

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

Thursday, November 9, 2017 | 9:00am – 3:30pm
Norman Wells | Teleconference

May 26, 2017		
#	Item	Notes
1.0	Call to Order by RWC Chair.	9:04a.m.
2.0	Reflection/Prayer	
	Led by Alphonsine McNeely.	
3.0	Attendance	
	<u>Attendees:</u> Gina Dolphus – RWC Chair Andrea Modeste – RWC Member Irene Kodakin – RWC Member Sandy Whiteman – RWC Member Alphonsine McNeely – RWC Member Brenda T'Seleie – RWC Member Jim Antoine, Chair of the NTHSSA Leadership Council Mireille Hamlyn – Chief Operating Officer (COO) Fraser Lennie – Associate Chief Operating Officer Colleen Murphy – Regional Manager, Community Health Centres Ginny Harrington – Regional Manager, Continuing Care Sharlene Rankin – Executive Assistant - COO (Recorder)	
4.0.	Approval of Agenda	Action
	<p><i>The Council moves to approve the Agenda as presented:</i></p> <p>Motion # 13-17 Moved by: Alphonsine McNeely Seconded by: Irene Kodakin All in Favour. Motion Carried</p> <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Site visit to new facility confirmed for 4:00p.m. ▪ Additional agenda items to be discussed under Item 14 - Other Business. 	
5.0	Previous Meeting Minutes – Review and Approval	Action

	<p><i>The Council moves to approve the Minutes from July 5, 2017 as presented.</i></p> <p>Motion # 14-17 Moved by: Brenda T'Seleie Seconded by: Andrea Modeste 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 – Ongoing. RWC will also provide invitations to Leadership Council Chair to attend RWC meetings.</p> <p>Item 2 – Ongoing. RWC to meet with Norman Wells staff on Nov 9, 2017.</p> <p>Item 3 – Regional Office staff to continue to promote Esther Model; no additional feedback provided.</p> <p>Item 4 – Discussed by Leadership Council; work to continue at territorial level. Coordinator has been hired to address issues and concerns.</p> <p>Item 5 – Discussed by Leadership Council - to be reviewed again at next meeting; work to continue at territorial level.</p> <p>Item 6 – Discussed by Leadership Council – no decision made; awaiting feedback.</p> <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Adults, not youth, are the largest concern in communities regarding drugs and alcohol. We need Alcohol and Drug workers back in the communities. The evidence for this is in the court dockets. ▪ Discussion of concerns surrounding Health Canada supported residential school counseling program in Yellowknife. Community members are traveling out for counselling and are returning with drugs and alcohol. Youth and families are getting involved in this as well. ▪ Residential school counsellor will be in Deline November 17-18, 2017; people do not have to travel out. ▪ RWC Chair called Health Canada regarding concerns but has seen little response; changes are needed. What can we do? The Leadership Council Chair has now heard our concerns. ▪ Can the Health Minister write a letter? Should people be “blacklisted”? The counselling is important for healing. ▪ Issue to be addressed at interagency meetings. ▪ Concern expressed regarding marijuana legalization; education for young people is 	

needed.

Item 7 – Review of Traditional Healer Accreditation standards to be added to the Indigenous Healing Coordinator’s work plan. **Completed.**

Discussion (NTHSSA Leadership Council Chair):

- Noted importance of the Indigenous Healing Coordinator position.
- Discussion of the traditional healer position offered in Fort Simpson in 2015 which remained unfilled, as well as remuneration for healers.
- Chair discussed visits made to facilities in Canada that offer traditional healing; provided examples of hiring processes for traditional healers.
- Discussion of loss of elders and using elder knowledge appropriately.
- Discussion of training modules for medical practitioners; model of care working in parallel with health and social services.
- Overview of Arctic Indigenous Wellness Foundation (AIWF).

Discussion:

- Review of traditional healing pilot project with Deline Got’ine Government.
- Upcoming visit being planned to Southwest Ontario Aboriginal Health Access Centre (SOAHAC) in London, Ontario.
- SOAHAC uses an integrated model of care. A similar model may be used as the foundation for the program in Deline.
- Chair of NTHSSA Leadership Council invited to attend visit to SOAHAC.
- Indigenous Healing Coordinator work plan involves developing foundational and support pieces for the program, identification of healers, programs and determining what is most needed/desired by the community – this project is community-driven.

Item 8 – Executive Assistant to follow-up.

