



OntarioNNADAP.org

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Matawa's Strategy to Overcome Prescription Drug Abuse



Ontario Regional Addictions Partnership Committee (ORAPC) Logo symbolizes the partnership that exists across the Ontario Region.

Following the noticeable increase in prescription drug abuse in the Matawa Communities in 2000, the Matawa Health and Social Services Task Group developed the strategy. "Back to Our Roots: Chii Kee Way Meno Biimadeseyung" is developed with the recognition that each community will tailor their approach to the prescription drug problem to meet the needs of their community. Matawa held a "Back to

Our Roots Gathering" in Constance Lake First Nation in 2010 in order to share experiences and best practices, learn from people directly affected and to pool thinking and ideas for the strategy. With the information gathered at that meeting the Health Directors met on three additional occasions to further develop the strategy.

A Vision and Mission were developed as well

as a list of guiding principles or "Ingredients for Success". Four key areas are identified in the strategy that require action:

1. L o o n — Niiganiitamegaewin: Governance and Shared Responsibility—addressing the need for the community's leaders to be proactive, be role models and creative in re-sourcing

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2012 Ontario NNADAP Conference

The 2012 Ontario NNADAP Conference was held at the Airlane Hotel and Conference Centre in Thunder Bay. There were 154 people in attendance, 114 NNADAP Community-based and Treatment Centre Workers, 16 Non-NNADAP participants, 15 presenters, 12 display booths with 5 people working them and 3 Conference Staff.

Participants enjoyed a Comedy Hypnosis Show with Scott Ward and were surprised by a special guest appearance by Dakota House.

In addition to the work-

shop training, guest speaker, Dr. Alan Jones gave an engaging presentation on OxyContin Addiction and Treatment.

Workshops offering Continuing Education Units (CEU's) for Addictions Counsellor Certification/ Re-certification were provided in the following areas:

- Frontline and Aftercare Counselling
- Assessments
- HIV/AIDS and Substance Use
- Drama Queens and Drama Kings
- Mental Health First Aid: Adults who interact with youth

- Mental Health: Building Concurrent Capable Programs
- Pre-Treatment Readiness
- Joe's Experience: Underlying Issues to Addictions
- Traditional Medicines and Traditional Healing Methods
- Ethics: Professional Boundaries
- Healing the Roots to Substance Use
- Eagle Staff Teachings: Practical Exercises to use with Clients

The final report will be available in early 2013. An electronic copy can be viewed at OntarioNNADAP.org.

Matawa's Strategy to Overcome Prescription Drug Abuse (Continued)

2. **F i s h** — Kiikiinawhamagaewin: Education, Promotion and Prevention & Harm Reduction—addressing the need for community awareness and education in all areas about the drugs and programs that will lead to healthy lifestyles and promote healthy relationships

3. **W o l f** — Nanagachiichiigaewin: Enforcement, Reducing the Supply and Lateral Impacts—addressing the need to reduce the availability of drugs and reduce the incidents of violence

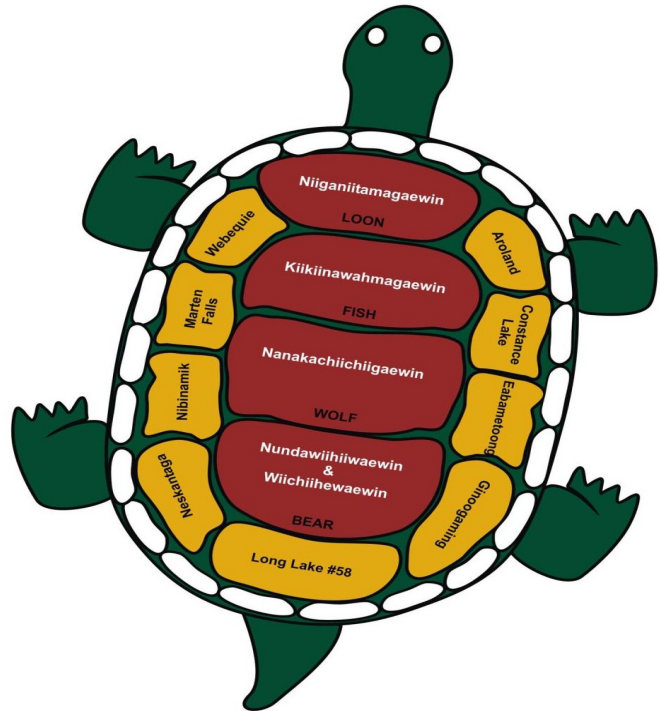
4. **B e a r** — Nundawiihewaywin & Wiichiihewaywin: Client-centered Services and Community Transition and Reintegration—addressing the need for holistic client services that will include

all aspects of the continuum of care ie. referral, intake, assessment, anishinabe cleansing, non-medical and medical detoxification, pre-treatment, treatment, follow-up, aftercare and back to society programs that will include preparation to positive living skills, relapse prevention, working with supports systems, pre-employment training

