



**Mental Health & Addictions Ad hoc Meeting
August 10, 2021 via zoom**

Subcommittee Members:	
Shannon Doubleday, FNIHB, Co-chair	Andy Alook, Treaty 8, FN Co-chair
Terri-Lynn Fox, Treaty 7 (BFC)	Colleen McDonald, Treaty 6 (2:15pm)
Anne Bird, Treaty 6 YTC proxy for Marlene Arcand	Tessy Bigplume, Treaty 7 (2:20PM) proxy for
Bernadette Crowchild, Treaty 7 (SNTT)	
Liaisons/Technicians:	
Tisha Bromley-Wadsworth, Treaty 7 (BFC)	HCoM Secretariat:
	Erin Solway, Coordinator
	Debra Loyie, Assistant
Presenters:	
Darcy Jagodzinsky	Colleen Mustus
Sangeeta Sicking	
Observers:	
Patricia Louie, FNIHB	Regrets:
Dane Dagenstein, FNIHB	Caroline Adam, Treaty 8
Comfort Aria, FNIHB	Bernadette Crowchild, Treaty 7 (SNTT)
Tina Apsassin, CT6FN	Marlene Arcand, Treaty 6 (YTC)
Margo Dodginghorse, (SNTT)	Dr. Chris Sarin, MOH-FNIHB

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| 1. Call to order/Opening Prayer | 1:04pm/Anne Bird/Roundtable introductions |
| 2. Adopt August 10, 2021 Special Agenda | Co-chairs |
| <ul style="list-style-type: none"> Added Funding Discussion (mental wellness crisis funding and new funding announced Aug 10/21) | |

2021-08-10: #1 Motion that the Mental Health & Addictions Subcommittee moved to approve and accept the August 10, 2021 Special agenda with the following additions: Funding Discussion mental wellness crisis funding and new funding announced August 10, 2021. Moved by Anne Bird, Treaty 6 (YTC). Seconded by Andy Alook, Treaty 8. All in favor; unanimous.

- 3. Indigenous Addictions** **Darcy Jagodzinsky, Sangeeta Sicking & Colleen Mustus**
- Presenters were the successful applicants in their RFP submission of RFP, the group would like to continue on track with MHA Subcommittee recommendations
 - Darcy Jagodzinsky provided the Subcommittee a review of *Indigenous Addictions Services Continuum – Sharing our Story Project*; acknowledged that the group would be initiating in-person meetings with stakeholders i.e., engagement approach.
 - Shared *Stakeholder Analysis Matrix*, seeking feedback on matrix:
 - Terri-Lynn stated that the Matrix was an excellent tool; shared developed framework on systemic reconciliation which can be applied to other research, based on indigenous methodologies and an indigenous lense. Willing to share link with group
 - Andy Alook inquired where urban population fits within the matrix, would have large push for change but are not able to access NADDAP services.
 - Shannon concured and advised that it would be good to capture urban population find programs for off-reserve members. Communities have autonomy how to utilize mental wellness funding, could provide services to off-reserve and would challenge the department



Action Item 3.1: Presenters to make changes to include the urban population to the Matrix.

- Shared *Stakeholder Engagement framework* which is aligned with Stakeholder Analysis Matrix; group will be meeting monthly with MH&A Subcommittee, determine how often the Subcommittee want the Group to report.
- Shared *Indigenous Addictions Services Continuum–Stakeholder Engagement Plan*. Inquired as to the appropriate language to be used in the documents.
 - Terri-Lynn and Shannon encouraged the group define, research and tell Subcommittee how it was referenced

Action Item 3.2: Presenters to make changes to the Engagement Plan to include geographical location and where members reside.

- *Environmental Scan Facilitation Questions:* Indigenous Addictions team welcomed feedback/discussions from the Subcommittee; the group will be approaching Treaty 8 First Nations of Alberta organization for guidance. Group will take and analyze information using the SWOT analysis on the three deliverables.
- Indigenous Addictions team will ask participants the most important areas that need to be changed for the next year.

Subcommittee comments:

- Shannon defined what discussions would be helpful will be certain pockets of stakeholders that can speak to gaps, needs & priorities.
- Asking participants to identify their role would help inform addictions continuum.
- Terri-Lynn suggested to develop 3 or 4 questionnaire based methodology
- Colleen McDonald identified that there would be an increase in mental health see grassroots people telling not fast enough, seeing huge need to trauma/grief and loss, feels there should be huge review of NADDAP treatment centre. May not be best fit for individuals struggling grief or mental trauma. Q: Is their way to identify without actual names on the survey, it would assist in data collection.
- Andy Alook Bigstone issues on accessing NADDAP treatment process but are at standpoint to get in; overwhelming response and demand for addiction counseling but doesn't capture the healing. Common themes will come out of the engagement.

Action Item 3.3: Indigenous Addictions team will revise the facilitated questions to make them broader, the group will develop a survey tool to include identifiers for each stakeholder while remaining anonymous. Will send revisions back to the Subcommittee for review.