Item 9 – Update provided. **Completed.**

Item 10 – Ongoing. Included in recent review of regional strategic priorities. Work plan and direction to be provided to staff.

Item 11 – Brought forward at July 2017 Leadership Council meeting in Inuvik. **Completed.**

Item 12 – Ongoing. Recently reviewed within regional and territorial strategic priorities. Work plan and direction to be provided to staff.

Item 13 – Indigenous Healing Coordinator position/program and other traditional healing territorial initiatives within the Department will act as a bridge to the Restorative Justice/wellness sentencing system. To be included in the Indigenous Healing Coordinator’s work plan. **Com-**

RWC Chair to follow up with Dene National Chief - Dene Nation regarding traditional healer information to be shared in the region.

pleted.

Discussion:

- RWC member discussion regarding supporting fellow community member struggling with addictions and legal issues.
- Discussion regarding treatment centres and whether they support the counseling and/or emotional needs of clients (e.g. trauma counselling during treatment process).
 - Addictions are addressed first; then examination of the deeper issues that may be triggering the addiction.
- Discussion of cultural differences between Sahtu Region and out of territory treatment facilities in cities/on reserve.
- Need for permanent counselors and support system to be in place/connection with family in community; some clients that travel out for treatment are afraid to return home – that the cycle of addiction will begin again.
- Need to give the community the tools to support returning family members to succeed.

- Youth/families face many pressures from elders, parents, language, education, alcohol and drug addiction, low income.
- Alcohol and Drug Workers can address addictions in the community; then counseling for residential school can occur. Alcohol and Drug Workers can work with nurses, RCMP, counselors to provide workshops and focus on prevention (e.g. grieving workshops, on the land programming).
- RWC Member shared personal story of healing but also frustration regarding the health system for a community that is suffering on many levels (effects of residential school, cancer). How can we help people?

- Medical Counsellor would be beneficial; emotional things surface during treatments; we create our own sickness too by not addressing the unsolved issues.
- We need to fight to keep our permanent counsellors.

Item 14 – Ongoing. Information is available online.

Question: The Nurse in Charge always needs casual nurses all the time. Do they take names?

Answer (COO):

- Reviewed staffing processes.
- A request is placed with Human Resources and preapproved resumes are on file.

COO to provide review of pre-treatment preparation for clients -- review of client's needs so they can be placed in the right treatment centre and for the client to be prepared for the time commitment and what it involves.

COO to provide approved list of treatment facilities -- to be reviewed by RWC and brought forward by RWC Chair to Leadership Council.

9.0	Break 10:30-11:07a.m. Meet-and-Greet with Norman Wells NTHSSA staff.	
	<p>Item 15 – Ongoing. Reviewed RWC Community Participation Guide provided with agenda.</p> <p>Question: Who do we let know regarding potential RWC member participation/representation in community meetings?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ Begin with a discussion with the RWC Chair regarding participation in a particular meeting, cc. the regional office. <p>Item 16 – Completed.</p> <p>Item 17 – Under review within two new territorial Action Plans.</p>	<p>“Parenting skills” to be added to discussion under Agenda Item 11 – Family Violence Funding Opportunity.</p>
7.0	Business Arising from the Previous Meeting Minutes	Action
	<p>Discussion:</p> <ul style="list-style-type: none"> ▪ No updates provided. 	
8.0	Chairperson’s Report	Action
	<p>RWC Chair:</p> <ul style="list-style-type: none"> ▪ Reviewed recent Leadership Council meetings and events. Refer to list provided with agenda. ▪ Medical Travel was discussed within July 12-14, 2017 Leadership Council meeting; to be addressed at the community level with assistance from COO. <p>Sandy Whiteman left meeting at 11:16a.m.</p> <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Issue regarding client who could not board a plane; complaint came to Government Service Officer in Deline. ▪ To be discussed with COO after meeting. <p>RWC Chair:</p> <ul style="list-style-type: none"> ▪ Reviewed beneficial visit to Poundmaker’s Treatment Centre and Pow Wow with Minister of Health and Social Services in August 2017. Leadership Council Chair also in attendance. Contacts made and noted willingness to address concerns. <p>NTHSSA Leadership Council Chair:</p>	

