IN THE SPIRIT OF HEALING AND WELLNESS

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This is a newsletter of the Aboriginal Healing and Wellness Strategy (AHWS)

INSIDE

1. JMC Welcomes New Aboriginal Co-Chair
2. AHWS Developing Performance Measures
3. Re-design of the On-going Training Fund Strategy
4. Report on Aboriginal Repatriation Initiates Consultations
5. The Best Of Both Worlds
6. Twelve Projects Funded For Five Years
7. The Justice Kit Earns Favourable Reviews
8. Changes At AHWS

IN THE SPIRIT OF HEALING AND WELLNESS

ABORIGINAL HEALING AND WELLNESS STRATEGY

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JMC WELCOMES NEW ABORIGINAL CO-CHAIR

Garnet Angeconeb, of the Lac Seul First Nation, joined the Joint Management Committee as Aboriginal Co-Chair at the April meeting.

On assuming the position, Mr. Angeconeb said, " I am honoured to accept the responsibility of Aboriginal Co-Chair of the Strategy. You have entrusted me to serve our people, as we work toward healthier and violence free lives. I accept the challenge and look forward to working with all members of the JMC and their constituents to further the goals of the Strategy over the two years of my term."

Garnet Angeconeb, Aboriginal Co-Chair

Mr. Angeconeb brings a wide range of skills and experiences to the Strategy. He speaks the Anishinaabe language of his people and also understands and speaks quite a bit of the Oji-Cree language. Sharon Reynolds, President, Women of the Metis Nation, an affiliate of the Metis Nation of Ontario and member of the JMC said, "Garnet is a wonderful addition to Aboriginal Caucus and the JMC. He has excellent chairing skills and his commitment to our people and the goals of the Strategy is strong." Most recently, Mr. Angeconeb a journalist/broadcaster was the Acting Executive Director of Wawatay Native Communications Society (Wawatay) based in Sioux Lookout. Wawatay provides radio, television and newspaper services to northern Ontario communities in the Oji-Cree, Cree and English languages. He is a former Councillor to the Town of Sioux Lookout, a Board Member of the Nishnawbe Gamik Friendship Centre and a consultant and a founding member of the Sioux Lookout Anti-Racism Committee. Currently, Mr. Angeconeb is a member of the Board of Directors of the Aboriginal Healing Foundation.

Mr. Angeconeb assumed the responsibilities from former Aboriginal Co-Chair Frank Bruyere of the Couchiching First Nation. Mr. Bruyere retired from the position at the end of March, 1999. The recruitment and selection of the new Aboriginal Co-Chair was conducted by a committee of Aboriginal Caucus members. ■

AHWS DEVELOPING PERFORMANCE MEASURES

The Joint Management Committee is currently developing performance measures for AHWS programs to be put in place by December, 1999.

What are performance measures and what does this mean to the AHWS programs? *(Continued on page 2)*

Performance measurement is about measuring success. It is a standard management practice that has been

around for quite a while. Good staff and managers in AHWS already use performance measures to monitor program activities and successes. The new approach will establish more consistent and common success indicator. It will also take into account unique strategies employed by AHWS, such as, the integration of traditional Aboriginal with western approaches to promote healing and wellness. It will help us learn from each other and assist us to make more informed decisions about program improvements based on our own experience and best practices.

"What we are trying to do is put in place a useful tool that will help both our programs and the Joint Management Committee measure their performance. Our focus is how can we improve services to the Aboriginal community," says Garnet Angeconeb, Aboriginal Co-Chair of the Joint Management Committee. "And we definitely want the performance measures that are developed to be easily understood and usable by our projects."

Obonsawin-Irwin Consulting Inc. (O.I.) was selected to develop performance measures on behalf of the Strategy. Over the summer O.I. will work with a number of the AHWS programs to determine the performance measures that might be standard for all programs as well as performance measures that may be unique for some specialized projects, such as the Aboriginal Recruitment Coordination Office.

"AHWS performance measures need to address the complexities and varieties of AHWS situations in a streamlined manner," says Roger Obonsawin, President, O.I. Group. "To accomplish this, the performance measurement plan needs minimal number of the most critical indicators."