The strategy list a number of guiding principles and initiatives communities can implement in each of the key areas. For example, under Fish: Education, Health Promotion & Prevention and Harm Reduction the following suggestions are included: Bring in resources that will be easy for everyone to understand, encourage individuals to take responsibility for health and life style issues, offer weekly social building programs for children and youth.

Section 3.0 shares the strategies and approach each Matawa community had developed and used to combat the prescription drug problem.

The strategy stresses the importance of “Building the Cultural Components” such as land based activities and cultural practices to combat prescription drug abuse and provides some examples of how communities can achieve this.



The strategy also recognizes that, due to “the nature, complexity and scale” of the prescription drug abuse problem, it requires a collective response as well as individual First Nation responses. As a result a Regional Planning and Action for Change strategy was put together providing details on how to meet the following focus areas:

1. Adequate Capacity/ Staffing
2. Capital and Equipment Resources
3. Support for Land-based Healing/Therapy Programs
4. Travelling Team of Addictions Specialists
5. Support for Specialized Centres: Eagle's Earth

PDA/M Wellness Centre in Constance Lake and Eabametoong Community Healing & Wellness Centre

6. Research and Development of Client-centered Approach
7. Development of Community-based PDA/M Strategies
8. Community Development Intervention Actions
9. Anishinabe Land-Based Learning Program
10. Regional Patient Advocacy
11. Ongoing Learning-Focus on PDA/M and Wellness

The full strategy can be viewed on our website at OntarioNNADAP.org

**Building
and
Honouring
Our
Partnerships**

**We're on the Web!!!
OntarioNNADAP.org**

What is Good Mental Health?

The Canadian Mental Health Association defines Mental Health as:

“striking a balance in all aspects of your life: social, physical, spiritual, economic and mental. Reaching a balance is a learning process. At times, you may tip the balance too much in one direction and have to find your footing again. Your personal balance will be unique, and your challenge will be to stay mentally healthy by keeping that balance.”

Similarly the Public Health Agency of Canada defines positive mental health as:

“the capacity of each and all of us to feel, think, act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social

justice, interconnections and personal dignity.”

Resilience is our ability to bounce back from adversity, trauma or stress. Some of the ways we can build our resilience and improve our mental health are:

Build a healthy self-esteem by accepting yourself for who you are, both your abilities and your weaknesses.

Build positive family relationships through valuing each members skills and abilities and learning to give and accept support.

Build positive, full-filling friendships with people who you can share life's challenges and celebrate life's joys with.

Learn the difference between your “needs” and your “wants” to help balance spending and avoid stress caused by financial problems.

Get involved in things

that matter to you. It gives us a feeling of purpose and satisfaction.

Learn ways to manage your stress and stay calm.

Learn effective ways to cope with changes that affect you. Find safe and constructive ways that work for you to deal with your emotions. Talking about it with friends or family, support groups or counselling are just some of the ways that could help.

Find a spirituality that works for you and helps you find inner peace.

Studies show that physical activity helps to release endorphins in the brain that make you feel good. It also helps to reduce anxiety, increase mental alertness, and improve our self-image.

Get enough rest, eat right and ensure your body receives the proper vita-

mins and minerals that affect your mental health and mood.

Feed your mind through learning and growing and to starve out boredom. Take on a hobby or learn more about a subject that interests you.

Maintain a positive attitude and remain flexible.

Maintain balance in your life among the four directions of Mental, Emotional, Physical and Spiritual.

Often when we talk about mental health the assumption exists that we are talking about mental illness. However, having **good mental health is not just the absence of a mental illness** just as a mental feeling bad does not mean you are feeling good. Tending to your mental health is just as important as tending to your physical health, spiritual health and emotional health.