<ul style="list-style-type: none"> ▪ Discussion of six week mobile treatment program which took place in Fort Smith/Salt River. ▪ Discussion of Leadership Council’s role regarding budget approval and amalgamation of several regional accounting systems/budgets into one NTHSSA budget. ▪ Over next five months the operational plan and budget for 2018-2019 will be developed. ▪ Announced new Deputy Minister; former Deputy Minister has retired. ▪ COOs will be integral in incorporating regional concerns into the NTHSSA Strategic Plan. ▪ Discussion of Medical and Professional Staff By-Laws, role of Territorial Medical Director and review of physician hiring processes. ▪ Summary of Quality and Safety review regarding locum radiologist at Stanton Territorial Hospital; no major issues found. <p>Question: How can an incident regarding a physician at Stanton Territorial Hospital be addressed?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ Report can be sent to Professional Association Complaints Officer. http://www.hss.gov.nt.ca/en/services/health-care-service-complaints <p>Question: Are midwives only in Yellowknife?</p> <p>Answer (COO):</p> <ul style="list-style-type: none"> ▪ There are two in Yellowknife and two in Hay River. ▪ Midwives require a minimum number of pregnancies and deliveries to maintain their practice (30 per year). ▪ Inuvik is examining a midwifery program also. ▪ Norman Wells has approximately 10 pregnancies a year and 30 within the region. ▪ Not every client qualifies for a midwife. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Discussion of practitioner oversight and collaboration/support from North Area Medical Director (Beaufort Delta and Sahtu). ▪ Supportive Pathways is territorial model/standard for Long-term Care facilities; provision of a home type environment. ▪ Important for facilities to be an elder’s home not intuitional; ability to make choices. <ul style="list-style-type: none"> ▪ Discussion of Board Development for Leadership Council members and RWC members. 	<p>COO was involved in Territorial Working Group for Radiology Review; draft report to be circulated to RWC members by Executive Assistant.</p> <p>Executive Assistant to circulate draft Medical and Professional Staff By-Laws and Annual General Meeting Report to RWC members.</p>
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	<ul style="list-style-type: none"> ▪ Increase governance knowledge; build strength and become comfortable in roles; strong individuals make a strong group. ▪ Discussion of possible gathering/workshops (e.g. violence prevention course) ▪ Get community involved – what do they want? (e.g. focus on youth; not jail; on the land programming) ▪ Get everyone involved – they will become invested. ▪ Discussion of Body, Soul and Spirit Expo in Edmonton and different models of healing. 	
11.0	Projects and Priorities	Action
12.0	COO Report	Action
	<p>Please refer to attached COO Report and RWC Regional Priorities sent with agenda.</p> <p><i>Priority: Improving Mental Health and Addictions Care in the Community and across the system.</i></p> <ul style="list-style-type: none"> ▪ <i>The Mind and Spirit: Promoting Mental Health and Addictions Recovery in the Northwest Territories – Child and Youth Mental Wellness Action Plan 2017-2022</i> was tabled in the Legislative Assembly this fall. This action plan involves partnerships between the Departments of Health and Social Services (HSS), Education Culture and Employment, Justice, and Municipal and Community Affairs. ▪ Associate COO provided information regarding upcoming Anti-Poverty Roundtable in Norman Wells, November 29-30, 2017. ▪ RWC member from Deline participated in last year’s meeting in Inuvik. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Discussion of qualifications for mental health and addictions counselors. ▪ People who have experienced addictions and are now clean/sober and indigenous no longer qualify for this role. ▪ Often young, non-indigenous women are hired and then they leave. Our people feel dumped again. We need to stop that scenario. ▪ Our people do not have these degrees. The qualifications are too high. <p>COO:</p> <ul style="list-style-type: none"> ▪ Recommendation for RWC Chair to bring this topic forward again to Leadership Council. ▪ Reinstating Alcohol and Drug Workers will require territorial support. ▪ Healthy Families/Community Wellness Workers provide support to clients as well. 	<p>Associate COO will review attendance opportunities (invitation process) for upcoming Anti-Poverty Roundtable and share this information with RWC members.</p> <p>Recommendation for RWC Chair to discuss qualifications for mental health counsellors with Leadership Council.</p>

Discussion:

- It is important for counselors to know the people, be there and know the language.
- Need Leadership Council support on this issue.
- Current system has not been working over the years.
- Staff members leave and also leave wounds in clients open.
- In the past, trauma and life skills training was offered; it helped to heal ourselves and pass this onto others.
- It is important to hire within the community and offer some training on-the-job.

