



**Mental Health & Addictions Subcommittee Special Meeting
October 15, 2021, via Zoom**

<p>Co-chairs: Shannon Doubleday, FNIHB Co-chair Andy Alook, FN Co-chair, Treaty 8</p> <p>Members: Terri-Lynn Fox, Treaty 7 (BFC) Colleen McDonald, Treaty 6 (ECN)</p> <p>Liaisons: Kavita Prasad, Treaty 7 (SNTT) Tisha Bromley-Wadsworth Treaty 7 (BFC) Laurie Belcourt, Treaty 8</p> <p>Observers: Mohinder Bajwa, Treaty 7 (SNTT) Marilyn Chalifoux, Beaver First Nation Bonnie Healy, Treaty 7 (BFC) Lillian Noskiye, Peerless Trout Deborah Hardy, Treaty 6 (ECN) Crystal Beaverbones, O'Chiese FN Lori Brabant,</p>	<p>HCoM: Erin Solway, Coordinator Debra Loyie, Admin Assistant (recorder)</p> <p>Anne Bird, Treaty 6(YTC)</p> <p>Presenters: Patricia Louie, FNIHB-ISC</p> <p>Regrets: Caroline Adam-Courtoreile, Treaty 8 Marlene Arcand, YTC/Treaty 6 Bernadette Crowshoe, SNTTC/Treaty 7 Dr Chris Sarin, FNIHB</p>
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1. Call to order/Opening Prayer **Co-chairs**

- With a quorum present the FNIHB Co-chair Shannon Doubleday called the meeting to order at 9:05am
- Marilyn Chalifoux provided the opening prayer
- Special meeting to discuss Budget 2021/22 -2023/24 Enhanced MW funding and IRS Surge funding

2. IRS Surge Support Funding Update **Shannon Doubleday, FNIHB**

Deck circulated October 15, 2021

- Received confirmation Alberta IRS surge allocation is \$8,288,775 for cultural and emotional supports and \$2,966,668 for mental health counselling, which will flow out in fixed or funding arrangements
 - Mohinder inquired how funding will be flowed. response would go to Nation level unless told through tribal councils, program officer would have discussion with each Nation how they want the funding to flow
- Shannon shared funding flowing out in a fixed or flexible funding arrangement, meaning CA holders or nations will be able to carry that money forward. There are also some CA holders in which their five-year agreements are ending this fiscal year, therefore, they are working very closely with how funding arrangements and those CA holders to put in place extensions in time to ensure that they can carry funding forward. If their five-year arrangement is ending, they cannot carry money forward into the next fiscal year. Over the next few weeks, ensure that everyone has that capacity to carry funding forward due to the massive amount of mental health funding coming out this year within the Alberta region
- Acknowledged that there was different reporting around IRS funding, the Senior Program Officer will work with Nations on reporting
- Nationally, they are working hard to extend IRS funding, Treasury Board approved 1 year. There is a chance they might see budget double over next two years, suggests over winter into spring Subcommittee meetings anticipate will receive funding and collaborate to make informed recommendation to HCoM
- Suggest creating better model how to equitably disperse funds and not always utilize Modified Berger formula model. Check the status on where the refined funding formula work is, so they could utilize different model



- Suggest gather data of all historical mental health counselling to create something useful
- During the last Subcommittee meeting, unsure number of Indian day scholar demands; reporting data will be critical to create narrative up to National may have to pull data minded specialists
- need to consider Charles Campsell Hospital history and trauma
- IRS – Suggestion to develop model that identifies all pieces and how tie into one pot of funding

3. Budget 2021/22- 2023/24 Enhanced Mental Wellness Funding

Shannon Doubleday, FNIHB

Briefing note (2pg) circulated October 15, 2021

- MWCRT's funding \$2,557,641 its priorities, the option Motioned by MH&A Subcommittee
- For consideration seeking Subcommittee thoughts, for 2022/23 - 2023/24 utilize the \$2,557,641 commencing in 2022/23- 2023/24 to increase the number of Regional MWCRTs to include MWCRTs in every Tribal Organization and Independent Nation. This will include one Enhanced MWCRT* identified within each Treaty Area. (*Enhanced Treaty MWCRTs will be funded at a higher level to provide onsite/virtual crisis needs assessment as requested, supported deployment/intervention planning as requested, coordination of Treaty Area Communities of Practice, Treaty Area skill development/training.). are we in a position to say to HCoM to expand funding up to 10?