"The difference between the performance measures and the long term evaluation which is underway, is that performance measurement will give us a framework or guideline to effectively report on what we've accomplished on a periodic basis," says Michèle Harding, Acting Manager, Aboriginal Healing and Wellness Strategy. "The long term study is tracking a range of things, such as client health status and satisfaction with services, but could perhaps provide some benchmarks which the performance measures framework might use."

WHAT WOULD A PERFORMANCE MEASURE LOOK LIKE AND HOW WOULD IT BE DEVELOPED?

Performance measures will provide reliable information about the achievements of AHWS projects and programmes. It will also provide both the Joint Management Committee and AHWS programs with a more consistent mechanism for accountability and for making informed decisions about possible program changes.

An effective performance measure plan will:

- identify common outcomes and indicators for AHWS programs, but will recognize unique programs or service approaches;
- determine how results will be measured;
- help to set specific measurable results that we want to achieve; and
- identify realistic standards (milestones, benchmarks) which are the best performance level that the Strategy aims for over time.

Performance measures to be developed will be guided by the AHWS goals or "desired outcomes" which are: to improve the health status of Aboriginal people and promote family healing.

For example, using *"improvements in the overall health status of Aboriginal people"* as a goal, through consultation, projects might decide that *"decreasing the rate of diabetes in Aboriginal communities"* is one of our high priority outcomes, and develop programs to prevent diabetes as well as assisting known diabetics to better manage their conditions.

This means that we would want to measure whether our programs lead to reduced rates of diabetes. From this, we can choose standards or targets by which we can determine our success. That is, we will decide how much change we want to (or can) achieve, and the time lines within which we plan to achieve that amount of change.

Performance measures are also monitored at specific agreed upon times during the process so that we can answer the questions: Are we going in the right direction? What have we achieved so far? and How have we achieved it?

In the case of diabetes, the non-Aboriginal average is 9% of the population while the Aboriginal rate is estimated to be at least three times that level. A performance target for our diabetes programs could then be

(Continued on page 3)

"reduce the rate of diabetes among Aboriginal people to the non-Aboriginal average of 9% by 2009".

The exercise would also allow us to identify program commitments and priorities. For example, in the case of diabetes, a commitment might be "six Aboriginal Health Access Centres will establish diabetes awareness and management clinics once per week in 1999", in order to increase the chances of achieving the agreed reduction in the rate of diabetes. The centres could begin to measure “success” using the following indicators: the number of diabetes clinics held in 1999 and the number of community members who attended one or more of the diabetes clinics during the year.

In the year 1999/00, the Aboriginal Health Access Centres might be able to describe diabetes achievements as:
- implemented longitudinal evaluation to track long term health status, including diabetes, through awareness clinics;
- held 35 diabetes awareness clinics and events during the year; and
- 400 people (10% of the centres’ clients) participated in one or more clinics during the year.

In 2000/01, having received some basic information on community health status and refined their programs, the Centres may add another success indicator (e.g., the number of diabetes-related hospital emergency visits made by Centre clients during the year). Progress reported could be “30% of known community diabetics regularly attend diabetes clinics and the number of emergency room visits due to diabetic problems are reduced by 6%”. ➔ *(Continued on page 7)*

RE-DESIGN OF THE ON-GOING TRAINING FUND STRATEGY

Since its inception, the Aboriginal Healing and Wellness Strategy (AHWS) On-going Training Fund has been providing resources to First Nations and Aboriginal communities and groups to meet the training needs of their staff, Boards of Directors, Councils and/or volunteers to assist in and ensure successful implementation of programmes resulting from the Strategy. The fund has supported team building approaches at the community level with its primary objective to transfer job-related knowledge and skills to workers.

In September 1998, the Obonsawin-Irwin consulting firm completed an evaluation report of the AHWS and made several observations regarding the training component of the AHWS, including:

- 25% (counselling) to a high 70% (alternative justice) workers had minimal qualifications for the work which they were doing;

- since it is important to hire locally and it is difficult to attract qualified people, those hired frequently have minimal or no qualifications;

- there is a need to develop a strategy for training future traditional healers and for providing resources which encourage potential trainees to follow that path to meet growing demands;

- there is a need to establish standards for traditional health care and community workers and to develop training programs/other initiatives to ensure access to qualified and skilled resources; and
- There is a need for training Program Managers in strategic planning, program monitoring and evaluation, and in staff supervision.