Addictions Counsellor Certification in NNADAP

NNADAP Certification Numbers

2010/11

17 Community Based
32 Treatment Centre

2011/12

19 Community Based
37 Treatment Centre

2012/13

18 Community Based
49 Treatment Centre

The Ontario Regional Addictions Partnership Committee has been advocating for wage parity

for Ontario NNADAP Workers. On-reserve addictions workers receive less pay and resources than their off-reserve counterparts. ORAPC encourages all NNADAP Community based and Treatment Centre Workers to apply for Addictions Counsellor Certification through the one of the certification bodies in Canada (FNWACCB, CACCF, CCPC). Increasing the number of certified

NNADAP workers improves NNADAP services across the board and provides more leverage for ORAPC's wage parity advocacy. Other advantages of becoming a certified worker include being eligible for the monetary incentive provided by FNIH for certified NNADAP Workers.

For more information about certification see the OntarioNNADAP.org website.

Find out how you

can become a

Certified

Addictions

Counsellor!

Visit

www.fnwaccb.ca

www.caccf.ca

www.ccpcprofessionals.com

Engaging Youth—An Experience to Learn From

At Walpole Island a successful alcohol and drug harm reduction youth group was designed and delivered for a number of years. The youth group met every other week in the evening and developed social marketing messages for distribution to the community. The programming used the asset based approach.

An Asset Based approach or Building on Strengths approach is an approach to community development that attempts to enhance existing strengths (instead of focussing on problems or needs) to effectively improve the community. It avoids characterizing or labelling youth based on what they lack or what requires fixing.

With this approach we promote the strengths and skills of youth in a more holistic sense and view them as assets in the making and future leaders.

Instead of focussing on fixing a problem in a young person we help to develop their emotional, social, physical, spiritual and educational capacities. Building capacities in our youth helps to build their resiliency to life stressors and provides them the opportunity to continue to make responsible informed decisions. All youth are the target of this approach instead of singling out high-risk youth.

The program relied heavily on accessing existing community resources in and around our community to deliver engaging and appropriate workshops/presentations to the youth.

This program viewed youth as valuable and active players in the approach to drug and alcohol harm reduction. Their input and active participation in the planning,

design and implementation of programs is helpful in their feelings of ownership of and appropriateness of the programming. The youth were asked for their feedback on a number of planning items as the group progressed and were encouraged to make decisions to guide the evolution of the group. For example, youth were asked to come up with a name for the youth group that they were comfortable with.

In order to engage youth in the design and implementation of the social marketing messages their capacity was built through providing training on various topics. Building their capacity equipped youth with the skills, tools and knowledge to participate in meaningful ways. Principles and techniques of adult education were applied and the group was run in a workshop style setting with icebreakers, energizers and small group activities. Youth were given the opportunity to facilitate many of the activities and icebreakers and were constantly encouraged to be vocal and respectfully speak their minds.

The youth were given training in social norms, marketing, social marketing, harm reduction, effective advocacy techniques and drug and alcohol use and misuse. They were exposed to Anishinaabe teachings of the Creation Story, Path of Life teachings, Stages of Life teachings, seven grandfather teachings, clan teachings, men's and women's teachings and traditional medicines teachings.

Youth were engaged in development of different forms of social marketing messages. They participated in open discussion about the

importance of role modelling and how norms are created in society and how each of them play a role in setting the norm in our community.

The program allow space to meet individual youth needs through referrals to community agencies by the Youth Facilitator.

Throughout the sessions youth were exposed to dynamic presentations by different community service

their products to their families and to Chief and Council.

The youth group engaged in fundraising activities to raise money for youth activities such as a Much Music Video Dance and an end of the year trip. They also engaged in volunteer activities such as Earth Day Community Clean-Up. In addition to written social marketing messages, equally and possibly more compelling was the fact that the youth became visual role models in the community and were effective in passing along information they received in the program to their peers.

Attendance and participation at sessions and events was great. Youth were provided a small honorarium for attending sessions which showed them their attendance and input was important and valued. It also helped to reduce the transportation barrier as youth frequently reported needing part of the honorarium to provide gas money for a ride to the sessions. Positive reinforcement was used and youth were provided small prizes for participation throughout the sessions.

It was the experience of the facilitator and shown in the evaluations and feedback that building a trusting relationship between the facilitator and the youth was extremely important to maximize youth participation. Having a youth facilitator that youth can relate to is paramount to providing an effective youth program.

Pre and post evaluations were completed by the youth to assist in the evaluation of the program's effectiveness and to improve the program for the future.

