca/resources/aboriginal-cultural-awareness-training ▪ Additional Territorial programs are being developed and the Minister of Health and Social Services is fully committed to increasing this training, transparency, fairness and respect for diversity in all forms. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ School children could take day trips to learn and know how people live and interact. <p>Discussion (Format for NTHSSA Program and Services Overview):</p> <ul style="list-style-type: none"> ▪ Child and Family Services, Home and Continuing Care and then Health to be presented. ▪ Mental Health and Addictions was discussed at November 17, 2016 meeting. <p>Question: Can we get more parenting workshops in the community? It is so needed.</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ Healthy Families Community Wellness Workers provide family, group or one-on-one sessions. ▪ This position is in process in Colville Lake. 	<p>Council requests an NTHSSA program and services overview regarding Child and Family Services at next meeting.</p>
	<p>Break: 12:07p.m.-1:15p.m.</p>	
12.0	RWC 2017 Meeting Schedule	Action
	<p>Discussion:</p> <ul style="list-style-type: none"> ▪ The following RWC meeting schedule was determined (based on the tentative Leadership Council meeting schedule): ▪ RWC Meeting May 26-27, 2017 – Tulita ▪ RWC Meeting July 7-8, 2017 – Colville Lake ▪ RWC Meeting Sept or Oct – Deline (date to be determined in July) 	
13.0	Communication	Action
	<p>COO:</p> <ul style="list-style-type: none"> ▪ Formal communication pieces to be developed; advice needed regarding how best to engage the community, when, how (e.g. on radio, in North Slavey?) ▪ Upcoming CBC radio interview – NTHSSA will advertise date and time and circulate link 	<p>Request by RWC Chair to be invited to Ministerial visits; to</p>

	<p>to recording.</p> <ul style="list-style-type: none"> ▪ Other radio programs can be developed, recorded and replayed. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Information, posters should be emailed with subject line "Information for Public" to Government Service Officers, etc. 	<p>assist in community introductions (and be introduced) and to provide information about the RWC and hear community concerns.</p>
14.0	Other Business	Action
<p>14.0 a)</p>	<p>COO (Update on Deline Traditional Healer/Counselor Pilot Project):</p> <ul style="list-style-type: none"> ▪ Provided review of planning process that led up to the facilitated meeting on March 22-23, 2017 in Deline. ▪ Two facilitators performed community consultations prior to the meeting to gather feedback from community members regarding traditional healing and what it means to the community of Deline. ▪ Minister of Health and Social Services is committed to supporting this program with evaluation and review measures in place. ▪ Southwest Ontario Aboriginal Health Access Centre (SOAHAC) made an inspiring presentation regarding their integrated, cultural and holistic health and social care model. ▪ Deline Got'ine Government was encouraged to provide names of other healers or elders from across the Sahtu Region to attend and contribute to the facilitated meeting; no names were submitted for invitation. ▪ The facilitated meeting and consultations were first step; minutes from the meeting and the facilitator's report can be used as base for further planning. <p>Discussion:</p> <ul style="list-style-type: none"> • Reviewed diagram outlining SOAHAC's traditional healer model. • The SOAHAC model is good, with potential use across the Sahtu Region. • This model will really help people. They are requesting it. There are no more Alcohol and Drug Workers. We need this so community members won't focus on addictions. We need to focus on prevention. • RWC member assisted meeting facilitators with interviews and home visits in Deline and posted information regarding the meeting in the community. • Further advance notice is requested for future meetings. • Following discussion with Executive Director of Clinical Integration, RWC Chair requests an RWC member perform a site visit to SOAHAC. 	<p>Council requests copy of final report and minutes from Deline Traditional Healer/Counsellor Pilot Project facilitated meeting (March 22-23, 2017).</p> <p>COO to request Traditional</p>

<p>14.0 b)</p>	<p>COO:</p> <ul style="list-style-type: none"> ▪ An additional site visit to SOAHAC has been included in the draft funding proposal; representatives from NTHSSA, RWC and Deline Got'ine Government to attend. <p>Question: Do we have traditional healers?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ There are traditional healers at the community level but they are currently not integrated into NTHSSA programs and services. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ How do we do traditional healing in Deline? Hand games, drumming. We want to understand it more and integrate it. We have our own traditional medicines. ▪ Clients are shy and do not want to go to a professional person. Example: a youth spoke with an elder regarding suicide. The elder was given \$20.00. The elder explained through stories and was guided by ancestors' teachings. ▪ Elders/healers can help build trust so clients will then go to other practitioners. ▪ Recommendation to hire one man and one woman healer. ▪ Consultations with community members encouraged to continue. ▪ Healers in region to be identified. ▪ Many healers wish not to be publicized; the Coordinator should connect healers with clients based on need and specialization. Respect privacy is important; everyone must be careful when referencing elders and healers. <p>COO:</p> <ul style="list-style-type: none"> ▪ Next steps to be reviewed after final report has been circulated. ▪ Reviewed role of Helper in client documentation process during appointments. ▪ Discussion of documentation/recording of culture (songs, elder stories, language) by youth, to be used to teach and pass on knowledge to others. <p>Discussion (Stanton Renewal Project):</p> <ul style="list-style-type: none"> ▪ Provided update regarding RWC member participating in meeting in Yellowknife on December 13, 2016. ▪ Regional Consultation on interior design, therapeutic gardens and landscaping for new hospital. ▪ Six seasons from Tlicho Region recommended for naming the six floors of the new building. ▪ Design suggestions focused on commonalities across NWT regions and respectfulness 	<p>Healer Accreditation Standards on behalf of RWC Chair and share with RWC.</p> <p>COO to share any notes or follow-up from debrief with Department of Health and Social Services.</p>
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<p>14.0 c)</p>	<p>of all cultures (e.g. plants and animals in common, crafts, sewing).</p> <p>Discussion (General):</p> <ul style="list-style-type: none"> ▪ Dene National Assembly to be held in Colville Lake in June or July 2017. Date to be announced. ▪ Discussion of <i>GNWT Response to the Truth and Reconciliation Commission's Calls to Action</i> (sent via email to RWC on March 15, 2017). ▪ Noted lack of consultation; RWC notified after document has been tabled. ▪ How was this report developed? ▪ RWC to reexamine report and provide recommendations. ▪ Research online and determine which items RWC members can work on regionally e.g. culturally appropriate parenting programs – how to receive funding and implement this type of program. ▪ How does this affect my family? 	<p><i>GNWT Response to the Truth and Reconciliation Commission's Calls to Action</i> to be added as agenda item for next meeting. Executive Assistant to resend email.</p>
<p>15.0</p>	<p>Closing Reflections/Prayer</p>	<p>Action</p>
	<ul style="list-style-type: none"> ▪ Closing prayer led by Gina Dolphus. 	
<p>16.0</p>	<p>Adjournment</p>	<p>Action</p>
	<ul style="list-style-type: none"> ▪ The Council moves to adjourn meeting. ▪ <i>Moved by Irene Kodakin.</i> 	
<p>Adjourned: 2:36 p.m.</p>		
<p>Next Meeting: May 26, 2017.</p>		