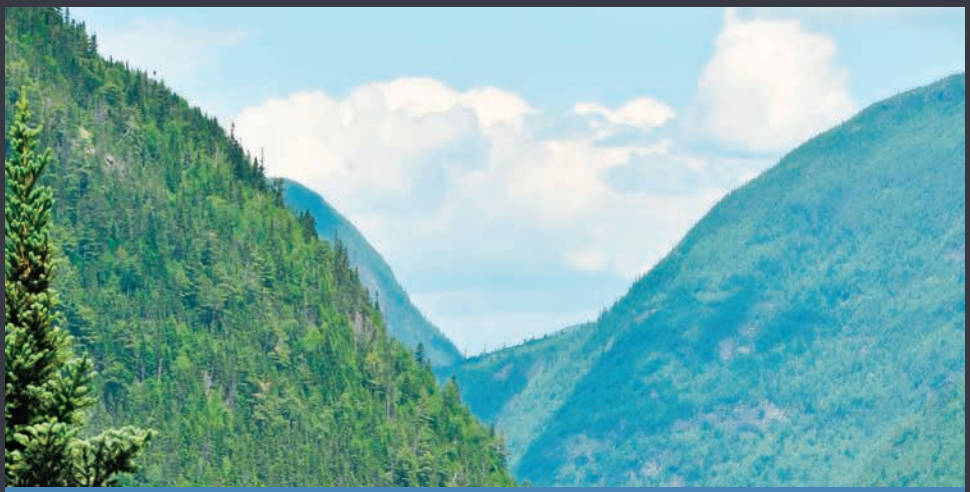


FIRST NATIONS IN QUEBEC HEALTH AND SOCIAL SERVICES GOVERNANCE PROJECT

SUMMARY REPORT
REGIONAL MEETING
OCTOBER 20 AND 21, 2015

Report produced by the First Nations of Quebec and Labrador Health and Social Services Commission

FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION

FIRST NATIONS IN QUEBEC HEALTH AND SOCIAL SERVICES GOVERNANCE PROJECT

SUMMARY REPORT
REGIONAL MEETING
OCTOBER 20 AND 21, 2015

Report produced by the First Nations of Quebec and Labrador
Health and Social Services Commission

Writing
Patrice Lacasse, FNQLHSSC
Jean-Denis Gill, FNQLHSSC
Émilie Grantham, FNQLHSSC

Collaboration
Marjolaine Siouï, FNQLHSSC

Managing editor
The First Nations of Quebec and Labrador
Health and Social Services Commission (FNQLHSSC)

Translation
Kathleen Keller

Revision
Chantale Picard, FNQLHSSC

Graphic design
Patricia Carignan

This document is also available in French and can be downloaded from the FNQLHSSC's website which is located at www.cssspnql.com.

Photo credit: shutterstock.com

ISBN: 978-1-926528-80-9
Legal deposit – 2016
Bibliothèque et Archives nationales du Québec / Library and Archives Canada

TABLE OF CONTENTS

OCTOBER 20, 2015

OCTOBER 21, 2015

"... And you came to work for your people. That's all why we are on the earth for. So that our people can be strong. So our children will be healthy. So our children won't suffer. So our children can know who they are. This is our responsibility has human beings."

Charlie Patton, Kahnawake elder

OCTOBER 20, 2015

1
WELCOMING OF PARTICIPANTS

Harold Tarbell, facilitator of the meeting, welcomed participants.

2
OPENING PRAYER

Charlie Patton, Kahnawake elder, offered the opening prayer.

3
WELCOMING ADDRESS FROM THE CHIEF OF THE AFNQL

Ghislain Picard, Chief of the Assembly of First Nations Quebec-Labrador (AFNQL), thanked Mr. Patton for the prayer he offered.

Mr. Picard reminded participants that this governance project originates from the process begun in 2007, where communities created a 10-year plan *(2007-2017 Quebec First Nations Health and Social Services Blueprint)*. One of the major elements of this plan is to implement appropriate institutions for First Nations.

Mr. Picard called to mind the results of the federal election of October 19. These results represent a hope for First Nations. This is an opportunity to share responsibilities and to rebuild confidence in the federal government. However, the election of this new government does not change the challenge that First Nations face. A major step will be reached in the coming months. A balance must be found between the authorities that First Nations will hold at the regional and local levels.

Mr. Picard thanked the provincial and federal partners of the project. He also thanked the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC), the FNQLHSSC Board of Directors members and Chief McKenzie for their work. He said that he hoped they will have convincing results for the remainder of the project.

4
WELCOMING ADDRESS FROM CHIEF SALOMÉE MCKENZIE

Chief McKenzie thanked Mr. Patton for the prayer, Mr. Picard for encouragement to continue the project and all the health and social services directors as well as the general directors who made the effort to attend. Chief McKenzie recognized that it is the directors who have the expertise and that they are the ones who know the needs and challenges of each community. She emphasized that all were present for First Nations members in order to provide them with a better quality of life.

5
WELCOMING ADDRESS FROM MICHEL PAUL, PRESIDENT OF THE FNQLHSSC BOARD OF DIRECTORS

Mr. Paul invited participants to continue the collective reflection for governance by and for First Nations and for their well-being. This project will enable First Nations to exercise their sovereignty, their leadership and take responsibility for their future. A change must occur so that services meet the needs of First Nations and their values. Mr. Paul said that this meeting is an opportunity to present different models and solicits the participation of all so that everyone may benefit from each other's expertise.

6
CONTEXT

Patrice Lacasse, FNQLHSSC governance counsellor, thanked the general directors and health and social services directors for being present at the meeting. It is important to bring all stakeholders together and build the framework model collectively. Mr. Lacasse also thanked the representatives of other organizations for being present: Quebec Native Women, the *Regroupement des centres d'amitié autochtones du Québec*, treatment centres and members of the committees formed under the project. Mr. Lacasse emphasized the support of the management committee and communications team of the FNQLHSSC. He informed participants that Jean-Denis Gill had joined the project.

Mr. Lacasse said that the development of a new governance model aims to change existing relationships. He invited participants to stay focused on the purpose of the project, which is the well-being of the population. Mr. Lacasse mentioned the possibility of obtaining new funding to continue the project after March 2016.

The objectives of the meeting were to understand the concept of effective governance, gather the opinions of directors on the proposed framework model, understand the functions of Health Canada's First Nations and Inuit Health Branch (FNIHB), Health Canada and Indigenous and Northern Affairs Canada (INAC), as well as obtain the vision of directors about local and collective power.

The ultimate purpose of the proposed health and social services governance project is the well-being of First Nations, while the objectives are to improve access to services and increase decision-making capacity. Early in the project, it was agreed that the status quo is no longer an option. It is time for First Nations to be at the heart of decisions and for them to have control over their resources.

Mr. Lacasse presented the structure of the governance project and its different phases. He explained that the phases will not be implemented one after the other, but that phases will overlap throughout the consultation process. Mr. Lacasse explained that various studies have been prepared by external suppliers and the results of the research are available in print or on the website of the project. He also recalled the various meetings that have been held so far and that helped move the project forward. These meetings have allowed information to be gathered on the issues and barriers faced by managers. A summary of these issues is available for consultation. The meetings were also used to create a list of criteria that can be interpreted as targets for a new governance model. The next steps of the project will be to define the components of the framework model and to begin negotiations with the federal and provincial governments.

7
WORKSHOP ON THE CURRENT MODE OF LOCAL GOVERNANCE

A first workshop was offered to participants. It consisted of visually representing the current mode of governance at the local level. For this exercise, participants were divided into six groups (four French groups and two English groups).

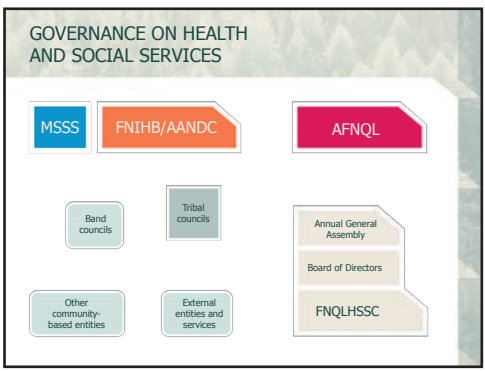
To visually represent the current mode of governance, labels for each of the major internal and external partners to communities were handed to participants, as well as arrows representing different forms of interaction between these partners (funding, accountability, authority and influence).

The objectives of the workshop were:

1. To allow participants to schematize the current mode of governance at the local level. Participants could reflect on the differences and similarities in governance between communities;
2. To assimilate the concepts that were to be used for the rest of the meeting.

7.1
WORKSHOP RESULTS

For each concept (funding, accountability, authority and influence), the exchange in groups and the graphical representations of patterns that they created yielded predominantly common elements, but also many differences. The time allotted for the workshop did not allow all groups to apply the concepts in depth to their local governance models. Moreover, the representation of interactions could come from either the actual functioning of a community or also from the perception of stakeholders on the functioning of their community.



7.1.1
Funding

Most groups had the funding received from outside of the community go through the band council and then to the health centre. However, some groups indicated that funding was granted directly to the health centre without necessarily going through the band council. Tribal councils receive federal funding (mainly INAC). Most teams reported that provincial funding received was minimal or non-existent compared to the funding received from the federal government.

7.1.2
Accountability

In general, the groups indicated that accountability was associated with financing (they are accountable to donors regarding what they do with funds). Band councils are accountable to their people (election) and the Government of Canada (donor). Health centres find themselves accountable to band councils (authority and funding), to their population, but also to the Canadian and Quebec governments (laws and funding). It was recognized that tribal councils are accountable to band councils, while some indicated that they are also accountable to the population (election). Representations of current modes indicated accountability of the FNQLHSSC to the AFNQL, while the latter is accountable to band councils. Some teams identified an accountability of band councils and health centres to the FNQLHSSC because of the financing that the FNQLHSSC can provide to communities. Interestingly, no group identified the governments of Canada and Quebec as being accountable to First Nations (whether individuals, band councils or health centres).