Priority: Supporting youth to have careers in Health and Social Services.

COO:

- Resident Care Aide expression of interest will be posted for one more week; in partnership with Education, Culture and Employment and Aurora College to provide on-the-job training towards certification.
- Twelve candidates have expressed interest to date.
- Screening will take place with Human Resources and Regional Manager of Continuing Care.

Priority: Integrated traditional medicine in Health and Social Services.

Associate COO:

- Provided an update regarding Indigenous Healing Coordinator position.
- Interviews to begin in late November 2017.

COO:

- Feedback regarding Elders-in-Residence program was sent on November 2, 2017 at the request of the Program Coordinator.
- Elders-in-Residence consultation with RWC to occur early in 2018.
- Cultural Safety Action Plan to be developed in 2018; knowledge sharing session to be held with RWC early in 2018.

Priority: Improving supports for medical escorts.

Question: Does the Manager of Patient Movement monitor where patients go and return? There was a problem with a Medical Travel client from Colville Lake where the luggage was

taken off the plane at the wrong airport.

Answer (COO):

- Medical Travel Officers track this. COO has already followed-up regarding this issue.

Discussion:

- It is important to monitor medical travel.
- Issues have included: no accommodations were reserved; no flights were booked; clients were not notified of when they were supposed to fly; accommodations were too cold/uncomfortable for elders.

Question: Does an expectant mother who chooses to stay in private accommodations – will medical travel pay?

Answer (COO):

- COO will confirm with policy regarding private accommodations.
 - For expectant mothers that qualify for the GNWT Medical Travel program with a family income of less than \$80,000 per year, support for full return airfare, accommodations, meals and ground transportation for up to 14 days will be provided for one escort.
 - With a family income greater than \$80,000 per year, one non-medical escort will be supported with \$50 for accommodation and \$18 for meals per day for up to 14 days before the due date, plus some in-community transportation expenses.

Question: How long is the limit to stay in hospital? Patients leave early and then have to return to Yellowknife adding more cost. I am worried about side effects and complications for the patient and added cost to the system.

Answer (Associate COO):

- Every surgery is different.
- Patients are encouraged to be up and mobile as soon as possible. Often 3-5 days on average.
- Discharge planning plays a role; boarding homes, aftercare, outpatient care.
- Physiotherapist decides regarding mobility.
- Additional time can be requested by the patient for consideration.
- Home Support plays an important role in follow-up/aftercare.

Discussion:

- Discussion of importance of notification of patient return.

COO will confirm with the Medical Travel policy regarding reimbursement for expectant mothers staying in private accommodations.

- Supporting postpartum mom with visits from nurse, social worker and/or counsellor.
- Importance of family support as well.
- Early intervention is very important and should involve a team approach.

Priority: Improving Home Care family support:

Question: A client in Deline is unhappy about the medical care received regarding dizziness and low blood pressure. They called the MLA. What can we do?

Answer (Associate COO):

- If a client or family member is not satisfied, the COO can perform a file review and follow their journey through care and make recommendations and propose options.
- The client should ask the NIC for a file review or ask the COO directly if they can review the file (with permission).
- If necessary, the client is recommended to bring a family member to interpret for them.

Discussion:

- RWC members can translate for elders too and follow-up on their behalf.

Family Violence Funding Opportunity:

COO:

- Review of multiyear funding opportunity to support residents experiencing family violence in communities without shelters
- This opportunity falls under the Mental Health and Addictions programming area.
- Request for feedback/ideas from RWC (e.g. education, resources).
- Where are the gaps in the system?

Discussion:

- Safe houses/volunteer shelters exist in the communities. Not publicly advertised as such.
- Homelessness is a problem.
- Family violence is a difficult topic; no involvement or enforcement from leadership.
- Requires education regarding child development; should be introduced into schools. More workshops and more prevention.
- Denial at the community level; child protection issues.
- No one is on the land anymore; there, the roles were defined. Elders did it. Now there

Executive Assistant to recirculate complaints procedure to RWC. RWC recommends this information also be redistributed to Sahtu leadership.

Executive Assistant to provide links to the two Action Plans (Child and Youth Mental Wellness, and Continuing Care) recently tabled in the Legislative Assembly to Sahtu leadership.