Today's Youth. Tomorrow's Leaders.

agencies speaking on a variety of topics. Presentation included the Drug and Alcohol Prevention Program on opiates, crystal meth and crack cocaine, Centre for Addictions and Mental Health on bi-polar, schizophrenia, depression and anxiety, Walpole Island Women's Shelter on Healthy Relationships, Midewin Lodge Elder and Chief of the Eastern Door Jim Dumont on Anishinaabe Teachings, Midewin Lodge Young Adults Danny Deleary and Valerie Peters on Men's and Women's Teachings, and Walpole Island Heritage Centre on being stewards of our land. Each agency tailored their presentation for the youth.

The youth designed, produced and distributed their social marketing products of posters, pens, road signs and video and radio public service announcements. They made presentations of

Pre-Treatment Readiness @ Dilico Adult Treatment Centre

At the Dilico Adult Treatment Centre (ARTC) workers are interested in improving treatment outcomes and reducing barriers that stand in the way of people attending treatment. Properly preparing your client for treatment assists in both of those goals.

Dilico ARTC requires the ADAT (Admission, Discharge and Assessment Tools) Package to be complete prior to entry into treatment. Dilico recognizes there is difficulty in finding workers to complete this package and offer weekly ADAT Clinics to reduce this barrier.

Dilico ARTC has created a pre-treatment readiness toolkit for referral workers and their clients to use before the client attends treatment at Dilico. In addition to the aforementioned benefits, the pre-treatment readiness toolkit assist referral workers to engage clients while they are waiting to attend residential treatment. Each client is asked to maintain once a week contact with the Dilico ARTC Intake Worker while waiting for a treatment bed.

The toolkit consists of a video called "Maaji Maadaadizion: Beginning a Journey" and a checklist to prepare a client for treatment. The checklist includes five areas of Legal, Financial, Dependents, Personal Needs and Restricted Items.

Checklist

Legal

- Probation/Parole are aware I am going to treatment
- Arrangements have been made for any outstanding charges
- Court dates have been rescheduled for after treatment
- I have a copy of my probation order and conditions
- Legal identification, i.e. health card and status card

Financial

- I have arranged for my bills to be paid
- I have made arrangements with my employer, Ontario Works or Ontario Disability Support
- I have enough money for cigarettes and snacks
- My rent is paid and someone will check on my house for me
- Someone will deposit my cheques for me

Dependents

- Arrangements made for child care and child welfare access visit information
- Arrangements made for elder/parent care
- Arrangements made for pets feed/water/walk
- Arrangements made for

partner

- Arrangements made for visits while in treatment

Personal Needs

- Prescription medication arrangements made with intake worker
- Diabetes management glucometer and test strips
- Personal supply of required toiletries including toothpaste, toothbrush, hair brush/comb, shampoo & conditioner, deodorant and hair styling products (not alcohol based), creams

• Clothing appropriate to weather/season: Outdoor wear for either cool or warm temperatures, pajamas/night wear, bathing suit

- Personal items: slippers and/or indoor shoes, reading or journaling material, cigarettes (or money to buy), IPOD or MP3 Players (to be kept in lock-up and signed out for daytime usage)

- Traditional or Spiritual items: bundles or sacred items, shorts and t-shirts or long skirts to wear during ceremonies including sweat lodge

- Extra clothing and/or financial needs if planning to attend aftercare/recovery home

- Environmental clean-up plan should be made

between referent and client, i.e. remove all drug paraphernalia, empty alcohol bottles, etc.

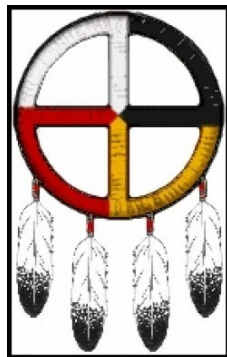
- I am thinking about where I will live post treatment, i.e. home community or recovery home
- My medical needs have been addressed prior to treatment
- My dental needs have been addressed prior to treatment
- I have completed this checklist
- I watched the Dilico ARTC Video and answered the questions
- My ADAT Assessment has been completed

Do Not Bring

- Any personal items containing alcohol including mouthwash and cologne
- Medications not in package or prescribed
- Cellular phones if brought will be locked up and returned upon completion of program
- Any items or materials which may be considered dangerous

The video provides an overview of the communities that clients come from to attend Dilico for residential treatment. It also uses the actual treatment centre staff in the video making clients feel a little more comfortable when they arrive.