Feedback:

- Due to COVID, all First Nations dealing with crisis day-to-day Nations have unused funds hope FNIHB will understand Nations challenges
- FNIHB stated funding would be flexible and will continue to work health funding arrangements to extend in time only
- Suggest need to do review of carry forwards i.e., mobile crisis unit perhaps reprofile funding directly to communities dealing with crisis's daily, every community could use CRT funding, question evaluation piece and community perspective feedback
- FNIHB shared community feedback is another gap, so today FNIHB-ISC responsible for coordinating deployments Chantz oversees process, will have info on experience, met with Team need more consistent concrete way tracking impact meaningful for communities and Alberta; decision to reprofile funding to community level its possible for Subcommittee to consider reprofiling for next two years concerned with risk loss of data
- Bonnie inquired in zoom chat NGOs receiving IRS funding (Patricia will pull info and put in chat)
- Andy Alook other callouts for IRS funding related to unmarked graves inquired on if it will impact other funding Nations received (Shannon said no doesn't flow from ISC, won't affect any funding at all, hope to maximize data for argument)
- Deborah Hardy suggested for better communications future workshops/zoom sessions of CRT how data is collected
- Kavita asked to include Youth involvement and outlined future planning (Co-chair response if Subcommittee agrees and supported by HCoM could build piece dedicated to Youth involvement around CRT)
- Q: Was 10 identified on top of 6? (Yes bring up to 16 Teams in Region)
- Q: 16 Teams sorry I have a question so when we say this 16 teams for the region who are those regional teams well right now we have sticks and those were identified via an RFP that went out quite a while ago how long ago five years the teams came in 2015 2016 and that would have been the Siksika and Maskwacis teams I believe since then there is the big stone team the lesser slave lake Indian Regional Council team the little red team and the Nune Health team, those teams would be determined so it could be that the subcommittee once we have approval if this is direction we go once we have each time approval it could be that an RFP is issued at any nation or tribal organization who's interested in putting forward submits for the RFP we could do it by letter of intent and we have to develop typically what we would do is we would develop a side working group that would create the assessment criteria like a transparent process of indigenous community representation as well as



indigenous services Canada that would create the assessment process and then would make recommendation for the awarding of the funding so we were able to d

- +emmons like say this is what we wanted to do now like if to say this as our attention then my team could start working on drafting up kind of initial kick at the can around like an RFP to bring to the table with any members from this group who are interested in making up an assessment Board
- Tisha Bromley-Wadsworth question with the 10 teams where did that derive from?
 - Shannon clarified based on funding we have teams right now that we currently have a base funding level about \$250,000 per team so we looked at this increase of 2.5 million and that would allow us potentially for up to 10 teams. Teams could be funded at different levels depending on perhaps the number of communities that are clustered. Suggestion to create a smaller working group to make recommendations to the Subcommittee as we move forward
- Colleen McDonald curious about the initial applications or the proposal submissions from the 6 crisis response teams inquired if they able to share that information, could look at deliverables and look at their progress reports to see if those deliverables were met
 - Shannon clarified could pull info from proposals in respectful way, could pull data but will take time for FNIHB group to gather

2021-10-15: #1 Motion that the Mental Health & Addictions Subcommittee recommends to HCoM Committee regarding MWCRT utilize the \$2,557,641 commencing in 2022/23-2023/24 to increase the number of Regional MWCRTs to include MWCRTs in every Tribal Council Organization and Independent Nation. This will include one Enhanced MWCRT identified within each Treaty area. Moved by Andy Alook, Treaty 8. Seconded by Colleen McDonald, Treaty 6. Motion CARRIED*