Conclusions based upon these observations included:

- Training should incorporate three approaches: training for entry level positions; training for upgrading skills to meet required standards; and utilization of existing resources (i.e. most skilled/experienced Workers) as trainers.

- A new strategic training plan is needed. Community support and training grants structure, process and objectives should be reviewed with the view to strengthening program capacity building and developing short and long-term training and recruitment strategies which help meet established standards of care.

- Special attention should be paid to workers who are minimally or unqualified for any of their job responsibilities and/or their positions by (a) establishing standards of care which incorporate individual customer outcomes, and (b) exploring ways to allocate training resources to innovative approaches which help meet the established standards and train future Traditional healers and resource people.

The evaluation report also contained specific recommendations:

- standards of care should be developed which incorporate individual customer outcomes. The standards should then be utilized to assess staff qualifications, experience as well as their training needs;

- AHWS training resources should ➔ *(Continued on page 4)*

be centrally planned and managed to address the needs of the workers in the field, and special attention should be paid to those workers who are unqualified or minimally qualified for their positions;

- an integral part of training planning should be the establishment of standards of care; and

- short and long-term training strategies should be developed which ensure minimum standards of care are met in traditional and contemporary approaches to healing.

At its June 1999 meeting, the AHWS Joint Management Committee (JMC) agreed to issue a call for proposals for the re-design of the On-going Training Fund Strategy. The successful bidder was Six Nations Polytechnic, in collaboration with the Seven Generations Education Institute.

"During the months of August and September we plan to consult with the programs and services who presently receive On-going Training allocations from the Strategy to acquire a comprehensive understanding of where AHWS training is at now", says Linda Staats, the Project Director, who will lead the consulting team. "One of our main objectives is to outline the pros and cons of various models of training, as they would apply to AHWS training," said Linda.

The consultants will also help the Training subcommittee to:

- identify and clarify training definitions;
- identify future goals and objectives for AHWS - funded training; ➔

(Continued on page 8)

REPORT ON ABORIGINAL REPATRIATION INITIATES CONSULTATIONS

A ground-breaking report, on the quest of Aboriginal adoptees, foster children and their birth families to repatriate, was released by the Joint Management Committee (JMC) for consultation this summer.

The report entitled "Our Way Home", documents for the first time in Ontario, the healing journey and process of Aboriginal people and communities seeking to reestablish ties. These ties can vary from occasional visits to moving to the birth community. Some communities also actively seek members to try to bring them home.

"Our Way Home" identifies the many issues faced by Aboriginal people, separated from their birth parents and communities through adoption, crown wardship, or foster care, who search for their way home to their families, cultures and nations. The report sites a number of barriers faced in seeking repatriation such as, accessing information from social service agencies, fear of social service agencies, (e.g. children's aid societies), and language and literacy difficulties. Personal stories in the report provide an emotional, first hand look at the experiences of people seeking to repatriate.

"It is critical that we understand this sensitive issue and provide support to our people - the adoptee, foster children and their families - who wish to find their way home. JMC is asking its members and the larger Aboriginal community for feedback before deciding how to support the healing process," said Garnet Angeconeb, Aboriginal Co-Chair. "We will begin to review the feedback at our September meeting." The report notes that there is limited awareness in both the Aboriginal and non-Aboriginal community about repatriation and the needs of the adoptees, foster children and their birth families. "Our Way Home" also notes that Aboriginal social service agencies, friendship centres, women's organizations and community government workers assist people to the best of their ability, but are not able to be as effective as they would like. To date, a comprehensive Aboriginal repatriation program has not been established in Ontario or Canada.

Donna Simon, Health Policy Analyst, Ontario Native Women's Association, and a member of the JMC said, "We know that this is a difficult issue. The information in the report will assist communities to determine the best options for their own healing process."

"Our Way Home" was prepared by the consultant team of Native Child and Family Services of Toronto, Stevenato and Associates, and Janet Budgell under the direction of the Repatriation Sub-Committee of the Strategy. Research included interviews with people removed from their birth families, people seeking to repatriate, people who experienced unsuccessful repatriations, communities seeking to repatriate members, and Aboriginal and non-Aboriginal child and family service agencies. As well, the consultants met with representatives of the few repatriation organizations that exist in Canada (Manitoba and British Columbia), and conducted a study of the literature available on repatriation.