7.1.3
Authority

Groups generally recognized that individuals and families in communities had authority over the band councils. They also identified a form of authority exercised by the governments of Canada and Quebec over band councils and tribal councils. Authority is exercised through legislation or funding provided to communities. As for inside the communities, the vast majority of participants positioned band councils as having authority over health centres. The exceptions to this pattern were in communities where health is managed by an organization that is independent from the band council. Some of the groups identified authority being exercised by the band councils over the AFNQL and the FNQLHSSC. Others recognized the authority of health centres over the FNQLHSSC.

7.1.4
Influence

The groups identified a relationship of influence on the part of the AFNQL towards the governments of Canada and Quebec. Some groups specified that it was a place where the elected could interact with the elected. Individuals and families influence the band councils. For some groups, this influence is necessary for the credibility of band councils. The majority of the group identified links of mutual influence between band councils and health centres. Band councils also influence the AFNQL. Some groups reported that band councils have an influence on individuals and families in their community, on their tribal council and on the Government of Canada directly. For other groups, they saw the FNQLHSSC as influencing health centres, band councils and the AFNQL. Others added an influential link on the part of health centres towards the FNQLHSSC.

7.2
WORKSHOP REVIEW

A few teams were asked to provide a brief review of the workshop. The exercise seemed to allow stakeholders to integrate components of the current local and regional mode of governance. The workshop highlighted the differences and particularities specific to each community, while identifying common elements among them as well. It also underlined the variations in the internal and external operating modes specific to a community or a nation. For example, a nation that has a tribal council changes some elements in the dynamics surrounding social services that are not found in communities without a tribal council.

8
THE CONCEPT OF EFFECTIVE GOVERNANCE

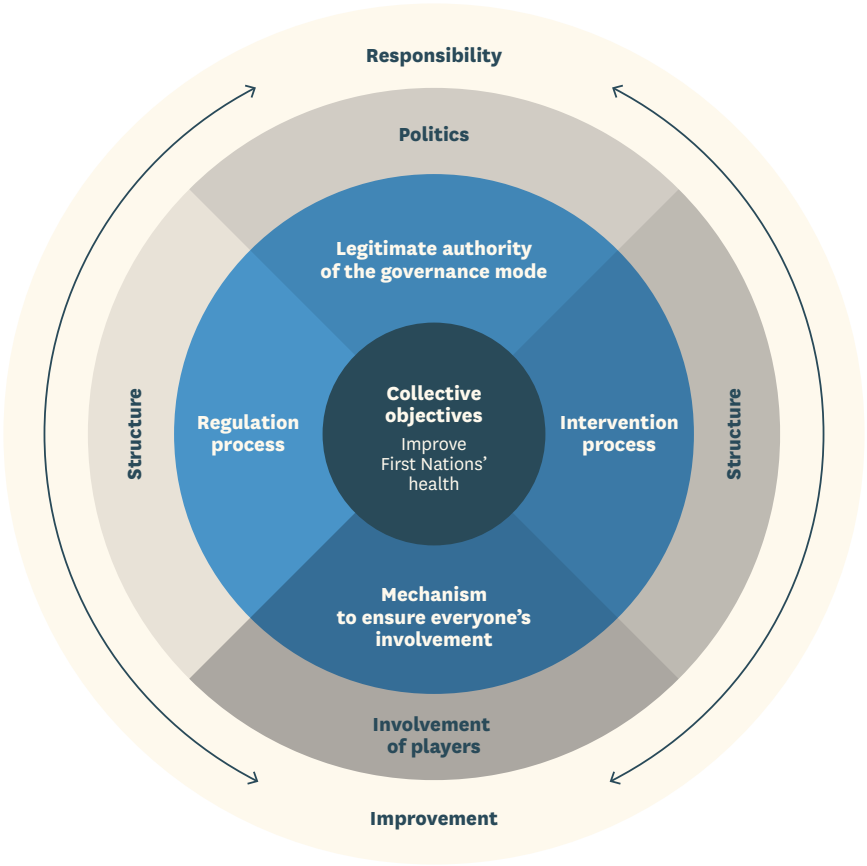
Georges-Auguste Legault, associate professor at the University of Sherbrooke, introduced participants to the concept of effective governance. He began with the distinction between the concept of government, which is a vertical, hierarchical model, and the concept of governance, which is seen within the project as a horizontal model for collective well-being. Mr. Legault returned to the definition of governance adopted as part of the project. It is an adaptation of the one used by the National Centre for First Nations Governance:

> "The traditions (norms, values, culture, language) and institutions (formal structures, organizations, practices) that a community or nation uses to make decisions and accomplish its goals. At the heart of the concept of government is the creation of effective, accountable and legitimate systems and processes where citizens can articulate their interests, exercise their rights and responsibilities and reconcile their differences."

Mr. Legault then invited participants to distinguish between "good governance," which is an accounting approach based on careful accountability and "effective governance," which is based on collective learning that aims to report on the achievement of objectives, namely the well-being of First Nations within this project.

A mapping of the concept of effective governance was created and presented to participants.

SCHEMATIC REPRESENTATION OF EFFECTIVE GOVERNANCE



Mr. Legault explained each of the dimensions of the effective governance model. The political dimension is based on the agreement between the different First Nations and non-First Nations political bodies. It is the political authorities who have the power to recognize and develop the institutions and methods of a governance model developed by First Nations. It is through this acceptance and recognition that legitimacy will be given to the model.

The structure's dimension is related to the regulation process, meaning the mechanisms in place for setting standards, policies, programs and accounting regulations. The intervention process aims for the delivery of services in communities. The involvement of stakeholders is a dimension that must be provided so that the governance model can be effective. It is therefore essential to determine an active structure for all social stakeholders involved.

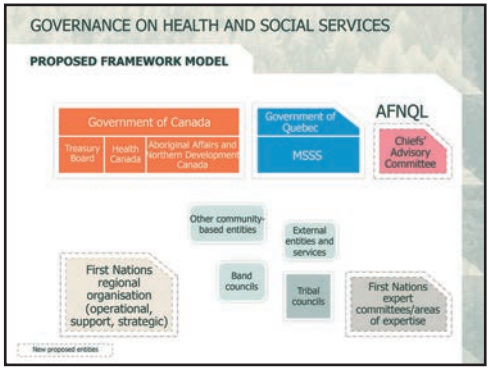
Mr. Legault came back to the issues mentioned earlier by Mr. Lacasse when he presented the context. He showed how each of these barriers can be linked to one aspect of the concept of effective governance. Mr. Legault concluded his presentation with questions regarding the three dimensions of the model, questions that First Nations will have to answer in the development of the new health and social services governance model.

9
REPRESENTATIONS OF CURRENT MODEL AND PROPOSED FRAMEWORK MODEL OF TAKE-OVER

Mr. Lacasse explained the workshop that would follow the presentation of the proposed framework model to participants. In order to appreciate it, ten criteria were taken from the concerns expressed by the health and social services directors since the beginning of the consultation process:

- Solidarity;
- Culture;
- Autonomy of communities;
- Influence at the federal and provincial levels;
- Strategies, policies and programs;
- The involvement of individuals and families;
- Jurisdictional conflicts;
- Control over resources;
- The capacity of human resources;
- Accountability.

Marjolaine Siouï, Executive Director of the FNQLHSSC, presented a diagram of the current mode of governance in the communities. In addition to the stakeholder entities, Mrs. Siouï presented the funding, authority, accountability and influence relationships between these bodies. She then presented the proposed framework model for health and social services governance. She reminded participants that this framework model was built based on all the



information gathered since the beginning of the project. The framework model suggests a change in the relationships with the federal and provincial governments. She reiterated that this model is scalable and that it can adapt to the needs of communities. The framework model should also be seen as a baseline which will be detailed in the second phase of the project (after March 2016) using a consultative process involving all First Nations.

10
ASSESSMENT WORKSHOP OF THE PROPOSED FRAMEWORK MODEL OF TAKE-OVER

The second workshop consisted of assessing the proposed framework model. The objective of this workshop was also to get participants to react to the framework model of take-over with the concerns expressed since the beginning of the project (i.e. the ten criteria mentioned by Mr. Lacasse).

10.1
WORKSHOP RESULTS

10.1.1
Solidarity

Does the health and social services framework model help improve support, assistance, learning and sharing of knowledge?

The framework model seems adequate and brings simplicity to the process of developing a new mode of governance. Many emphasized the specific character of each community. Indeed, communities set their own priorities according to their needs. That said, the sharing of resources should be done in a search for balance between equity and the specific needs of communities.

A horizontal governance structure supports and promotes solidarity.

Some questions were raised about stakeholder involvement: How can solidarity be shown with the population? How would it be demonstrated? The population must be informed in order to express the observed needs.

A regional organization could facilitate collaboration and networking between communities. This entity could also facilitate groupings to share resources and services. Some shared their desire for a lighter structure to ensure greater access to financial resources for band councils. Some expressed their wish for the verification of what it would mean to have a decentralized work force.

It was mentioned that the ultimate goal should always be kept in mind. The project's aim is to improve the well-being of the population and it must be the focus of attention.

10.1.2
Culture

Does the health and social services framework model help develop programs and services that integrate our conception of well-being?