	<p>are social programs and schools.</p> <ul style="list-style-type: none"> ▪ Education is so important. Used to be radio programs to talk about suicide and residential school; need to make help available and build trust. Some are very angry and do not go out for help. ▪ Address barriers; talk about it, engagement of leadership and education of public/community. ▪ Much of this falls under an Alcohol and Drug Worker's role; anger management, grieving and parenting support. ▪ RWC Member shared personal story of an Alcohol and Drug Worker that gave her the tools to focus on her own self-care and healing. ▪ Men's gatherings, workshops, spa nights; use a facilitator that has been through it; needs to be offered several times. <ul style="list-style-type: none"> ▪ Sharing experiences, generalities, ceremonies, honor, and relationships. ▪ Communication and education and then provide alcohol and drug support. ▪ Teach men about self-care, how to socialize, how to apply for a job, life skills. <p><i>Health Promotion – RWC recommendations for focus topics for coming year:</i></p> <ul style="list-style-type: none"> ▪ Cancer, diabetes, self-care/prevention, irritable bowel syndrome, grieving, drugs and alcohol, trauma, child/youth development, parenting, anger management, disabilities, Fetal Alcohol Spectrum Disorder (FASD), prenatal/postnatal care, suicide, different types of abuse (elder, emotional, financial, child), smoking and pregnancy, promotion of traditional foods, drug awareness (cannabis, cocaine). 	
	Break: 2:25 – 2:30p.m.	Executive Assistant to circulate 2018 Community Healthy Living Fair dates to RWC members.
10.0	NTHSSA Program and Services Overview	Action
	<p>Joined meeting at 2:30p.m. Colleen Murphy – Regional Manager, Community Health Centres Ginny Harrington – Regional Manager, Continuing Care</p> <p>Please refer to hand-outs: Community Health Services, Home Care Services, and Long-term Care Admissions Process</p> <p><i>Community Health Services</i></p> <p>Discussion:</p> <ul style="list-style-type: none"> ▪ Overview of program provided. 	

Question: When there are concerns regarding a Nurse-in-Charge or staff, do residents go to you or Mimi?

Answer (Regional Manager, Community Health Centres):

- The client or a representative can contact me directly.

Question: There are concerns at the community level. These concerns have been discussed again and again. Does it go now to the leadership level to address it?

Answer (COO):

- COO is now aware of concerns in a specific community. A visit took place to this community two weeks ago.
- Internal, labour relations processes must be followed; meetings held, expectations set, penalties, progressive discipline (up to dismissal).
- Important for COO to be made aware of specific issues or concerns from community members and to have these documented.
- Need to ensure a safe supportive environment for clients to bring forward concerns.
- Confidentiality must be maintained. COO/Manager needs to hear directly from clients; can use an interpreter if necessary.
- Process needs to be fair to both employees and clients. The employee must be provided the opportunity to address the issue and time allowed for investigation.
- Registered Nurses Association of NT/NU protects the public (e.g. breach of ethics). This is independent of the GNWT.
- Performance reviews are important to identify and to track resolution of issues as well.
- Desired outcome of this process is quality patient care and no risk to patients.

Discussion:

- Further discussion of labour relations/human resources processes, delays and client care.
- Example provided in which of lack of medical attention resulted in client being medevaced back to Yellowknife. Who to turn to? What to think? We take what the doctor tells us to do. We need to also ask for some help in supporting returning patients. We want info. How do we do it?
- Confidentiality is important. Patients must provide consent to receive help and share information.

Question: Where and who provides diabetic information and education?

Answer:

- The Dietitian from Inuvik visits and supports nutrition and diabetes prevention initiatives. A new staff member has recently been hired.
- Community Health Representatives provide prevention and health promotion information and nurses do as well.
- Several nurses are trained in providing diabetic foot care.
- Not a lot of educators or resources exist for diabetes in the NWT; highly needed.
- Community champions are needed as well.

Question: What cancer screening tests are done here? How do we educate at the community level?

Answer (COO):

- Cervical, mammography, colon/rectal, testicular and other symptomatic cancers.
- Community Health Representative and nurses provide screening information (Well Adult clinics).
- Challenge: encouraging men to be screened for colon/rectal cancer.

Question: There is a lot of loss in the community. It has affected a lot of youth. Not just elders. How are we tackling that? What do we do to support them?