Copies of the report are available from the Za-Geh-Do-Win Information Clearinghouse. Call toll free: 1-800-669-2538. Website: www.anishinabek.ca/zagehdowin ■

THE BEST OF BOTH WORLDS - by Angela McEwan for the Sudbury Star. *Reprinted with the permission of The Sudbury*

Star.

Demand for care offered by the Shkagamik-kwe Health Centre in Sudbury is showing “phenomenal” growth, says nurse practitioner Marilyn Butcher.

“We are fully booked from day one,” Butcher says of the two-year old centre.

The centre combines Western and traditional native medicine.

“People can choose from a menu what type of services they want, and they don’t necessarily have to be a medical patient here,” Butcher says. For example, a Native women from James Bay was passing through Sudbury and stopped to visit with a traditional healer at the centre.

Along with the nurse practitioner, the centre has two part-time doctors, traditional healers, a community health nurse and an elder.

The centre offers primary health care, family planning, healing circles, mental health counselling, health promotion and education and community liaison and referrals.

The centre welcomes visitors with an informal atmosphere and the sound of native music.

The centre focus is to build trust between clients and staff, Butcher says.

“If I need to spend 30 or 45 minutes talking with you about your child, I can,” she says. “We are more able to spend time on education and prevention.”
Butcher has noticed that many of her clients have rarely, if ever, used public health care services.

Although 60 per cent of Native people in Canada live off reserve in urban centres, many do not receive health -care services, says health educator Ghislaine Goudreau.

“There’s a misconception that since there’s a lot of health services in the (urban) community that Native people are going to use them,” says Goudreau.

“It was misconception by the government that because a lot of Native people live in the city, they’re going to be fine.”

In fact, there was less use of health services in urban centres than on reserves, Goudreau says.

Many natives have been traumatized by public institutions, leading to a distrust of anyone associated with them, she says.

“They (native health centres) are so needed in every city...It’s growing, but not every city has one.”

Stephaine Onalonoquet trusts the people at this Sudbury health centre.

“It’s a great place,” Onalonoquet says. “I enjoy using these services because it’s more along the lines of people I know.”

Working together for clients’ health and well-being is an important aspect of the centre.

“When a healer comes in, the information is shared,” Butcher says.

Shkagamik-kwe Health Centre

“It’s in the client’s chart, so we can see what the healer is doing and the healer can see what we’re doing.

“Sometimes, I feel like I’m a traffic cop because I refer people so frequently.”

Dr. Amanda has worked at the centre since November 1998 and enjoys her job.

“I love it,” Hey says. “I think there is more holistic approach in looking at different ways to approach a health problem.

“It’s a wonderful team environment. People have a wonderful sense of humour and it makes the day enjoyable.”

The official opening of Shkagamik-kwe’s new building on Applegrove Street in Sudbury was held June 14, 1999.■

TWELVE PROJECTS FUNDED FOR FIVE YEARS

Twelve projects were recently awarded 5 years of funding under the Strategy's Community Services Program.

In April 1999, the Community Services Program issued a call for proposals in the cities of Ottawa and Toronto, and to unaffiliated groups across the province.

The Specialized Committee (SPC) reviewed 18 innovative project proposals from the target groups and recommended 12 projects for funding. The May 1999 Joint Management Committee (JMC) meeting approved funding until March 31, 2004 of the 12 proposed projects.

In Toronto, where over 75,000 Aboriginal people live, $300,000 per year maximum was allocated to the following services and programs:

Anishnawbe Health Toronto (AHT) will focus on the Traditional Healing component of its services. A Helper to support the Traditional Healers, Elders and Medicine People who are available through the centre will be hired. As well, AHT will design and implement an on-going traditional experiential training program with the Traditional Healers, Elders and Medicine people.

Gabriel Dumont Non-Profit Homes will maintain and enhance its Mino-Yaa-Daa Program. This program provides education, prevention and healing services to those affected by family violence, through circles, ceremonies and workshops in its community.

Native Child and Family Services of Toronto will maintain its wholistic healing service, the Mook'am Program, which focuses on resolving issues related to trauma as a result of sexual abuse, family violence and/or other traumatic experiences.

Native Men's Residence will hire an Addictions Counsellor to provide clients with pre and post care in a community setting. It is anticipated that this new service will result in a reduction in the number of relapses.

Native Women's Resource Centre will hire a Native Women's Advocacy Worker to work on health promotion and the prevention of family violence, using wholistic approaches.

