

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

February 27, 2021 | 10:00 am – 4:00 pm
Norman Wells, NT – Via Teleconference

#	Item	Notes
1.0	Call to Order by Chair.	10:10 am
2.0	Reflection/Prayer	
	Prayer led by Gina Dolphus.	
3.0	Attendance	
	<p><u>Attendees:</u> Gina Dolphus – RWC Chair (Opened meeting but handed off Chair duties due to transit, left at 10:12 a) Brenda T'Seleie Pierrot – RWC Member (Chaired meeting in Chair's absence) Andrea Modeste – RWC Member Irene Kodakin - RWC Member Dorathy Alberta – RWC Member Irene Kodakin – RWC Member (morning only) Mireille Hamlyn – Chief Operating Officer (COO), NTHSSA – Sahtu Region Bambi Duncan – Executive Assistant to COO (Recorder)</p> <p><u>Guests:</u> Nathalie Nadeau – Executive Director, Child Zuzana Crook – Regional Manager, Mental Health & Addictions MLA Paulie Chinna – Sahtu</p> <p><u>Regrets:</u></p>	
4.0	Approval of Agenda	
	<p><i>The Council moves to approve the Agenda for February 27, 2021:</i></p> <p>Motion #01-21 Moved by: Andrea Modeste Seconded by: Brenda T'Seleie Pierrot All in Favour. Motion Carried.</p>	
5.0	Presentation(s)	Action
	<p>Child & Family Services Update Nathalie Nadeau, Executive Director, Child, Family and Community Wellness presented a Child and Family Services update. With recent shifts in how services will be provided and a new NTHSSA structure, the ED outlined the following:</p>	

NEW FEDERAL ACT

- An overview of the New Federal Act (Bill-C92), reflective of decades of advocacy for the recognition of the rights of Indigenous people.
- The Act is the first statute to recognize the inherent Indigenous jurisdiction over Child and Family Services as an Aboriginal right in Canada, advancing our commitment to reconciliation, both nationally and in the NWT.
- The Act sets national principles for the delivery of Child and Family Services for Indigenous children and youth; focusing on the best interests of the child, cultural continuity and substantive equality.
- The Act affirms the inherent right of Indigenous self-government, especially as it relates to jurisdiction over Child and Family Services.

SHIFTING PRACTICE IN THE NWT

- With a focus towards prioritizing prevention and early intervention, our practice promotes Indigenous children/youth receiving culturally appropriate services and growing up immersed in their communities and cultures.
- Applies the principle of the best interests of the child in the context of making decisions/providing Child and Family Services to Indigenous children.
- Provides a framework to facilitate the exercise of jurisdiction by Indigenous communities over Child and Family Services.

REFORMING THE SYSTEM

- Changing the NWT Child and Family Services Act, led by the Legislative Assembly.
- Engaging with Indigenous governments and training staff on the new practice standards.
- Embedding preventative care into service models.
- New Child, Family and Community Wellness branch to provide an accountability structure focused on continuous system improvement, ensure efficiency in decision making and clarification of roles to provide equitable services and streamlined business processes.

The ED noted there is much work to do and the NTHSSA leadership is committed to this reform but it will take time. The ED will update the Leadership Council at their quarterly meetings and is available anytime to update RWC if so desired.

MLA Chinna asked if foster care parents had been surveyed in this context and what will be changing for them. What kind of supports are in place? Has this new information been

communicated with them? What barriers of service are they facing? The EDCFCW noted that not long ago there was a survey done through the Foster Care Coalition but participation was low. As a suggestion, the ED requested specific feedback and what pertinent information should be surveyed and should be done again soon, particularly in light of coming changes. MLA Chinna noted that communication seems to be the biggest barrier and some parents still don't know what supports are available to them. While the MLA recognizes that there are now Child and Youth Care Counselors in the schools, what kind of supports are available for learning difficulties, ADHD, mental health issues, addiction prevention, etc. To answer this multi-layered question, the ED reviewed the phased approach the NTHSSA took when they reformed the department back in 2017. The first phase included the creation of the Foster Care and Adoption positions and get those solidly integrated into the system. This second phase that we're in now, addresses some of the training and education pieces. For example, group virtual meetings have occurred where they incorporate elders or cultural representatives and the foster parents cross sharing, which helps in directing what type of training and/education the foster parents may need, i.e. trauma, etc. If foster parents have access issues, they can be provided with internet sticks or other measures for connectivity.