Answer (COO):

- Additional support is requested from other communities. Please reach out to us if you are aware that extra resources are needed. We can request additional support from across the system as well.
- Solutions happen when we come together to support each other as partners – community, health, housing etc. How are youth supporting other youth? How are families connecting?
- What can other agencies do? What is our role as health and social services providers? To provide full support we need everyone to participate.
- *The Mind and Spirit: Promoting Mental Health and Addictions Recovery in the Northwest Territories – Child and Youth Mental Wellness Action Plan 2017-2022* contains the implementation of Child and Youth Care Counselors in the Sahtu Region as part of this plan. Provision of four hours a day in school. Unsure of the timing of implementation.
- Healthy Families Community Wellness Workers work to enhance the home environment of children (ages 0-6 years) by improving parenting skills, reducing family stress and supporting the needs of parents in the region. They work closely with other government and non-government resources in the providing services to children and families and are often the first point of contact in providing identification, screening, aftercare, follow-up, and facilitating personal development for clients and families.

- Mental Health and Addictions Counsellors also work with students and make weekly visits to the school.

Discussion:

- Support can depend on finances available (e.g. cost of a charter). If youth wish to support other youth that have experienced loss through a suicide of a friend/family member, the Land Corp or Band assist financially. Allows closure for the youth.

Home and Continuing Care Services

Discussion:

- Overview of program provided.

Question: Have any elders applied to be transferred from Yellowknife to the new long-term care facility in Norman Wells?

Answer (Regional Manager Continuing Care):

- Eight elders from other areas are returning to the region; one elder in the Sahtu is awaiting placement.

Question: This is a new facility and program. We do not want it to be institutionalized but rather a home. What is your plan?

Answer (Regional Manager Continuing Care):

- We are educating the public about long-term care; elder visits are taking place in each community.
- The building is user-friendly, there will be adult day programming, volunteer services, a garden and it will be a home.
- There will be rules and regulations in place for residents' safety.
- Supportive Pathways is the model.
- *Continuing Care Services Action Plan 2017/18 – 2021-22* highlights dementia care (providing care, support for family members, tolerance, avoidance of deterioration).
- We are working on a plan to support traditional foods in the new facility.

Question: What level is the new facility?

Answer (Regional Manager Continuing Care):

- We are a 3-4 level facility.
- Residents will be orientated to people, place and time but may have some physical disabilities (mild to severe – e.g. feeding, medication, wound care).

	<ul style="list-style-type: none"> ▪ It is important to get clients on the wait list. ▪ If the wait will be extended, home care support can be examined, and support from community members as well. ▪ If the need is great, the option to go to another facility is possible. 	
13.0	RWC Member Observations and Comments	Action
	<p>RWC Chair:</p> <ul style="list-style-type: none"> ▪ RWC members are requested to send any additions as soon as possible for the Leadership Council RWC Chair Report for the meeting on November 27-28, 2017. ▪ RWC Chair will be meeting with Deline Got'ine Government at 1:00pm on November 10, 2017 with COO and Associate COO. ▪ Invited NTHSSA Leadership Council Chair to attend Traditional Healing Project visit to Southwest Ontario Health Access Centre in London, Ontario; other regions could benefit from this information. <p>NTHSSA Leadership Council Chair:</p> <ul style="list-style-type: none"> ▪ NTHSSA Annual General Meeting took place on October 25, 2017. The next Leadership Council meeting will take place in Fort Smith and the Medical and Professional Staff By-Laws will be approved. ▪ Leadership Council will meet February 13-15, 2018 to approve the NTHSSA 2018-2019 Operational Budget. This budget will align with strategic priorities. COOs play an important role in raising concerns regarding service delivery. ▪ Discussion of Board Development Learning Plan and new ways to support the RWC. Feedback is welcome. ▪ Regular meetings are tentatively scheduled for March and July 2018. 	Feedback requested from RWC members regarding best timing for a full gathering of RWC members across the territory, e.g. August 2018. RWC Chair to inform Leadership Council.
14.0	Other Business	Action
	<p>Discussion:</p> <ul style="list-style-type: none"> ▪ RWC members encouraged to call RWC Chair with additional issues. 	
15.0	Closing Reflections/Prayer	Action
	<ul style="list-style-type: none"> ▪ Thank you to NTHSSA Leadership Council Chair for attending. ▪ Closing prayer led by all. 	
16.0	Adjournment	Action
	<ul style="list-style-type: none"> ▪ The Council moves to adjourn meeting. 	
Adjourned: 3:45 p.m.		
Next Meeting: January 2018 in Fort Good Hope; date to be set in December.		