Action Item 3.1: HCoM Secretariat directed to follow-up on MOP presented October 6, 2021, and send out e-motion to Subcommittee approving the management operational plan

- Discussion Funding Life Promotion Suicide Prevention/Regional Mental Wellness Needs \$4,942,677, priorities
- Options for consideration
 - 1st option for 2021/22 – 2023/24 Leverage 50% of the funding (\$2,471,338.50) to be allocated directly to every FN community (\$54,000/community for three years based on equal distribution) Leverage 50% of the funding to provide 24 social/non-medical detoxification* beds located throughout Treaty 6, 7 & 8. Typical stay is 14 days, this would result in a total of 576 social/non-medical detox intakes/year in region (335 days/14 days stay = 24 intakes per 2-week bed/year x 24 regional beds = 576 2-week social detox intakes/year.) (Estimated cost of \$100,000/bed/year**)
 - 2nd Option For 2021/22 – 2023/24 Utilize \$4,942,677 to provide 49 social/non-medical detoxification beds* located throughout Treaty 6, 7, & 8. Typical stay is 14 days, this would result in a total of 1,169 social/non-medical detox intakes/year in region (335 days/14 days stay = 24 intakes per 2-week bed/year x 24 regional beds = 1,169 2-week social detox intakes/year.) (Estimated cost of \$100,000/bed/year**)
 - 3rd Option Leverage 100% of the funding (\$4,942,677) to be divided out amongst the 46 First Nations (\$107,449) (\$59,000 - \$270,000)

Feedback

- Create side Working Committee to suss out the process would be critical to have indigenous health experts to help frame up model for Nations to submit letters of interest
- Q: family unit and healing, is this being considered? (FNIHB stated NNADAP is consider exploring and working with one; opportunity to leverage family supports)
- Andy Alook shared should partner with ISC Child and Family to access supports to assist in healing



- Terri-Lynn inquired if funds could be used to continue detox; could share info to the communities
 - Andy Alook expressed interest in having conversation with Terri-Lynn and suggest putting together pilot platform to be used by other communities interested in putting together similar program
 - Nadine Dalheim of Fort McKay expressed interest in having conversation with Terri-Lynn regarding model created – agrees there is a need for medical detox beds but other piece on huge increase of mental health
 - Shannon identified that Dr. Chris Sarin's expertise required
 - Colleen McDonald expressed interest to be part of committee with Terri-Lynn would like to hear what other communities are putting forth
 - Andy Alook shared question on CAPITAL and where Communities will find infrastructure (FNIHB shared same frustration; YSAC Treatment applicant had to demonstrated had space to provided treatment, might want to consider similar model parameters or as moving forward in pandemic Nations utilized trailers so discuss scenario where Nations could keep, trying to figure way to manipulate
 - Marilyn asked if rent is allowed (Yes)
 - Terri-Lynn shared funding isn't enough to vote on
 - Crystal Beaverbones interested in conversation of programming on Nations the cultural teachings support families going through addictions
 - Shannon suggested coordinate telehealth session on community day treatment could work with TSAG on advertising and will reach out to Andy and Terri-Lynn on coordination's
 - Recommended 3rd option for consideration is all funding is divided among Nations to address substance abuse
- Recorder note FNIHB Co-chair Shannon Doubleday departed meeting at 11:35am due to emergency*

2021-10-15: #2 Motion that the Mental Health & Addictions Subcommittee recommendation to HCoM Committee Option 1: to utilize \$4,942,677 to provide 49 social/non-medical detoxification beds located throughout Treaty 6, 7, & 8 for the years of 2021/22 until 2023/24. Option 2: utilize the \$4,942,677 to be provided equally to all 46 First Nations (\$107,449 per community) Treaty 6, 7, & 8. Moved by Terri-Lynn Fox, Treaty 7/BCTC. Seconded by Andy Alook, Treaty 8. Motion CARRIED*

- Meeting adjourned at 11:55am