In order to incorporate First Nations cultures, it is essential that communities have the power to create and develop their own programs. With this condition in place, it will be possible to see a stronger presence of the culture specific to the various nations. That is why culture seems to be perceived primarily as a local responsibility, and then by nation.

In addition to programs, interventions must also be determined by culture, traditions and wellness perspectives.

For some, culture is implicit in the framework model, considering that having control on the design and administration of programs, culture will necessarily be part of strategies and services.

The involvement of all stakeholders of the population makes sense when people are called upon not only to ensure a link between the services offered and the needs and decisions, but also to ensure a place for differing cultures.

Questions remain about the ability to influence Quebec in order to include awareness-raising measures to support access to services. In addition, an effort could be made in regard to education of health professionals and other workers to ensure a minimum of cultural competence. These measures would better serve the population, would promote retention and would significantly increase access to services in Quebec.

10.1.3
Autonomy

Does the health and social services framework model allow an improvement in terms of self-determination for communities?

In general, the framework model fits well with the principle of self-determination of communities. It enables First Nations to develop strategies, approaches, programs and services, both locally and regionally.

That said, it was mentioned that the coordination between communities and a regional entity will be crucial to ensure a sense of empowerment to communities. It will be important to greatly consider this coordination relationship when the time comes to clarify the framework model. Another element to consider: the degree of autonomy will be conditioned by the relationship between the regional entity, the AFNQL and the federal and provincial governments. These relationships will determine the duties and responsibilities that will be delegated to First Nations.

It is also important to see how the relationship with the province evolves. The Quebec health system is unavoidable and we must seize this opportunity to evolve in order to mobilize and influence the Quebec government.

Several participants reiterated that the regional entity should be seen as a tool for communities. It is a mechanism to collectively perform functions that otherwise would not be possible. This regional entity, that will be set up and controlled by First Nations, should ensure that the needs of people are met and should not shirk its commitments. Another principle evoked was the respect for autonomy, which includes respecting the rhythm of communities. Indeed, every community has its own way of looking at situations and its own approaches and decision-making processes.

10.1.4 Influence

Does the health and social services framework model allow improved ability to influence governments?

One of the issues raised was the relationship with the Quebec government. Participants stressed the importance of being a key player in improving relationships and the ability to influence. The main idea is to act upstream of legislative changes and to ensure a strategic position to establish nation-to-nation relationships. Thus, we can avoid the negative effects of legislative changes, or at least mitigate them. This is a way to be at the heart of decisions.

One of the concerns expressed touched on the different interferences that could put into question the fairness and integrity mechanisms of the regional entity. Another point that must be clarified is making sure that the framework model does not overshadow the relationships between some communities and governments. In light of this concern, it should be stressed that in any case, the proposed health and social services governance project does not aim to limit the influence and areas of negotiation between communities and governments. Rather, these areas of influence will be multiplied and will be more efficient as it will be possible to put them to use individually and collectively, at all levels.

10.1.5 Strategies, policies, and programs

Does the health and social services framework model foster being at heart of decisions in order to develop strategies, policies, regulations and programs?

The ability to develop its own programs and decide what will be implemented for its people seems to be an indispensable aspect in the improvement of the population's well-being. The importance of collective access to specialists to support the development of strategies and programs is also a value that participants shared.

Others pointed out that there is an opportunity to establish a legal structure (regional entity) that can develop generic standards and programs for all communities. Communities can in turn develop specific strategies and programs to their reality and needs.

Another element that was raised was in regard to possible consultation. First Nations blame governments for implementing programs that are too often dispersed, which makes the development of an integrated project difficult.

In short, First Nations will be able to enjoy the same resources, functions and responsibilities as the FNIHB and INAC. However, they will develop the strategies, approaches, programs and services as they see fit.

10.1.6
The involvement of individuals and families

Does the health and social services framework model allow the inclusion and involvement of each and every one?

The framework model as diagrammed must include this dimension. Stakeholder involvement must be more explicit. To do so, it is essential to add a dimension concerning accountability and influence of the population on strategies and programs.

To ensure the involvement of each and every one, the role and power of each stakeholder must be specified. To do this, it was suggested that formal structures be proposed where different stakeholders will be able to intervene. Structures should allow stakeholders to understand their role and what is expected of them as clearly as possible. In this way, everyone can be involved.

Locally, this is relatively easy to apply. However, regionally, questions remain as to the involvement of stakeholders: Who are they? How can they interact? How can they be called upon?

10.1.7
Jurisdictional conflicts

Does the health and social services framework model allow the creation of more formal conflict resolution mechanisms?

Jurisdictional conflicts are an important issue. Many seemed determined to resolve this matter. The resolution of this issue is not simple and requires much reflection and discussion. Some suggested the need to revisit the Indian Act and other legislation.

However, is this project an opportunity to situate ourselves in a more interesting position to influence the Quebec government? Will this be conditional to resources that First Nations will control? Will this be conditioned by the mechanism implemented and its legitimacy?

Another element to consider is the mandate of the regional entity and its relationship with the AFNQL. Like the AFNQL, will its format, role and powers delegated by First Nations affect its political influence with the federal and provincial governments?

10.1.8
Control over resources

Does the health and social services framework model allow a mode of allocation of resources that is fairer and closer to First Nations realities?

Community involvement is mentioned because it is necessary to ensure that collective decisions can be implemented. A formula for allocating resources developed by communities should be respected to ensure proper operation. Solidarity is essential in ensuring that the system functions.

Some see an opportunity to improve the allocation process. We must therefore observe approaches in order to then identify improvements. Everything must be done by ensuring the implementation of quality control mechanisms.

Another aspect to consider is communities that are having difficulty managing resources. How do we support them? What planning approach could we put forward in terms of human resources and operations?

Other issues were raised. Is it possible to collectively make economies of scale? Can we do more? Will there be additional resources?

10.1.9
Capacity of human resources

Does the health and social services framework model allow the improvement of services quality?

Many participants expressed that a human resources development plan is necessary. The ability of individuals has important impacts on development programs and often becomes a success factor. In addition, it is difficult to conciliate funding, the presence of adequate human resources and timely results by the programs.

Despite the need to have a human resource development plan at the regional level, adaptation and operationalization must be done locally. The needs vary from community to community, which requires specific take-over per community.

10.1.10
Accountability

Does the health and social services framework model help put an end to undue reporting in order to make the process more streamlined and useful?

Participants believe that the framework model seems adequate. It will be important to come up with a good definition of indicators to determine whether the objectives are being achieved or not. It is crucial that accountability serves First Nations above all.

Some groups wish to have more information on the authorities that First Nations will be accountable to under this model. Will a Board of Directors consisting of the communities head the new regional organization? It was asked that a clarification be made concerning the relationship between the AFNQL and band councils in this model.

11
REVIEW OF WORKSHOP

The facilitator of a sub-group presented the main results from its discussions:

- The framework model reflects the interest of communities. The model will be clarified later in the project, detailing for example the various committees that will be put in place.
- The issue of expertise was raised. It is not realistic to have all the necessary expertise in each community.
- The question of professional associations was also discussed.
- Group members questioned jurisdictional conflicts. Will it really be possible to do better than now?
- Solidarity between communities is a major element in the success of the model. Not all communities are at the same level of development.
- It is mentioned again that the ultimate goal should always be kept in mind. The project's aim is to improve the well-being of the population and it must be the focus of attention.

Several questions were asked by participants about the proposed framework model. These questions addressed in particular the understanding and approval of the project and its purpose by band councils, the staff turnover in band councils, and the future of the FNQLHSSC.

OCTOBER 21, 2015

12
PRESENTATION OF THE HEALTH CANADA'S FNIHB

Valerie Gideon, Assistant Deputy Minister, FNIHB, outlined that the purpose of the presentation was to answer the questions raised at the presentation in July 2015[1]. The second presentation thus accordingly addressed national and regional duties and responsibilities, the role of the province, the program development process, Non-Insured Health Benefits (NIHB), the allocation of funds and new models of governance.

Mrs. Gideon noted the responsibility of Health Canada regarding the health of First Nations. However, this responsibility is not described precisely; there is no clear definition.

She explained that an accountability framework was produced in 2012 and it is being reviewed, but the 2012 version is available. In recent years, changes in national and regional functions took place which resulted in more power now belonging to regional offices. These changes include accelerating the granting of funding to communities. A reduction of 40% of the workforce took place at the FNIHB national office. However, the control of resources in regard to the NIHB Program has been kept at the national office.

The regional office, located in Montréal, has 132 full-time employees. As for the national office in Ottawa, there are around 1,800 employees. At the national office, nearly 50% of employees provide services directly in the communities (nurses or other professionals).

Valerie Gideon talked about the role of the province. She explained that there are significant differences between individual provinces. Some provinces are more inclusive, such as Quebec, while others such as Manitoba and Saskatchewan, exclude First Nations from certain programs. She pointed out that in Quebec, regardless of their place of residence, all individuals are covered by provincial health insurance, hospital insurance and the Physical Health Act. A Canada-wide working group on Indigenous health has been formed. The Premier of Quebec supports this. However, currently there is no regular forum between Quebec and the regional and national FNIHB in order to have frequent exchanges on the topic of First Nations' health.

[1] Valerie Gideon made a presentation at the FNQLHSSC pre-AGA in July 2015. This presentation addressed, among other things, the functions of the FNIHB at the regional and national levels. A summary of this presentation can be found in the summary report of that meeting.

In terms of the program development process, it was not clear for many years. There were discussions with First Nations, but funding was predetermined. A new procedure has been set up where First Nations are included throughout the process. However, it has not been implemented since its establishment.

Valerie Gideon addressed the issue of NIHB. This program has a fixed budget and is mostly controlled by the national office. The maximum increase of the budget is 5% per year. This is a budget involving great risk management. The cost of drugs is the element that has the greatest impact on the costs of this program. There is currently a committee working on the revision of benefits in terms of mental health.