Spirit of the People will hire a Liaison Officer to develop links and networks with prison personnel and Aboriginal inmates, and to enhance the reception program for newly released offenders. As well, they will provide a maintenance program that facilitates connections between current and ex-offenders with Elders and Traditional Healers.

Aboriginal Women's Support Centre will hire an Elder Family Violence Counsellor to provide outreach, counselling and talking circles to Aboriginal, Inuit and Metis women over the age of 50, who are experiencing violence and/or are in a healing process.

Pinganodin Lodge will further develop its relationship with the courts, and develop a sentencing circle. The Lodge will also extend services to homeless Aboriginal men, and develop weekly mixed healing circles for women and men. As well, the Lodge will offer field placements, and training opportunities for post-secondary students in Ottawa.

Tungasuvvingat Inuit will hire a Crisis Intervention Worker to provide emergency crisis services to victims of family violence. It will also continue to develop a wholistic approach to violence awareness and prevention, wellness and healthy living that embraces Inuit cultural identify and traditional values of the family and community.

Elsewhere in Ontario, 3 unaffiliated groups were allocated a total of $150,000 per year and they are:

At^lohsa Native Family Healing Service in London will develop intervention, prevention and educational programs for children who are victims of violence. As well, At^lohsa will conduct workshops and seminars designed to raise awareness of the effects of family violence, provide cultural sensitivity training for male batterers, and develop sentencing alternatives for men who batter.

Equay-Wuk Native Women's Group in Sioux Lookout will coordinate and deliver a Community Wellness Program through activities utilizing the Kush-Kee-Hoh-Win Training Manuals (family violence prevention). As well, they will develop support networks for women and children who are victims of violence and create educational materials that promote the prevention of family violence.

Oonuhseh Niagara Native Homes in St. Catherines will hire a Crisis Intervention Worker to provide culturally sensitive crisis intervention services/assistance. As well, individual and family counselling will be available for Native families in the Niagara region.

The Community Services Program provides funding to support the activities of community-focused groups that are consistent with needs identified in the Aboriginal Family

➔ *(Continued on page 7)*
Healing Strategy and the Aboriginal Health Policy. It also supports initiatives that promote community participation in preventing family violence and promoting health and wellness; partnership building and coordination of existing services, programs and resources within and between communities and/or organizations; and, projects that use funds in a creative, effective and efficient manner for the greatest community benefit.

A call for proposals that is specific to the Metis Nation of Ontario and the Ontario Metis Aboriginal Association is currently underway and we will report on it in our fall edition of the Newsletter.

(Copies of the Aboriginal Family Healing Strategy and the Aboriginal Health Policy are available from the Strategy office. Please call the office at (416) 326-6905 if you wish to receive a copy of either paper.) ■

THE JUSTICE KIT EARNS FAVOURABLE REVIEWS

Positive reviews are greeting the arrival of The Justice Kit, released in May.

The multi-media Justice Kit (Kit), focuses on the existing justice system in Ontario and on the legal implications of family violence. It is being distributed through the Za-Geh-Do-Win Information Clearinghouse to all First Nations, Friendship Centres, and Provincial/Territorial Organizations for primary use by frontline community workers.

The Kit is an enlarged bankers box with two components; The Justice Handbook and Justice Resource Materials.

The Justice Handbook (Handbook) is a three ring binder divided into eight (8) chapters. It provides basic information on issues such as: the justice system (including legal aid); spousal assault; abuse of the elderly; sexual assault; offenses against children; substance abuse; community prevention; restorative justice and traditional healing; and young offenders. In addition, the Handbook explains how some Aboriginal communities and organizations are attempting to make the justice system more responsive to their needs through initiatives, such as, the development and implementation of restorative justice projects, the implementation of diversion programs, and encouraging the sharing of traditional teachings within Aboriginal communities and with the legal profession. The Handbook includes a bibliography and directly references resource materials found in the Kit.

