Dennis C.
3/4 Bro
cc. Robert Kennedy.

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MUSHUAU/PROVINCIAL/FEDERAL
CO-ORDINATING COMMITTEE MEETING
JUNE 19, 2001
Health Labrador Corporation - Staff Development Conference Room
Happy Valley - Goose Bay, Labrador
Time: 9:00am - 1:30pm

Participants:

George Rich
Prote Poker
Delia Connell
Kate Gray
John Higham
Connie Forbister
Luke Rich
Kevin Head
Jerry Lyons
Pam Rogers
Brian Dorey
Mary Beth Minthorne-Biggs
Mark Nui
Dr. Wayne Hammond
Terri Harrison
Marilyn McCormack
Leila Gillis
Sebastian Piwas
John Olthius
Ian Gray
Michelle Kinney
Al Garman

Regrets:

Bev Clark
Chief Simeon Tshakapesh

Record of discussion and decisions:

Meeting called to order by Al Garman, Regional Director - First Nations and Inuit Health Branch, Atlantic Region. Introductions of participants. Al Garman volunteered to chair meeting since no one else offered to do so.

Proposed agenda reviewed and accepted

Update on Mushuau children in care

Brian Dorey reported that the 10 Mushuau Innu children living in Alternative Living Arrangements (ALA) in Happy Valley - Goose Bay are doing well. They have been participating in many recreational activities, including weekly sweats at Charles J. Andrew Centre. It is planned that the children will learn to use a computer software program "Success Makers" over the summer. Innu representatives raised a number of staff issues, including hiring practices, need for more involvement of Implementation team and better communications with Innu families around visitations. The present plan is for the children to move to the Charles J. Andrew Centre for treatment in September.

(Update to follow on other children in care when Connie Forbister arrives)

NEXT STEPS:

Meeting with Brian Dorey, George Rich and Clinical Committee to address and resolve staff issues.

Social Services/Solvent Abuse Treatment/Memorandum to Cabinet (MC)

The group was provided with an update on the MC. Funds have been approved for 3 years rather than 5 years. This means we will have to prepare to go back in 2 years and demonstrate that conditions in the Innu communities have improved as a result of the Healing Strategy.

There was a discussion regarding evaluation framework and reporting requirements. What activities will need to be monitored? More work is needed in this area.

Ian Gray of DIAND indicated that there will be future meetings leading to reserve creation and registration of the Innu. In the meantime, however, DIAND will provide additional funds for child and family services. Since DIAND has no authority for direct service delivery, these funds will be provided to Labrador Health Corporation. John Olthius expressed concerns on behalf of the Innu that funds would be given to Labrador Health Corporation and not to the Innu directly. He questioned the role of the Mushuau Innu in this agreement. George Rich noted that previous agreements between the federal and provincial governments have not worked for the Innu because they were not involved in the process.

Jerry Lyons explained that in all other provinces, funding agreements are negotiated with the Province unless there is a First Nation CFS Agency established to deliver services in the communities. In this case, the Innu may be involved in discussions with Labrador Health Corporation and the Province on how these additional funds will be spent. Health Canada will still be involved with children in care who require medical treatment.

John Olthius reminded the group that the Dec. 12 decision was that we are going to do this together. He suggested that the sub-committees established at the March meeting make recommendations on this.

John Olthius raised the issue of support services. Al Garman indicated that Health Canada is willing to take direction from the advisory committee regarding aftercare for the community.

Dr. Wayne Hammond supported the need for evaluation planning at this stage. He indicated that we must be clear what is needed for this process.

Prote Poker raised the issue that there has already been one mobile treatment program and that funding for this has not yet been received. Brian Dorey responded that the third party manager has funds for this and is only waiting for a financial report to account for the expenditures before releasing payments.

NEXT STEPS

Sub-committees were meeting within the next 24 hours to to discuss evaluation framework, reporting requirements and proposed next steps. HQ DIAND officials will meet with Nfld and Labrador Health officials to explain how funding agreements normally work in other provinces. Innu representatives will have an opportunity to discuss proposed enhancements to programs and services in this forum before an agreement is finalized.

Mushuau Innu Participation Proposal and Budget

John Higham presented a proposal entitled "Healing Team Operations Budget" with an attached explanation of the budget breakdown ('Key Contributors to Mushuau Healing'). Questions were asked for clarification. DIAND is already funding one team member - social services coordinator.

NEXT STEPS

Al Garman will take the document back to Halifax and review it with his officials.

Third Party Management

Al Garman indicated that Health Canada funding going into Davis Inlet is now under third party Management for the short term. There will be an audit soon by Consulting and Audit Canada. If the audit is in order, Health Canada will consider how long the present situation should continue.