The total budget for the FNIHB in the Quebec region is nearly $145 million for the 2015-2016 fiscal year. Of this amount, 89% of funds are allocated to communities through grants and contribution agreements. The operating and maintenance budget (5% of the budget) also includes laboratory tests and other services directly offered to communities. The last portion of funds (5%) is related to employee salaries for FNIHB-Quebec.

Few funds are left unspent by FNIHB-Quebec each year. The unused funds are mainly due to overestimated nursing costs earlier in the year.

With respect to transfers between the federal and provincial governments in terms of health, Valerie Gideon explained that First Nations are included in the calculation of the transfer, but no definition of what should be available to First Nations in the provinces exists. Also, the financing calculations of FNIHB-Quebec were developed prior to the McIvor decision. There was no additional funding attributed, except for the NIHB Program.

Valerie Gideon concluded her presentation by addressing new models of governance for First Nations. She reported various items for reflection in terms of the governance model to be chosen: authority, control of financial resources, accountability, change management and economies of scale. She expressed that it would be preferable for the new governance model to include the province, in other words that it be a tripartite model.

13 PRESENTATION OF INAC

Three people from the INAC regional office came to introduce the social development programs of their ministry: Luc Dumont, Regional Director of INAC-Quebec, Suzie Nepton, Education and Social Development Programs and Partnerships Director, and. Marie-Josée Cayer, Social Development Manager. The aim of the presentation was to provide participants with a common understanding of the management of social services programs for INAC.

Mr. Dumont explained that 115 employees work for the INAC regional office and that the budget of the Quebec office is of $450 million (for all of their functions and not just for social development). Much of these funds are returned to communities in the form of contribution agreements.

Mr. Dumont provided a brief overview of federal governance. The government's priorities are first announced in the Speech from the Throne where a specific mandate is given to the ministries. These priorities are then translated in the federal budget and the main estimates. In terms of the management cycle, Mr. Dumont explained that the envelopes of contribution agreements are prepared in the month of December, that the signatures are made in February and that payments are deposited in the accounts of band councils on April 1.

Mrs. Cayer presented four social programs run by INAC. The *First Nations Child and Family Services Program* aims to improve the safety and well-being of children and families living on reserve. It aims at the development of services adapted to the realities and cultures of First Nations. The annual budget for this program is approximately $60 million. The vast majority of communities have implemented this improved approach that focuses on prevention. Half of the communities have taken over the services offered by the youth centres and thus the funding is granted directly to band councils. For other communities, INAC grants funds to youth centres. This program requires three counsellors for support to communities and a program officer for holding statistics and more technical tasks related to the administration of the program.

The *Assisted Living Program* aims to ensure accessibility to home care, group homes, foster families and institutions for people so that they can maintain their independence as long as possible. Mrs. Cayer explained that in the case of a great loss of autonomy, the province is expected to play a role. This program has an annual budget of around $13 million and an employee of INAC is assigned to it. Mrs. Cayer spoke about the

Disabilities Initiative, which finances projects aimed to improve the coordination and accessibility of programs and services for persons with disabilities on reserves. Funding for this initiative is managed by INAC national office.

The *Family Violence Prevention Program* aims to increase the safety of reserve residents. This program has two components: the funding of prevention projects totalling a budget of $1 million and the financing of six women's shelters in communities for a total of just over $3 million. This program is managed by the same three counsellors as the *First Nations Child and Family Services Program*.

The fourth INAC social program is that of Income Assistance, with funds totalling nearly $66 million. This funding is granted in order to provide financial assistance to low-income residents to meet their basic and special needs, and help them become more independent. The budget thus finances revenue agents in communities, the services offered and proposed orientation sessions and training. Two employees work at the INAC-Quebec office for this program and support is also offered to communities by the FNQLHSSC social development team. The program also includes improved service delivery that can support communities to help eligible young people while participating in training or during their transition to employment. These projects are funded in partnership with Service Canada.

A total of nine people are employed by the regional office to manage the four INAC social development programs.

Mr. Dumont explained the functions assigned to the national office and those that are the responsibility of regional offices. Mr. Dumont presented roles and responsibilities that are allocated to the beneficiaries of contribution agreements and to the FNQLHSSC.

Mr. Dumont ended the presentation by inviting people to reflect on a new model of governance with a focus on the role of the province that must be reviewed.

14 SUMMARY OF MEETING

Mr. Tarbell made a brief summary of the discussions that took place. He reminded participants that strategies must be implemented to change the current governance model and that the ten criteria that were presented above should guide reflections.

15 CLOSING REMARKS

Michel Paul thanked participants, the FNQLHSSC, committee members and guests who attended the meeting. The project is ongoing and allows the gathering of feedback on the new governance model. The consultation process is ongoing as well. All comments will be considered and the proposed framework model will be enhanced to meet the needs of communities. Discussions have demonstrated the importance of reviewing the communication plan so that members are better informed and so that they can adopt the model before it is presented to the Chiefs. Another regional meeting will be held prior to submitting the framework model to the Chiefs.

16 CLOSING PRAYER

Mr. Patton offered a closing prayer to participants.

17 APPENDICES

- **A** Agenda
- **B** Health and social services Governance Project – Regional meeting (PowerPoint)
- **C** Effective Governance: A Holistic Model of Community Health and Well-being (PowerPoint)
- **D** Governance models on health and social services – Charts (PowerPoint)
- **E** First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) Regional Meeting – First Nations & Inuit Health Branch (FNIHB) (PowerPoint)
- **F** Presentation on Social Service Programs at AANDC (PowerPoint)

APPENDIX A
Agenda

Regional meeting, October 20, 2015

7:30 a.m.	Welcome and registration	
8:30 a.m.	Ceremony	Charlie Patton, Elder of Kahnawake
8:45 a.m.	Words of welcome	Ghislain Picard, AFNQL Chief Chief Salomée McKenzie, Lac Simon Michel Paul, FNQLHSSC President
9:15 a.m.	Contextual setting	Patrice Lacasse, Governance Counsellor
10:00 a.m.	Break	
10:15 a.m.	Breakout session Communities modes of governance	Patrice Lacasse
11:00 a.m.	Wrap-up	Harold Tarbell, Facilitator
11:15 a.m.	Effective Governance	Georges-Auguste Legault, Faculty of Law, Université de Sherbrooke
12:00 a.m.	Lunch	
1:15 p.m.	Health and social services Governance ► Actual Model ► Taking charge over Model	Patrice Lacasse Marjolaine Siouï
1:45 p.m.	Breakout session Taking charge over model assessment	Patrice Lacasse
3:00 p.m.	Break	
3:15 p.m.	Plenary session	Harold Tarbell
4:00 p.m.	**Overview of the day and adjournment**	**Harold Tarbell**

Regional meeting, October 21, 2015

8:30 a.m.	**Summary of the previous day**	**Harold Tarbell**
8:45 a.m.	Internal functional analysis of the First Nations & Inuit Health Branch (FNIHB)	Valerie Gideon, Assistant Deputy Minister, Regional Operations, FNIHB
9:45 a.m.	Break	
10:00 a.m.	Internal functional analysis of Aboriginal Affairs and Northern Development Canada	Luc Dumont, Regional Director General, AANDC (to be confirmed) Suzie Nepton, Director, ESDPP, AANDC
11:00 a.m.	Collective responsibilities	Harold Tarbell
11:40 a.m.	Overview of the meeting	Harold Tarbell Patrice Lacasse
11:50 a.m.	**Closing prayer**	**Charlie Patton**

APPENDIX B

Health and social services Governance Project – Regional meeting (PowerPoint)

Objectives of meeting

- Understanding the concept of effective governance in health and social services;
- Getting the opinions of the directors with respect to the governance models in health and social services;
- Understanding how the FNIHB and AANDC operate in terms of the funding and delivery of health and social services
- Getting the vision of the directors about the local and collective power for health and social services.

Subjects

- Vision statement, values and principles
- Process, project coordination
- Activities
- Opinions
- Issues
- Next steps

Health and social services Governance Project

Purpose:

- Improve the well-being of First Nations

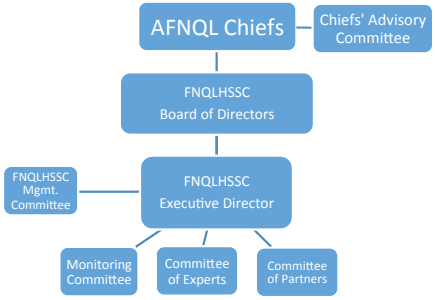
Objectives :

- Improving access to health services and social services
  - Reinforce the decision-making capacity at the regional and local level
  - Development of a framework model, a different mode of governance

Vision statement

Through our self-determination, a global and concerted approach, individual and collective commitment, we will be healthy people connected to Mother Earth and our physical, mental, emotional and spiritual well-being will be balanced.

Project coordination



Project phase

Portrait of the situation 2014	
Your opinion 2014-2015	
The options 2015	Development of proposed models and meetings with the health and social services directors and directors general
The choice 2016	

Completed activities

- **Portrait of the situation**
  - Portrait of health and social services
  - Collection of First Nations governance models
  - Legal environment analysis, Canada and Quebec

Completed activities (cont'd)

- **Your opinion**
  - Meetings :
    - 2014 February, 2014 July, 2015 January, 2015 July, 2015 October.
  - Formulation of a vision, values and principles to guide the project;
  - Limit of the current mode of governance in health and social services;
  - Views, concerns, wishes regarding a new health and social services governance model.