The Addictions Services



Pre-Treatment Readiness @ Dilico Adult Treatment Centre (Continued)

Manager, John Dixon talks about the program on camera and explains that Dilico ARTC provides



the best services possible to meet individual client needs. Clients who do not drive to the centre are met by treatment centre staff at the airport or bus terminal. The video shows clients arriving at the centre and informs them their bags will be searched for any restricted items prior to being assigned a room.

The video walks clients through the room assignment process and informs them they will be sharing a room with another client of the same sex. Male and female living arrangements are separate but they can expect to have some group sessions together.

The video explains to clients that the approach to treatment used is called 'Client Centered Care' and uses an in-

depth personal assessment delivered by your Treatment Services Team to design a treatment program that is based on a client's individual needs and builds on client's strengths. Some people have drug issues, alcohol issues, child welfare issues, mental health issues, etc and Dilico is interested in identifying what an individual's needs are and meeting those needs through the program.

The assessment interview will determine a number of things including functional readiness to attend treatment. For example, is the client stable on their medications, are they emotionally ready to attend treatment, are they ready to live for five weeks with a group of strangers, are they physically able and are their health issues stable (ie. diabetes).

The movie shows clients how the Treatment Services Team designs an individual treatment program with clients and that each client will need to sign a contract agreeing to the individual treatment plan and the rules of the treatment centre.

The video talks about the treatment centre's ability to accommodate dietary needs and the option to participate in spiritual activities within the centre or outside the centre. It explains to clients that

outside activities are allowed for certain things but will be supervised by staff. A Relapse Prevention Plan will be developed with clients prior to leaving the treatment centre. For some individuals AA or NA meetings will be part of their evening activities outside of the centre.

Before clients complete the treatment program the staff will assist them to develop an Aftercare Plan.

Another unique approach Dilico ARTC uses is the one week Stabilization period before beginning treatment. Clients use this time to get used to living at the centre, meet the staff and go through any lingering withdrawal symptoms they may have.

Upon arrival at the treatment centre all clients receive a care package that consists of slippers, chap stick, tissues, candy, soup in a cup, gingerale, meditation stones and other items to assist them during their treatment cycle. The program is six weeks total which includes the stabilization week.



Dilico ARTC uses a client centered approach to design a treatment program that is based on a client's individual needs and builds on a client's individual strengths.

NNADAP Best Practices Tree: What's working?

At the 2012 Ontario NNADAP Conference, participants were asked to share what is working in their NNADAP programs. Here is a list of what they shared.

- The answer is in looking at stopping the demand. Why do people want to get high?
- Alcohol/Drug Tx Centres
- All this focus on the supply of drugs is a waste of time. Only 1% of pills on the street come from prescriptions – organized crime. People will just use alcohol.
- Building trust with people
- Be honest
- Help people change mindset from negative speaking to positive speaking
- Having food in sharing circles
- Non-judgemental approach
- Listening to people
- Being respectful
- Bringing clients to believe in something other than self
- Partnerships “Working Together!”
- Our own Detox program (Treatment Centre)
- Helping clients within the community (aftercare)
- Sharing your story helps others
- Teamwork – band programs working together to combat prescription drug abuse. Linkage to OPP, NNADAP, BHC, rez-services, ed dept,

- CHN, policy, CHR
- Resiliency
- Informal Counselling
- Resources – Workshops, networking with other addictions workers
- Not Giving up!
- Empathy



- Love
- Warm/friendly approach
- Food
- Belief
- Lunch N Learn
- Non Authoritative
- Consideration
- Activities
- Caring
- Honesty
- A ride
- Calm
- Fun
- Life Skills
- Supportive
- Laughter
- Trust
- Care Groups
- Relating
- Sympathize
- Personable
- Non-Judgemental
- My community is working seeing the clients
- Counselling
- Referrals
- After Care plan for clients