Questions were raised about the process of getting funds. If the money is approved through the proposal/ budget process, do staff still have to go through third party to get approval. Al Garman described the process in place to ensure proper accountability. He suggested that any issues be worked out with Brian Dorey and the third party manager. Part of the process is to build capacity in the community's administrative staff. From the perspective of the Innu, third party management has increased the workload but not added any capacity.

George Rich asked why the third party managers are not in the community. Even their

own finance people are not from the community. Al Garman reminded him that this was a community decision and that the federal government must work with them.

NEXT STEPS

It was agreed that Brian Dorey would arrange a meeting with Jerry McKenzie, Carol Flynn, and George Rich to discuss in detail any concerns with the existing third party management agreement.

Mushuau Children in Care (Continued):
Connie Forbister - White Swan Treatment Center

There are 15 children at the White Swan Center in Alberta. These children are doing very well and have just returned from fields trips to Minnesota and the Rockies. Their behavior has improved '400%'. However, they must be kept very busy each day as they are unable to cope with boredom.

Concerns were raised regarding what happens when the children return home. Better coordination of staff training required; recent staff at the center came from Sheshatshiu, which leaves Mushuau without trained workers when their children return to the community. White Swan Centre is committed to this process and will help out in whatever ways are possible. They paid for the child of a community member to go to the center because Health Canada would not pay for the whole family to go. They are making room for extra families to come to the program. The center's staff have been to Mushuau 3 times already and will come again to work in the community this summer.

Al Garman asked whether children coming out of treatment would be better able to cope with boredom on their own (without going back to gas-sniffing). Connie answered emphatically that no, they would not, and they would need a lot of support in the community upon their return, especially recreational activities.

Connie advised the government to lower its expectations of the Innu; hire back-up workers to help. There has to be healing of the staff and other adults in the community first so they can deal with treatment needs of the children. They need time to mature and become responsible in their jobs.

Dr. Wayne Hammond emphasized the need for strong aftercare which involves all programs in the community. Mary Beth also highlighted some aspects of FAS children and the difficulty in transferring new skills back to the home environment.

Prote Poker and George Rich raised various issues around the education system in Davis Inlet. Allegations have been made in the community regarding specific incidents

at the school and complaints to the RCMP have not produced any results.

John Olthius suggested that the clinical team address these needs. Education issues have come up at many different negotiation tables. Michelle Kinney expressed concerns regarding the scope of the clinical team's work.

Delia Connell noted the need for a systems approach to this issue, clearly involving officials of other departments eg. Education, Solicitor General.

NEXT STEPS

DIAND and Health Canada officials will discuss need for other officials to be involved in future discussions. Mary Beth, Wayne and other members of the clinical team will discuss this issue and come back to the next meeting with a progress report and action plan. John Olthius mentioned that there are other tables (Justice Diversion, Policing) in the process at which these issues could be raised.

The various teams were asked to consider the issues raised during their discussions and bring forward any recommendations.

Marilyn McCormick agreed to follow up on allegations raised by George Rich at the meeting.

Mobile Treatment Program Update

A spring 2001 written report of the *Tshukumnu Penash Mobile Treatment Program* was distributed to members of the coordinating committee. Mark Nui provided a summary of the program, indicating that 17 community members completed the program, including 2 children from the Grace hospital. The other 3 children from the Grace did not fit the program but remained in the camp. In total there were 15 adults, 2 youth and 18 workers at the mobile treatment program. Of the 15 adults who completed the program there are individuals who wish to work in the next program. There are approximately 60 community members who are interested in attending the next treatment programs.

Al Garman identified the need for baseline data and measurable items / objectives / and a theoretical base for the mobile treatment. The community should be able to identify skill acquisition and transferable skills. The program has to identify what works using clear evaluation criteria and it should be described in such a way that it can be replicated by counselors in other parts of the country.

NEXT STEPS

Al Garman agreed to consider funding for the next mobile treatment program. He also agreed to have Health Canada's expert advisory team in Ottawa, which includes aboriginal people with experience in these types of programs, advise on the quality of the program and how it can be strengthened.

Dr. Wayne Hammond agreed that the clinical team would work with Prote and Mark to develop a process of measurable program design/implementation.

Closing Remarks

It was agreed that teams would meet following this meeting and finalize reports for the main table in the morning. Al Garman, Brian Dorey, Ian Gray, Terri Harrison, Jerry Lyons, Delia Connell, Pam Rogers and Marilyn McCormack all indicated that they would not be available in the morning as a meeting had already been scheduled with the Sheshatshiu. It was decided that reports would be tabled for all those who would be available to attend in the morning.

Proposed dates for next meeting: July 16, 17 or July 25, 26. All members of the coordinating committee will be contacted to confirm the next meeting date.

Meeting adjourned at approximately 2 pm