Issues

- **Decision-making system**
  - Subjection to external Laws
  - Imposed programs
- **Funding**
  - Multiple and uncertain sources
  - undue accountability
  - Resource allocation inconsistencies
- **Access to human and material resources**
  - Deficiencies in terms of human and professional resources
  - Limited material and operational resources

Issues (cont'd)

- **Access to services**
  - Specific needs unmet
- **Relations with the provincial network**
  - Difficult relations
  - Scattered information and unavailable data
- **Integration of culture**
  - Definition of health
  - Cultural sensivity

Wishes

- **Solidarity**
- **Culture**
- **Autonomy of the communities**
- **Influence with the federal and provincial government**
- **Strategies, Policies and programs**
- **Jurisdictional conflicts**
- **Involvement of individuals and families**
- **Control of resources**
- **Capacity of human resources**
- **Accountability**

Next steps

- Agree on a process to define the components of a health and social services governance model (Business plan, transition plans).
- Agreement in principle and preliminary negotiations with the federal and provincial governments.

If the highest aim of a captain were to preserve his ship, he would keep it in port forever.

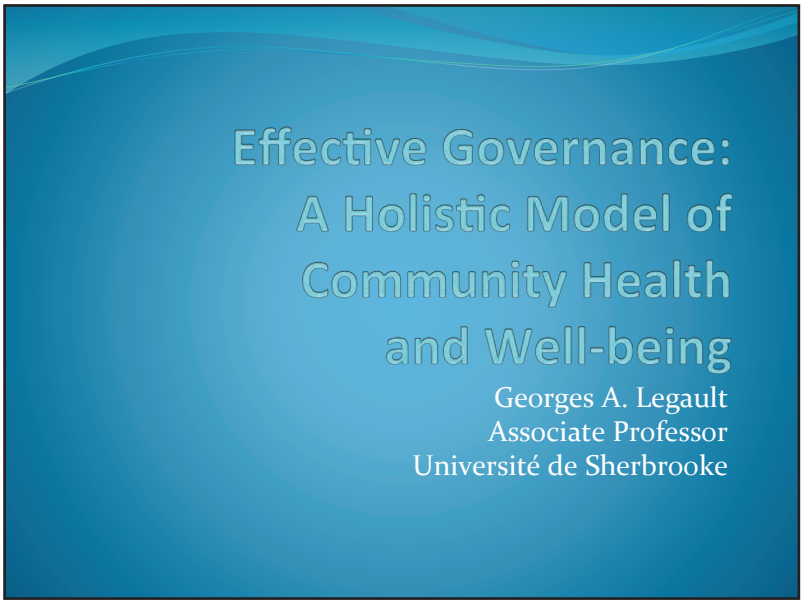
Thomas Aquinas

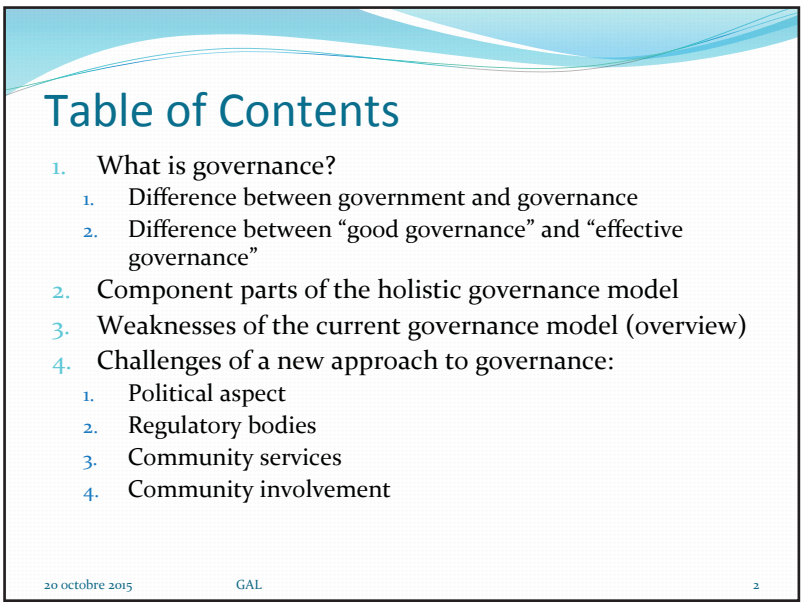
Wela'lin Meegwetch Tià:wen Nià:wen Tshi Nashkumitin

Patrice Lacasse, placasse@cssspnql.com

APPENDIX C

Effective Governance: A Holistic Model of Community Health and Well-being (PowerPoint)





What Is Governance?

1.1. Difference between government and governance

Government: A cohesive and rational hierarchal structure for exercising power from the top down.

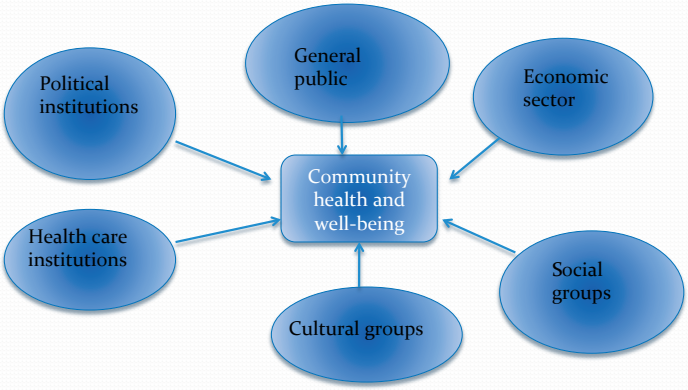
Vertical Model

What Is Governance?

Pre-AGA (2014) "Drawing from the teachings of others and the traditions, values and wisdom of our communities the Centre has crafted our own definition of governance where governance is "*the traditions (norms, values, culture, language) and institutions (formal structures, organization, practices) that a community uses to make decisions and accomplish its goals. At the heart of the concept of governance is the creation of effective, accountable and legitimate systems and processes where citizens articulate their interests, exercise their rights and responsibilities and reconcile their differences.*" NCFNG, *Principles to Support Effective Governance*, Summer 2008 , http://fngovernance.org/publication_docs/Governance_Principles2008.pdf,p.7

What Is Governance?

Horizontal Model:



October 20, 2015 GAL 5

What Is Governance?

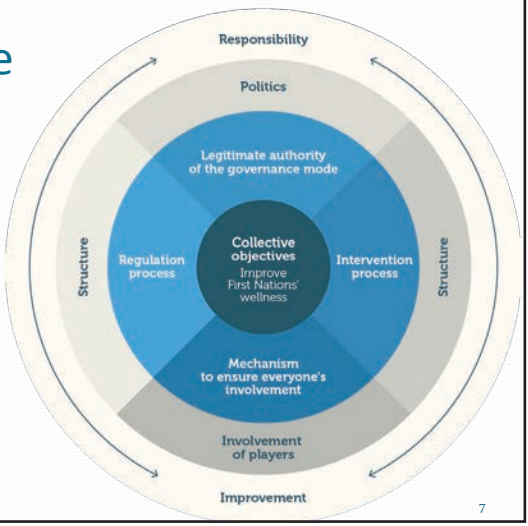
1.2. Difference between "good governance" and "effective governance"

Good governance (vertical model): Accountability-based approach, often meticulously concerned with detail, whose aim is to monitor the actual appropriation of funds in compliance with policies established by the lawful authority.

Effective Governance (horizontal model): Community learning approach whose aim is to be accountable for the attainment of community health and well-being improvement objectives through various data collection methods and to modify the path followed for ongoing improvement.

October 20, 2015 GAL 6

2. Holistic Governance Model



October 20, 2015 GAL 7

2. Holistic Governance Model

The political dimension: The creation of a First Nations health and wellness governance model is based on an agreement between different, duly elected political authorities to enlist the nations (federal government, provincial government) and the First Nations. Agreements, like modern territorial autonomy treaties, are signed between federal and provincial government representatives and the Nation in question. An Aboriginal health and wellness governance agreement, such as the one in British Columbia, was signed by the federal government, the First Nation Health Society and the First Nations Health Council, an organization made up of 15 members named by all First Nations to defend First Nations in the achievement of goals.

20 octobre 2015 GAL 8

2. Holistic Governance Model

The dimension of structure of a First Nations health and wellness model: The general structure of a First Nations health and wellness governance model includes two necessary components to achieve the collective goals that First Nations have given themselves to improve health and wellness. A) The first component is the **regulatory process**. The regulatory process establishes all general policy required to accomplish set goals, specific programs, standards of practice, etc. Moreover, the regulatory process must foresee means to allocate necessary funds to the communities so that they may implement the intervention process**.** Finally, accountability/reporting standards must be developed to ensure that the intervention process accomplishes its goals. In cases where it is impossible to do so, means must be foreseen to support the communities. Even today, the FNIHB is responsible for managing the regulatory process. B) **The intervention process** basically focuses on what has been set up in the communities to ensure interventions foreseen in the health programs and policy are carried out in order to achieve the collective health and wellness goals of First Nations. Presently, the health and social services centres in the different communities are responsible for delivering the services.

20 octobre 2015 GAL 9

2. Holistic Governance Model

The effective governance dimension: Effective governance focuses on the achievement of results to evaluate all policies originating from the regulatory process and the intervention process. To be effective, governance must involve all social players in the governance model by, for example, granting roles and responsibilities to Elders' councils, Native Women's councils and others in the approach to governance, thereby contributing to a better understanding of the achievement of goals. Moreover, effective governance is based on the principle of accountability. "Accountability is the obligation, on the part of an individual to whom a responsibility has been delegated, to give an account of how he or she has discharged that responsibility. This account-giving concerns the use of powers and resources attributed to an individual or an organizational unit in view of accomplishing objectives."

