



**NIHB Subcommittee Special Meeting
October 30, 2020**

Co-chairs:

Jack Kennedy, FNIHB Co-chair
Kash Shade, First Nation Co-chair, Treaty 7(BFC)

Members:

Colleen McDonald, Treaty 6(ECN)
Jackie Alook, Treaty 8

Liaisons:

Kavita Prasad, Treaty 7(SNTT)
Tisha Bromley-Wadsworth, Treaty 7(BFC)
Laurie Belcourt, Treaty 8

Observers:

Amber Hamilton, Treaty 8
Tessy Big Plume Treaty 7 (SNTT)
Kris Janvier, Treaty 8
Bonnie Healy, Treaty 7(BFC)

HCoM Secretariat:

Erin Solway, Coordinator
Debra Loyie, Admin Assistant (recorder)

Bernadette Crowchild, Treaty 7 (SNTT)

Presenters:

Presenters:

Tamara Elm, FNIHB
Keith Pink, NIHB
Corey Leyte, NIHB
Shannon Doubleday, FNIHB

Regrets:

Tracy Potts, Treaty 6 (YTC)

1. Call to Order/Opening Prayer/Introductions

Co-chairs

- With a quorum present the First Nation Co-chair Kash Shade called the meeting to order at 9:06am.
- Colleen McDonald provided the opening prayer

2. Review draft Agenda

Co-chairs

2020-10-30: #1 Motion by Colleen McDonald accepts agenda as presented. All in favor; motion carried.

3. Review draft minutes

Co-chairs

September 3, 2020, NIHB Subcommittee Meeting Minutes

2020-10-30: #2 Motion the NIHB Subcommittee accepts and approves the September 3, 2020, Meeting Minutes with noted corrections. Moved by Jackie Alook, Treaty 8. Second by Bernadette Crowchild, Treaty 7 (SNTT). All in favor; motion carried.

4. Business Arising Action Item Follow-up: Mental Health Counselling Draft Motion

Co-chairs

- Draft motion tabled for further discussion and decision
- Shannon Doubleday provided a perspective based on experience as a Clinician:
 - the foundation of developing a therapeutic relationship with a psychologist or Social Worker for a client comes from client's choice and from being a good match (personality/style
 - client choice in autonomy from a clinical perspective if client or family feels good match with clinician then would support that
 - there is critical need to support clinicians having a good grounding of understanding of Indigenous cultures, of the Treaty areas the history and colonization to have better comprehension of that historic experience of bringing a client to where they are to date
 - would be hesitant to layer on additional reference letters especially if it creates a barrier to client access



- suggested discussion how to really grow the list of Clinicians in the province who have demonstrated cultural competence, most licensing bodies would have specialized sections where people can join could proactively work with governing body in Alberta to go through the list to share throughout region of people who are already working in the area, have more understanding of Indigenous communities or maybe communities interested in working with them.

Highlight subcommittee Key Points – Recommendation – Action:

- suggest support funding for Treaty areas cultural training by Elders Advisory Councils
- Collectively agreed will not limit client's access to Providers
- Collectively supports 1 reference letter from a First Nation and or Inuit organization

2020-10-30: #3 Motion the NIHB Subcommittee recommends changing Mental Health Counselling criteria from 2 reference letters from a First Nation and or Inuit organization to require 1 reference letter from a First Nation and or Inuit organization; and THAT the Mental Health Counselling criteria be reviewed annually or as needed. Moved by Colleen McDonald, Treaty 6. Second by Bernadette Crowchild, Treaty 7 (SNTT). All in favor; motion carried.

Action Item 4.1: Non-Insured Health Benefit and Mental Wellness Directorates to work collaboratively to start to reach out to licensing governing bodies to see if interested in developing training sessions for clinicians

5. Traditional Healer Update

Keith Pink, FNIHB

- Provided background on Traditional Healer funding for Year 1 & 2. Funding was late coming to FNIHB and late distributed to Communities and Tribal Councils, template for traditional healer included in funding letters circulated July 2020
- Concerns regarding Funding Terms and Conditions of Agreement:
 - There are some Nations not reporting back on Traditional Healer funding
 - NIHB funding based on statistics. If we cannot show quantitative data/statistics on how the program is using money appropriately or CA holder surpluses, we risk Alberta losing traditional healer funding. Determining if study is to be done to determine if Alberta should receive less funding based on quantitative data from Alberta
 - NIHB not allowed to add to Traditional Healer budget always look to Medical Transportation to provide support for travel dollars if in scope and policy
 - Initial decision from HCoM to divide funding out equally based on Berger formula in Alberta, seeing in audits financial report late due to COVID-19, CA holders surplus dollars concern because it is Non-insured and can only be spent on Traditional Healers; dollars cannot be spent on medical transportation driver salary it would have to be traditional healers as per Program Plan
 - if CA holders cannot spend TH funding within policy and importance of quantitative data, concerned funds are not being utilized and will then be returned back to the Region due to terms and conditions of Agreement
 - Question does Subcommittee want to revisit Traditional Healer Funding Agreement based on Berger formula flow it out equally to Nations
 - Need to address traditional healer monies starting to build surplus we do not want surplus created in terms of evidence being used in Policy *bring forward for awareness
- Recommend NIHB draft Letter to CA Holders informing importance of financial management of Traditional Healer funding share copy of letter with subcommittee members

Action Item 5.1: circulate Traditional Healer template to subcommittee members



6. Adjourn

FINVED

11:18am

Moved by Kash Shade
Seconded by Jackie Alook