- The negative aspect that continues a point of concern is reaching the hardest segment of the population 19-35 year age group
- A request for the women's 8 week program has it scheduled to begin on the beginning of Nov to be followed once again by the successful 8 week man's program for a retry
- The fact the program under sourced financially and people continues to exist is a major accomplishment
- High school weekly lunch program now includes all Indigenous students attending the facility and non-indigenous students who which to attend. It continues without NNADAP presence when necessary.
- Elders Lunch and Dinner and a Movie offered once a month continues to involve the same elders and an increased attendance of community helpers and others on occasion
- The connection made with the older children and wasauksing [illegible] remains strong and the opportunity is still available for “heart to heart” sessions in a non-threatening environment. It is a true example of getting to the heart of the matter.
- Interagency Communication – health, band, school, child welfare, etc.
- Education
- I am!!
- Self-Help Groups
- Networking, Partnerships, Team work
- Aftercare Programming
- 12 Week Addictions Group and Anger Management
- Teamwork
- Art Therapy
- AA & NA Meetings
- Google – Youtube Krocodile! That's what happens when you focus on supply reduction and not why people get high!
- Collaboration
- Home Visits & Consistency in Contact – Strength focused, culture, wholistic
- A.A/N.A. Mtgs
- Home-visits
- Radio Shows
- Workshops
- Counselling sessions
- Role Modelling
- Parenting Programs includes A & D issues weekly
- Activities re: A & D workshops, etc.
- Mom's/Dad's & Babes
- Mother's Day Walks
- Parenting 'Triple P Programs'
- Bazaars
- Cooking
- Family Picnic
- Movies
- Guest Speakers
- Father's Day Walks
- Drug Strategy
- Care Group
- Baking
- Elder's Group
- Swimming
- Christmas Party

NNADAP Best Practices Tree:

What's working? (Continued)

- . Child Welfare
- . Mother's Day Walks
- . Food Box Program
- . Outings
- . Dances
- . Race Against Drugs
- . Halloween Party
- . Kids Arts & Crafts
- . COHI
- . Family Day
- . Immunization Clinic
- . Diabetes Clinic
- . Computers
- . March Break Activities
- . Pre-Natal Programs
- . Day Camp
- . Networking Amongst Staff
- . Partnerships and Extra Funds for Programs
- . Outreach
- . Secondary Student Survival Workshop on how to cope with leaving to go to school
- . Community Awareness
- . Expressive Art Program creating with watercolour, acrylics, collage and mask making
- . Father and Son Workshop
- . Maintain Contact
- . Education
- . Deliver Programs with Diff Department ie OW
- . Harm Reduction
- . Prevention Bingo's
- . Drug Prevention, Smoking Prevention and Alcohol Prevention Grades 4 – 7
- . Educating the Youth!!
- . Prevention with the youth
- . Youth Arts (music/crafts)
- . Traditional Activities – Hunting, Traditional meals – moose, deer, fish and ducks, fishing, snow shoe making, tiki-nagan making
- . Traditional Teachings
- . Culture and Youth
- . Red Path Addictions Program
- . Sharing and Healing Circles in the school Gr #4 to Gr #8
- . Attending Ceremonies
- . Culture
- . Wholistic Healing (All programs buy in)
- . Culture
- . Culture
- . Traditional Teaching
- . Girls Hand Drumming
- . Boys Drum Group (Grandfather Drum)
- . White Bison
- . 12 Steps and Medicine Wheel
- . Native Based 12 Step Meetings
- . Open cultural programs and practices – smudge/prayer, sweats/feasting
- . Culture
- . Sweatlodges
- . Culture
- . Red Path Addictions Program
- . Aftercare Sharing Circle
- . Land-Based Activities
- . Feasts
- . Healing Strategy
- . Sharing Circle
- . Drums
- . Pow wow
- . Bringing Back Culture into the Program
- . Hunter Safety Course
- . Archery Program (all ages)

Gchi-Miigwech to all the NNADAP Workers who participated in the exercise. This will assist NNADAP to improve individual programs.

ORAPC

The Ontario Regional Addictions Partnership Committee (ORAPC) facilitates communication for the implementation of the NNADAP review. The ORAPC examines the recommendations and provides input on regional and national initiatives, when requested, in the area of addiction programs and services. The ORAPC provides advice, guidance and recommendations to leadership through the Chiefs of Ontario office and the First Nations & Inuit Health Branch on issues of addictions and holistic approaches to healing.

Members

Chair

Treatment Centre Rep
Rolanda Manitowabi

Treatment Centre Rep
Wanda Smith

NAN Rep
Francine Pellerin

NAN Rep
Leo Metatawabin

AIAI Rep
Lisa Jackson

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John Mattson

Treat #3 Rep
Vacant

Six Nations Rep
Penny Hill

IFN South Rep
Patricia Sword

IFN North Rep
Barb Kejick

Transfer Payment Rep
Yvonne Wright

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For complete contact information for each ORAPC Representative please see the OntarioNNADAP.org website. You can also view recent meeting minutes and terms of reference.