Accountability in effective governance serves to develop the capacities of people and organizations to rectify policies and procedures and improve the quality of interventions.

(http://www.dictionnaire.enap.ca/dictionnaire/docs/definitions/definitions_anglais/accountability.pdf)

20 octobre 2015 GAL 10

3. Weaknesses of Current Model

Political process:

- Limits of the current process: being caught between the federal and provincial governments.
- Inadequate funding.
- Jurisdictional conflicts: provincial.

Regulatory process:

- Identify needs and determine health objectives.
- Determine intervention programs and allocate funding.
- Restructure accountability.

3. Weaknesses of Current Model

Intervention process:

- Division of authority and responsibilities between bodies that regulate activities and those that conduct interventions.
- Determine the organization of community services.
- Determine stakeholders' fiscal strategies.

Stakeholder involvement:

- Lack of involvement.

4. Challenges of a New Approach to Governance

Political aspect:

Negotiation among the federal government, provincial government and First Nations

Regulatory bodies:

How can regulating authority be reclaimed from the FNIHB and AANDC?

Which tasks are better left to these organizations?

4. Challenges of a New Approach to Governance

Community services

What must be created or changed to strengthen ties between community and regulatory bodies?

What changes must be made to ensure that the best possible services are offered in the community?

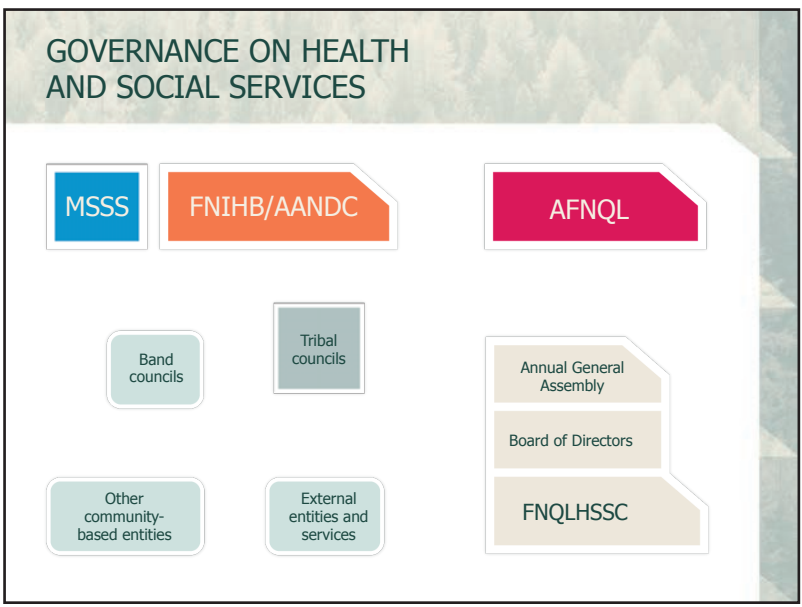
Stakeholder involvement?

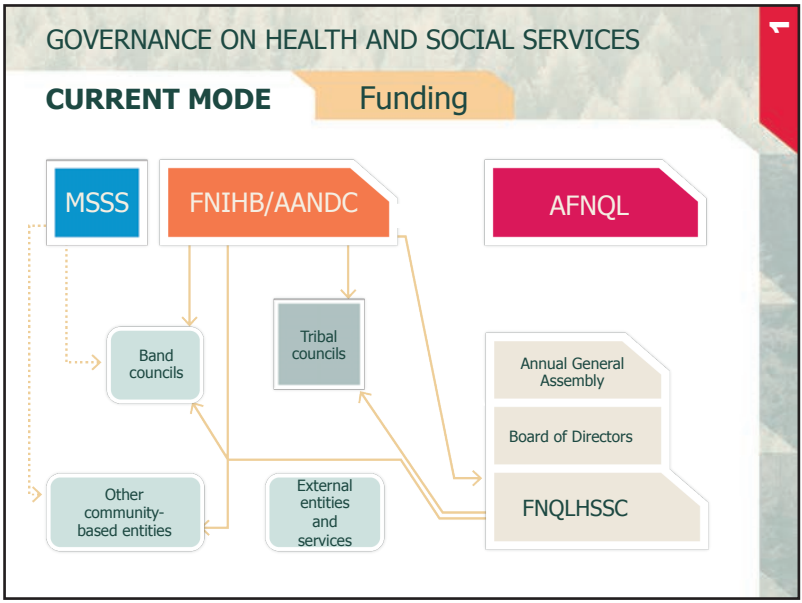
How do we co-ordinate various stakeholders to improve community health and well-being?

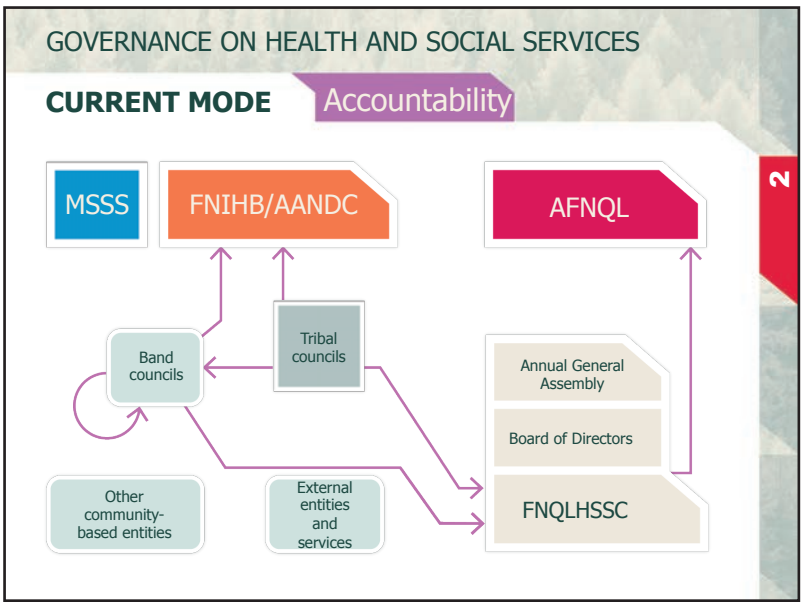
How do we encourage mobilization?

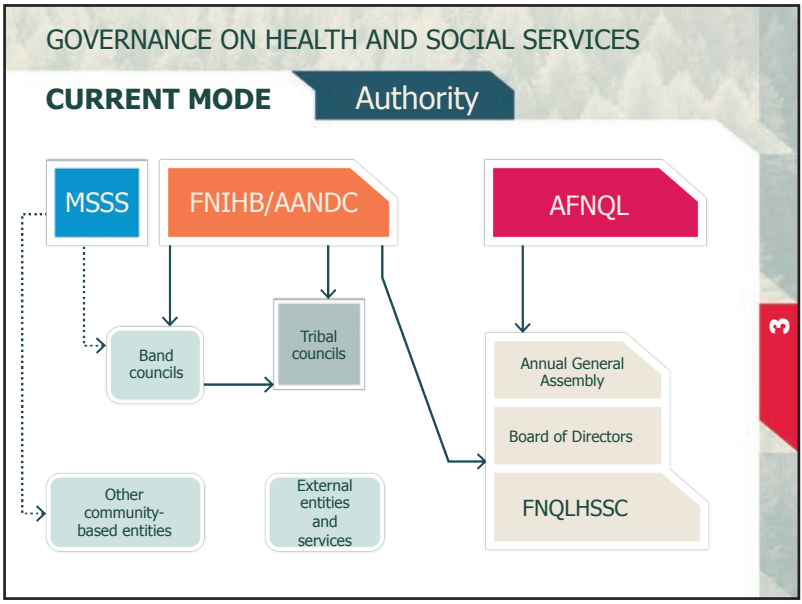
APPENDIX D

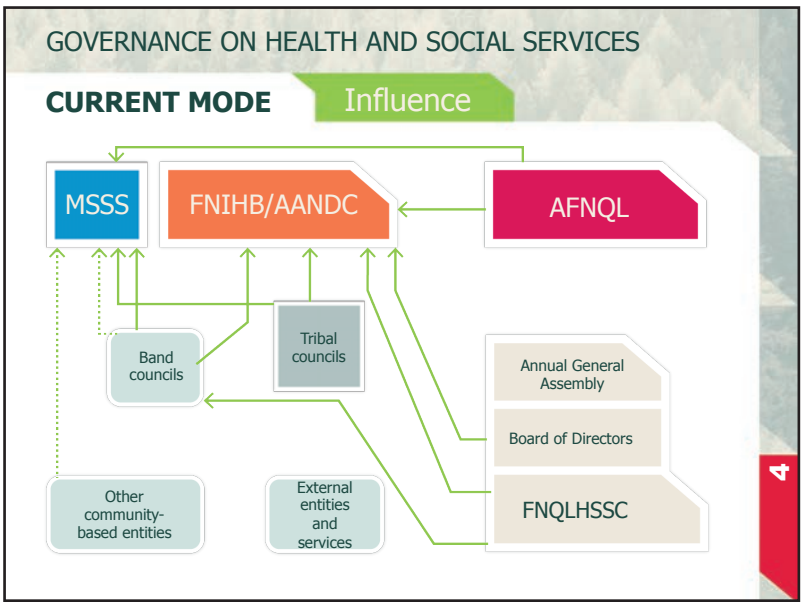
Governance models on health and social services – Charts (PowerPoint)