As we move into this third phase and funding stream, we will bring back Family Preservation Workers. The ED stated clearly that it is her direction that no P3's be hired in these positions.

Mental Health & Addictions Update

Zuzana Crook, Regional Manager, Mental Health and Addictions in the Sahtu, presented a regional snapshot of services.

- As of January 2021, all mental health positions have been filled.
- Mental Health supports are also changing in the territory and moving to what is called a Stepped Care Model. Other territorial changes include some restructuring where the Healthy Family program will be moving to Child and Family Services oversight and the Adult Social Worker will also move to a territorial program supervised out of Inuvik and Yellowknife.
- In an effort to drill down needs, statistics around Challenges, Barriers and Gaps, Ideation and Mental Health MedEvac and Treatment Enquires, are being tracked and can be community specific. Some of the emerging themes include food insecurity, financial problems, elderly transportation, etc.
- The RM outlined activities per community that we are able to do right now while still adhering to Covid restrictions.
- Moving forward, goals include Early Intervention & Prevention, On-the-Land Activities, Community Engagement and Harm Reduction.

	<p>MLA Chinna again expressed concerns around community member access to services, highlighting a lack of broadband and internet access. One community of concern would be Colville Lake. The COO and RMMHA reviewed the recent targeted services currently be provided to Colville Lake by bringing in more counselors more often making services available on a weekly basis.</p>	
6.0	Previous Meeting Minutes: Review, Approval, Business Arising	Action
	<p><i>The Council moves to approve meeting minutes from November 18, 2020:</i></p> <p>Motion #02-21 Moved by: Brenda T'Seleie Pierrot Seconded by: Dorothy Alberta All in Favour. Motion Carried.</p>	
	LUNCH BREAK	BREAK 12:15 – 1:00 p
7.0	Action Items Review	Action
	<p>Please refer to the Action List provided with the Agenda.</p> <ul style="list-style-type: none"> • Item 1 – On going. Standing item. • Item 2 – On going. Standing item. • Item 3 – On going. Standing item. For this report, additional information and pictures were provided on activities in LTC as they continue to be in lockdown. • Item 4 – • Item 5 – On going. Standing Item. As requested, the COO provided updated statistics on diabetes in Sahtu communities. RWC Member Modeste questioned how education is getting communicated, noting that numbers among children and youth seem to be increasing. COO noted that most prevention education is via the CHR's. The Collective Kitchen program is more of a supportive program by way of teaching healthy cooking and healthy living – it does not teach specifically diabetes prevention. However, during Covid, many of these types of programs have been put on hold or are in transition so this year is not a good touchstone. When programming is up and running, whenever events happen, they are communicated via postings throughout the communities on message and/or bulletin boards, social media platforms, radio announcements, translations, etc. These workers do go into schools and do some prevention education with the kids, particularly around sugar intake. Dietician services are available online for those who have access. • Item 6 – In process. • Item 7 – Currently on hold. No update. 	
8.0	Projects and Priorities	Action