Overview of the PHESTLE analysis methodology and GAP analysis, fishbone diagram

- Anne Bird stated when speaking on the Treaty Right to Health to always look at overall impacts on globalization, communication is not captured
- Terri-Lynn Fox stated this piece creates clear path moving forward
- Andy Alook stated determinants of health will also have impacts
- Observer Tina Aspassin inquired how the Group would be approaching Treaty 6 Health Directors for feedback

Recommendations: the Indigenous Addictions team to send out a reminder email, team will be reaching out to stakeholders and will provide updates to the MHA Subcommittee every two months.

Shared *Progress Report as of August 10, 2021* document with SC stated meeting with smaller group (Comfort/Victor) inquired if there were any Subcommittee members interested in participating in zoom calls.

Action Item 3.4: Colleen McDonald, Terri-Lynn and Andy Alook to be added to meeting invites with Indigenous Addictions team

4. Mental Wellness Crisis Funding

Shannon Doubleday, FNIHB



- Motion put forward to HCoM July 30, 2021 but HCoM Committee did not approve \$2million be divided equally amongst the 10 Tribal Councils (TC) and deferred back to Subcommittee to discuss further. Possible options: 1. divide equally amongst 10 Tribal organizations and Independent Nations 2. Other options identified
- If funding was to be divided equally amongst the 10 Tribal Councils and 6 independent Nations, it would be \$125,000 each
- Andy Alook mentioned Bigstone Cree Nation made up of 10 reserves but viewed as 1 Nation
- Anne Bird mentioned YTC has 4 Nations under Tribal Council with two independent Nations (Enoch and Paul Band). Inquired if TC has funding how would it be dispersed? mentioned that Saddle Lake has a large population and are an independent Nation.
- Margo Dodginghorse stated TC would be okay receiving \$125,000. Suggested to provide a base amount for TC then divide remaining amongst independent Nations.
- Subcommittee discussed options:
Option two: base for TC then divide remaining amongst independent Nations
Option three: assign the funding based on the number of communities that a Tribal Council served i.e: \$50K/ Nation that a TC served, and the remainder divided between the independent Nations
- FNIHB stated mental wellness funding can be used to address substance abuse demands within FN communities; treatment centre referral is not subject to \$2million

Action Item 4.1: Shannon will send letter via email to HCoM Secretariat to share with Subcommittee Members

- Colleen McDonald Inquired if FNIHB can share spread sheet base amount for Enoch Cree Nation

Action Item 4.2: Shannon will email Subcommittee the base amount breakdown

- Colleen McDonald inquired what population list FNIHB is using
- FNIHB stated they utilize the 2016 census data – may be discrepancies between data and FNs
- Margo Dodginghorse indicated IELCC census data will lead to call-out of census data
- Andy Alook suggested Margo look at YULE # a process to identify off-reserve data
- Dane identified 6 independent Nations (Bigstone, Enoch, Saddle Lake, Paul Band, Sawridge and Smith's Landing)

Recommendation that FNIHB provide two options and have HCoM Secretariat assist in an evote from Subcommittee

5. IRS Surge Funding Announcement

Shannon Doubleday, FNIHB

- *Residential schools have created enduring trauma and intergenerational harm. For many, recent confirmation of burial sites have brought up painful memories, and impacted their mental health. To ensure that Survivors have emotional and cultural support during this time, Canada made a three-year investment through B2021 to renew essential mental health, culture and emotional supports for residential school survivors and their families as well as those impacted by Federal Day Schools. Canada is also investing a further \$107.3 Million in 2021/22 to support the expansion of these services to ensure that those impacted by intergenerational traumas will have access to these supports. Investments through B2021 are also supporting the continuation of the Indian Residential School Crisis Line for Survivors and their families*
- 2021/2022 IRS/MMIWG/IDS surge considerations: anticipated 2021/22 enhanced regional surge allocation of additional \$8,000,000 (TBD), expect that the 2022/23 allocation will remain at the original base amount, will permit for carry forward of funding into 2022/23, Risk of pending election would ask permission to cash management if don't get permission then sitting on hands, Want to bring something forward to HCOM by Friday
- FNIHB brainstormed possible options for Subcommittee to consider: 1. Distribute equitably to current IRS CA holders proportional to current IRS allocations min topup \$48,395 and max top up \$987,677.00. 2. Distribute equally to current IRS CA holders. Top up \$285, 714



Recommend that an anticipated IRS surge funding be allocated equitably among IRS CA holders proportional to IRS allocations

Action Item 5.1: FNIHB to draft motions for HCoM Committee August 13, 2021 meeting. Motion would align with Subcommittee recommendation.

6. Closing Subcommittee Comments

Subcommittee

- Colleen McDonald would like to discuss further a suicide reform, youth attempting suicide. Would like to have a larger conversation with Health Directors to make difference mental health act
- Andy Alook stated mental supports vs. policy and legislation that holds back the help. Acknowledged Colleen on bringing this issue forward, its always brought to forefront but not addressed due to policies. Understands the broken system and so many items that are unable to achieve, money is there but may not always be the answer. Should go back to Nations cultural/education teachings but still need western teachings along the way
- Regulate through indigenous lense

7. Adjournment

3:48PM