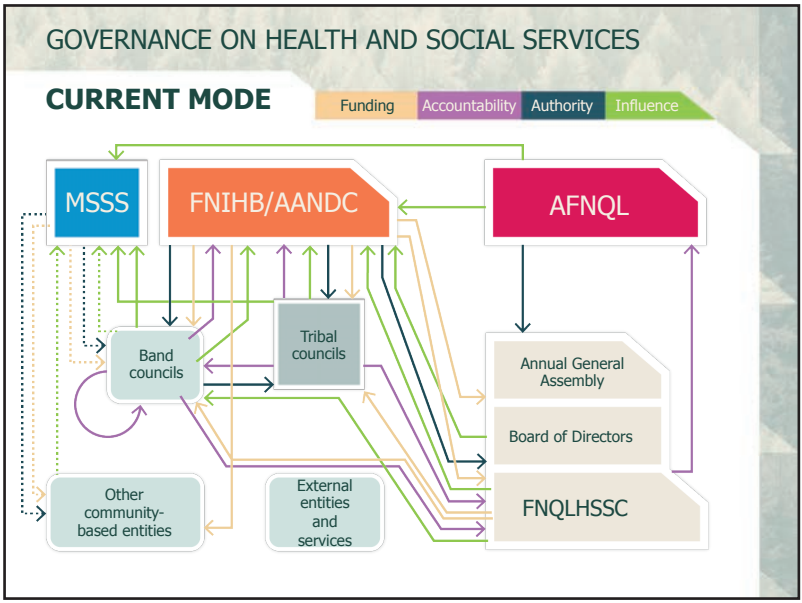


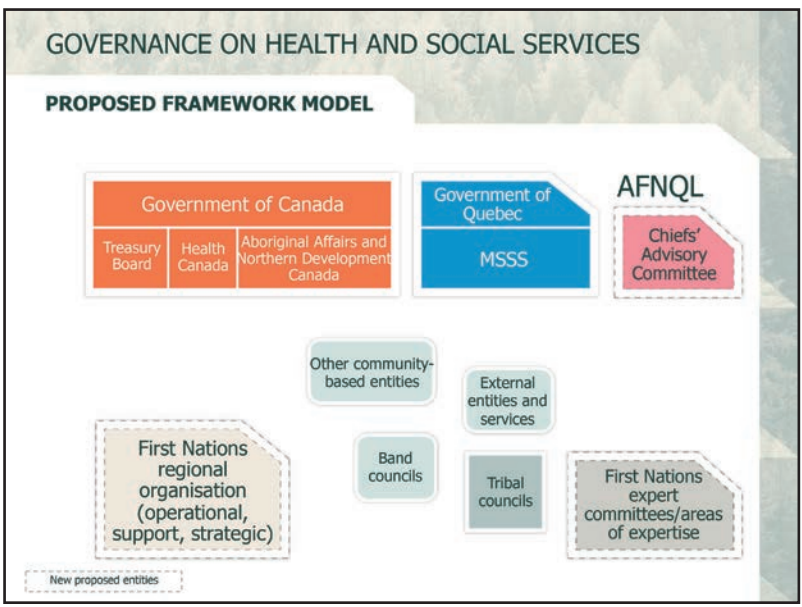

GOVERNANCE ON HEALTH AND SOCIAL SERVICES
1
CURRENT MODE
Funding
MSSS
FNIHB/AANDC
AFNQL
Band councils
Tribal councils
Annual General Assembly
Board of Directors
FNQLHSSC
Other community-based entities
External entities and services

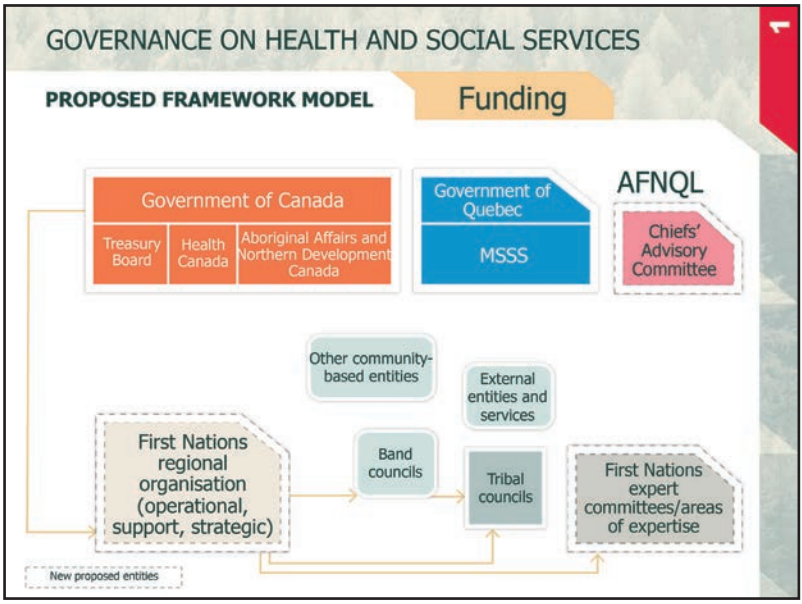

GOVERNANCE ON HEALTH AND SOCIAL SERVICES
2
CURRENT MODE
Accountability
MSSS
FNIHB/AANDC
AFNQL
Band councils
Tribal councils
Annual General Assembly
Board of Directors
FNQLHSSC
Other community-based entities
External entities and services

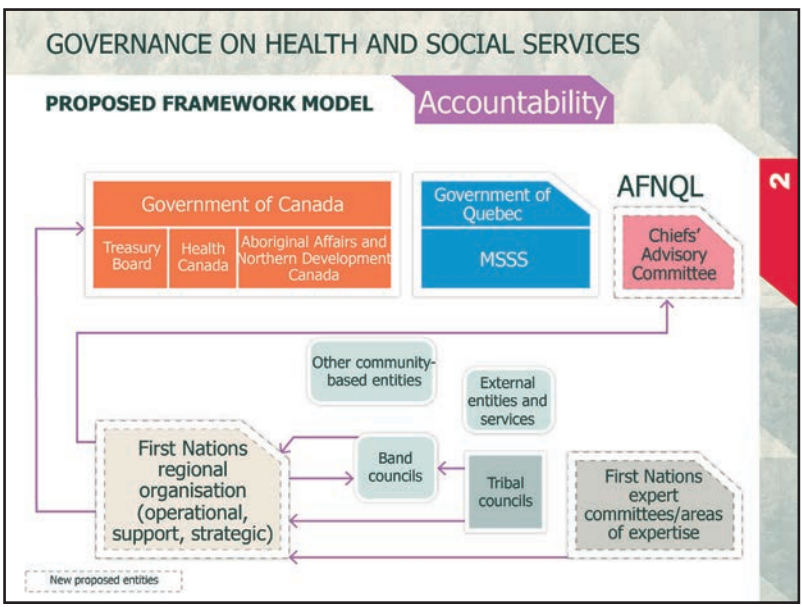

GOVERNANCE ON HEALTH AND SOCIAL SERVICES
CURRENT MODE
Authority
MSSS
FNIHB/AANDC
AFNQL
Band councils
Tribal councils
Annual General Assembly
Board of Directors
FNQLHSSC
Other community-based entities
External entities and services
3

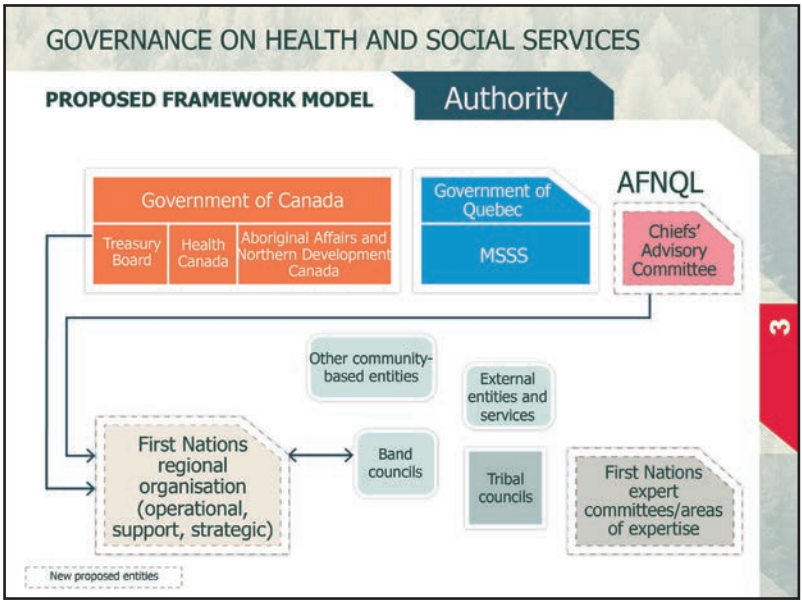

GOVERNANCE ON HEALTH AND SOCIAL SERVICES
CURRENT MODE
Influence
MSSS
FNIHB/AANDC
AFNQL
Band councils
Tribal councils
Annual General Assembly
Board of Directors
FNQLHSSC
Other community-based entities
External entities and services
4