	<ul style="list-style-type: none"> Combined with COO Report. Please refer to the Priorities List provided with the Agenda. 	
9.0	Chairperson's Report/Updates	Action
	<ul style="list-style-type: none"> Chair not present, deferred to next meeting. 	
10.0	COO Report	Action
	<p>KEY INITIATIVE UPDATES</p> <ul style="list-style-type: none"> Fort Good Hope Integrated Care Teams / Physician Model: <ul style="list-style-type: none"> Staff and community consultation occurred September 15, 16 and 17 where we heard from elders and community leaders about trauma, trust, residential school impacts, suicide, alcohol, leadership and exhaustion. Heard from local staff working in various wellness positions in the Band, with On the Land programs, and the Land Corporation about opportunities, strengths and siloes. They attended a camp on the Mackenzie and heard stories of wellness on the land, the importance of knowledge sharing and the importance of family and relationships. Some of the themes that emerged include: <ul style="list-style-type: none"> <u>Trust</u> <ul style="list-style-type: none"> Too much turnover of staff, especially counselors and doctors. Not a lot of trust, people don't want to come in because they don't want to tell their stories over and over. Leads to presenting late in course of illness or disease. <u>Stability</u> <ul style="list-style-type: none"> People want stability in staff – they want to have a relationship so their care providers know them. <u>Silos of effort</u> <ul style="list-style-type: none"> Lots of people in different roles working on health and wellness but not coordinated. Interagency meetings used to be a good way to address these. <u>Strengths</u> <ul style="list-style-type: none"> Understanding among elders and leaders of the role of social determinants of health and upstream effects leading to current issues with mental health and additions and chronic disease. Strong sense of community. Very welcoming and kind to those coming in from outside. On the land opportunities – unwritten rule no alcohol or drugs other than marijuana. 	

- Leadership from elders who know the community well and want to help.
- **Challenges**
- Extensive history of trauma in the community.
- Alcohol use is prevalent.
- Sense of uncertainty on how to address this.
- Marijuana use is quite normalized.
- Next community visit will be December. Looking at presenting to community and community leadership options for data collection and evaluation. *How will we know this model made a difference?*

- **Mental Health Programs:** Working on the Stepped Care 2.0 counseling model. It provides a 9-step process that helps match clients with the right level of care based on their needs. Introduction to Stepped Care given to staff at the end of August and training will continue until full implementation by year end.
- **Child Youth Care Counselors (CYCC):** Working on strategies with Education to explore the role they could play to increase school attendance.
- **Colville Lake Programs and Services:** In consultation with the Chief in Colville Lake, we will increase Mental Health services. Mental Health and Addictions Counselor will visit for one day every 2 weeks from FGH and the CYCC will visit every 2 weeks for one day.

Significant Policy Changes

- COVID-19 Pandemic Response.
- Weekly NTHSSA meeting to keep updated on COVID requirements.
- Essential Worker approval process changes.
- Ongoing masking for staff –surgical mask for all staff.
- Limited visitors per resident on Long Term Care.

NTHSSA Operational Plan Updates

- Territorial Colorectal Screening program. Presentation on the agenda.
- The Sahtu Dental Hygienist program has resumed.
- Visiting Dentist – NTHSSA, DHSS and NIHB working on a solution to resume services as soon as possible.

	<ul style="list-style-type: none"> Falls Prevention – on-coming LPN does a check with each resident at the beginning of each shift. Our falls have dramatically decreased. Averaging 1-2 per month mostly due to the resident’s medical condition. NTHSSA partnering with DGG for the utilization of the Wellness Centre in Deline. Physician Coverage between in person and virtual until the end of the fiscal year. <p>Public Engagement Activities</p> <ul style="list-style-type: none"> Regional Manager, Community Health Centres had a teleconference with the Tulita Leadership regarding the Essential Worker Process. Project Lead, Primary Care Reform and Territorial Medical Director met with FGH community leadership and community groups to introduce and receive feedback for the Integrated Care Model and new physician services. Regional Manager, Mental Health and Addiction met with DGG program staff regarding collaboration of programs between DGG and the NTHSSA. Regional Manager Mental Health and Addiction and Regional Manager Child and Family Services met several times with the Chief in Colville Lake to discuss/review programs and services options. Work in progress with the Chief in Colville Lake for a community information session on programs and services in the areas of Mental Health and Addictions and Child and Family Services. 	
11.0	RWC Member Observations and Comments	Action
	<ul style="list-style-type: none"> No additional comments were provided. 	
12.0	Other Business	Action
	<p>Member Update</p> <ul style="list-style-type: none"> Currently there are 2 vacant memberships on the council. No word as to when there will be a call out for nominations. 	
13.0	Closing Reflections / Prayer	Action
	Closing prayer was led by Gina Dolphus.	
	Adjournment	Action
	Meeting Adjourned at 4:15 p	