The Justice Kit Resource Information collection of pamphlets, booklets and other materials are organized in magazine file containers that complement the Handbook. Resource materials explore issues such as: sexual abuse disclosure; information for abusers; rape and sexual assault; child abuse; healthy children; and as well, provides insight into healing journeys that some people and communities have undertaken to address these problems/situations. The Nitinaht Chronicles video shot over 7 years documents the struggle of an Aboriginal community to come to terms with sexual abuse, incest and family violence. It includes interviews with community members gathered from a wide-range of sources such as: Mississauga Family Resource Centre; National Film Board of Canada; Ontario Federation of Indian Friendship Centres; Two Spirited People of the First Nations; National Clearinghouse on Family Violence; Health Canada; Dokis First Nation; Ministry of the Attorney General; Community Legal Education Ontario; Addiction Research Foundation; Ontario Native Justice of the Peace Program; and Solicitor General of Canada.

Also found in the Kit is a “consumer” questionnaire that will assist the Clearinghouse and AHWS to assess the value of the Kit and how it might be improved.

The Justice Kit was produced under the direction of the Joint Management Committee’s Justice Sub-Committee. Carol Montagnes, former Executive Director of the Ontario Native Council on Justice prepared the Justice Handbook. The Justice Kit Resource Information and the Kit were produced and distributed by the Za-Geh-Do-Win Information Clearinghouse based at Whitefish Lake First Nation. ■

(PERFORMANCE MEASURES - Continued from page 3)

Looking at “how did we achieve this change”, we might discover that three of the Centres developed new ways to provide information about managing diabetes to their clients (e.g., an interactive inter-net web site) and/or added nutrition counseling on how to use traditional foods and herbs, and exercise activities for older people to the regular clinic programs. More important, over 50% of their clients regularly use at least two of the three programs and report that they are satisfied with the information and activities provided!

The following year, having learned from experience, all six Health Access Centres may have implemented nutrition and exercise programs for seniors and youth and ..... even greater progress could be reported. ■

(REDESIGN OF TRAINING FUND STRATEGY - continued from page 4)

- identify the training outcomes expected by each AHWS partner and potential performance measures to document and evaluate outcomes;
- develop a clearer understanding of and opportunities for culture-based approaches to training, and strategies to balance traditional and external expectations and competencies;
- identify options for managing the Training Fund to achieve optimum skills and knowledge development for AHWS workers; and
- to identify appropriate reporting and accountability mechanisms for the delivery of training.

The final consultant's report and recommendations will be presented to the Joint Management Committee by September 24, 1999. The JMC will consider the recommendations of the report and it is expected to act on the recommendations for implementation by April 1, 2000.

If you require additional information contact: Ed Bennett, Community Liaison, AHWS, at (416) 326-7900.■

CHANGES AT AHWS

Carrie Hayward, Manager of the Aboriginal Healing and Wellness Strategy (AHWS) office for the last 5 years moved to the Ministry of Health in early April 1999. Ms. Hayward actively participated in the developmental years leading to the creation of the AHWS and oversaw the implementation of Phase I.

While the search for a permanent Manager of the AHWS is underway, Michèle Harding has been appointed Acting Manager, effective May 3, 1999. Ms. Harding is seconded from the Ministry of Health, where she was Registrar, Health Boards Secretariat. It is anticipated that a permanent AHWS Manager will be appointed in October, 1999.

A new full time Program Consultant joined the AHWS team in early May, 1999. Martin John, a member of the Bear Clan of the Oneida Nation, Onyota'a:ka First Nation came from the Native Canadian Centre of Toronto where he was Director of the Long-Term Care Program. Mr. John replaces Valerie Galley who is returning to school this fall to complete her post-graduate studies at Trent University, Peterborough.

Additionally, Lucille Roch, Assistant Deputy Minister, Ministry of Community and Social Services (MCSS) has taken another position with the provincial government and leaves her role as Government Co-Chair of the JMC. Ms. Roch served AHWS for the past four and a half years in the JMC forum and as the lead representative within the government. Ms. Roch has been appointed Assistant Deputy Minister with the Ministry of Citizenship, Culture and Recreation responsible for Culture, Sport and Recreation.

Ann Masson, Director, Child Care and Community Services Branch, MCSS assumed responsibilities as the Acting Government Co-Chair, reporting directly to the Deputy Minister, Kevin Costante, as JMC's senior management representative. ■

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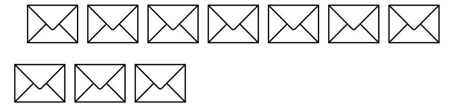

Stories and Tidbits

You are invited to send in stories or tidbits about healing and wellness activities for the newsletter (No announcements please). Send or fax your articles to:

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