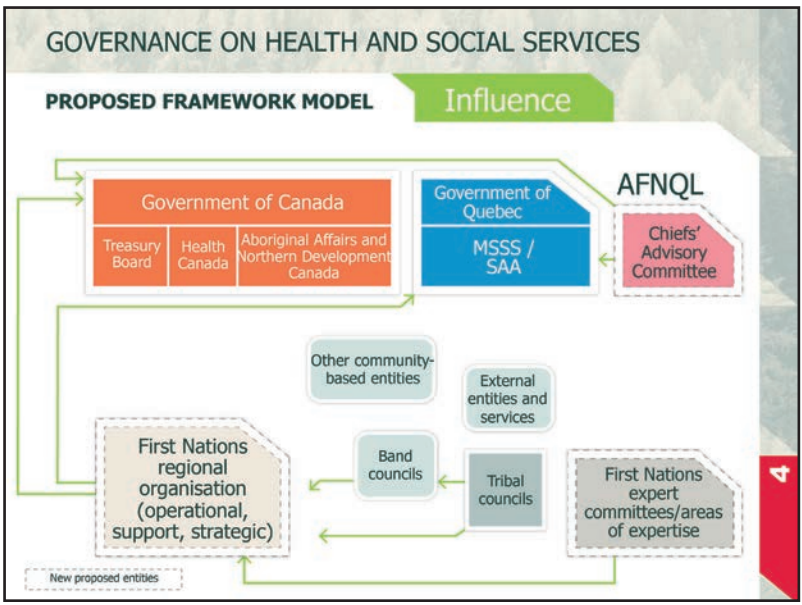

GOVERNANCE ON HEALTH AND SOCIAL SERVICES
CURRENT MODE
Funding
Accountability
Authority
Influence
MSSS
FNIHB/AANDC
AFNQL
Band councils
Tribal councils
Annual General Assembly
Board of Directors
FNQLHSSC
Other community-based entities
External entities and services

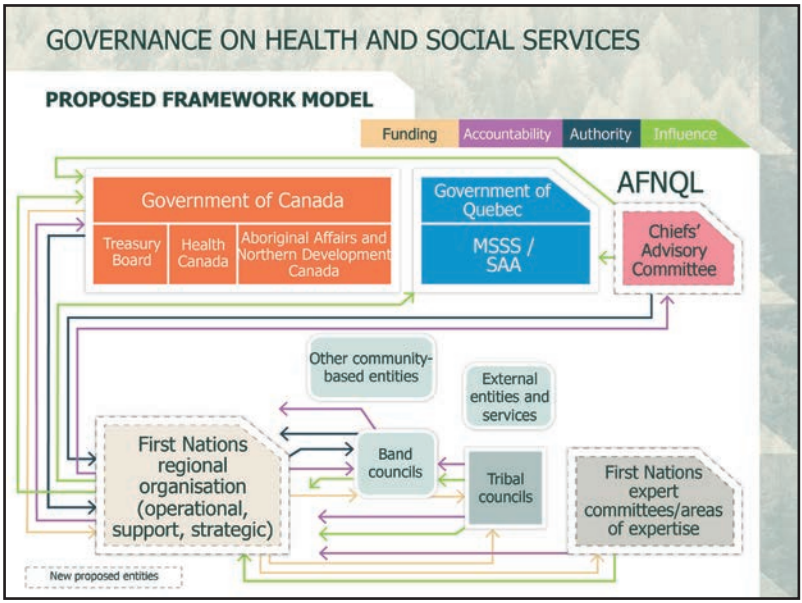

GOVERNANCE ON HEALTH AND SOCIAL SERVICES
PROPOSED FRAMEWORK MODEL
Government of Canada
Treasury Board
Health Canada
Aboriginal Affairs and Northern Development Canada
Government of Quebec
MSSS
AFNQL
Chiefs' Advisory Committee
Other community-based entities
External entities and services
First Nations regional organisation (operational, support, strategic)
Band councils
Tribal councils
First Nations expert committees/areas of expertise
New proposed entities

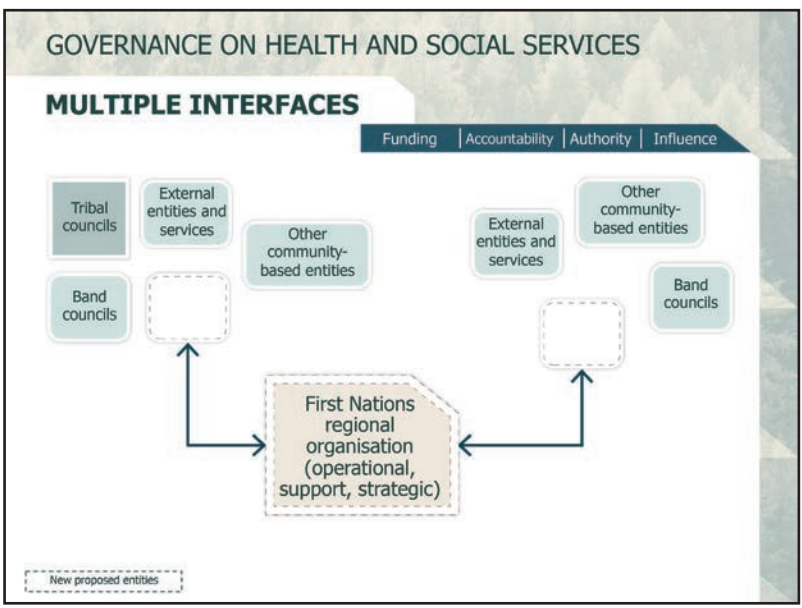

GOVERNANCE ON HEALTH AND SOCIAL SERVICES
PROPOSED FRAMEWORK MODEL
Funding
1
Government of Canada
Treasury Board
Health Canada
Aboriginal Affairs and Northern Development Canada
Government of Quebec
MSSS
AFNQL
Chiefs' Advisory Committee
Other community-based entities
External entities and services
First Nations regional organisation (operational, support, strategic)
Band councils
Tribal councils
First Nations expert committees/areas of expertise
New proposed entities


GOVERNANCE ON HEALTH AND SOCIAL SERVICES
PROPOSED FRAMEWORK MODEL
Accountability
2
Government of Canada
Treasury Board
Health Canada
Aboriginal Affairs and Northern Development Canada
Government of Quebec
MSSS
AFNQL
Chiefs' Advisory Committee
Other community-based entities
External entities and services
First Nations regional organisation (operational, support, strategic)
Band councils
Tribal councils
First Nations expert committees/areas of expertise
New proposed entities


GOVERNANCE ON HEALTH AND SOCIAL SERVICES
PROPOSED FRAMEWORK MODEL
Authority
Government of Canada
Treasury Board
Health Canada
Aboriginal Affairs and Northern Development Canada
Government of Quebec
MSSS
AFNQL
Chiefs' Advisory Committee
Other community-based entities
External entities and services
First Nations regional organisation (operational, support, strategic)
Band councils
Tribal councils
First Nations expert committees/areas of expertise
New proposed entities
3


GOVERNANCE ON HEALTH AND SOCIAL SERVICES
PROPOSED FRAMEWORK MODEL
Influence
Government of Canada
Treasury Board
Health Canada
Aboriginal Affairs and Northern Development Canada
Government of Quebec
MSSS / SAA
AFNQL
Chiefs' Advisory Committee
Other community-based entities
External entities and services
First Nations regional organisation (operational, support, strategic)
Band councils
Tribal councils
First Nations expert committees/areas of expertise
New proposed entities
4


GOVERNANCE ON HEALTH AND SOCIAL SERVICES
PROPOSED FRAMEWORK MODEL
Funding
Accountability
Authority
Influence
Government of Canada
Treasury Board
Health Canada
Aboriginal Affairs and Northern Development Canada
Government of Quebec
MSSS / SAA
AFNQL
Chiefs' Advisory Committee
Other community-based entities
External entities and services
First Nations regional organisation (operational, support, strategic)
Band councils
Tribal councils
First Nations expert committees/areas of expertise
New proposed entities


GOVERNANCE ON HEALTH AND SOCIAL SERVICES
MULTIPLE INTERFACES
Funding
Accountability
Authority
Influence
Tribal councils
External entities and services
Other community-based entities
Band councils
External entities and services
Other community-based entities
Band councils
First Nations regional organisation (operational, support, strategic)
New proposed entities

APPENDIX E

First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) Regional Meeting – First Nations & Inuit Health Branch (FNIHB) (PowerPoint)

Health Canada Santé Canada

Your health and safety... our priority. *Votre santé et votre sécurité... notre priorité.*

First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) Regional Meeting

First Nations & Inuit Health Branch (FNIHB)
October 21, 2015
Montreal

Purpose

To address questions raised during the July 2015 presentation:

- National vs. regional level functions & responsibilities;
- Provincial role;
- Program development process;
- Non-Insured Health Benefits (NIHB) Program;
- Funding allocations;
- Facilitating greater First Nations control & new governance models.

National vs. regional level functions/responsibilities

Recap:
FNIHB HQ & Regional offices have structures and core functions that support each other as set out in the FNIHB Accountability Framework.

A list of responsibilities by core function is included in section 8 of the Accountability Framework

National Core Functions	Regional Core Functions
Interprofessional practice Management & Support	Professional services/practice advisors
Program Policy Development and Support	Program Management and Support
Program Operational Support	Service Delivery Quality Improvement/Accreditation Grants and Contributions Management/Community Liaison Community capacity development and support to community health planning
Non-Insured Health Benefits	Strategic initiatives and special projects
Strategic and Horizontal Policy	Strategic Planning and Policy
Partnership Development and Management	Intra/Intergovernmental and First Nations/Inuit relations
Strategic and Operational Planning	Health Planning
Health Information Management	Data & Surveillance
Performance Measurement, Evaluation and Audit	Performance Measurement i.e. Community Based Reporting Template
Internal Services	Operations

National vs. regional level functions/responsibilities (2)

Recap: Québec Region FTEs

Regional Branch Office			6.46
Governance and Operations	Planning, Analysis, Policies and Information Unit		6.01
	Liaison Unit		8.88
	Financing, Administration and, Management Systems		26.49
		Total	41.39
Professional Services	Professional services		16.47
	Pharmacy		3.29
	Dental		6.05
		Total	25.81
Community-Based Programs			14.09
Indian Residential School			3.02
Nursing Services	Regional Nurses		8.63
	Nurses in communities		7.67
		Total	16.30
Non-Insured Health Benefits			25.03
		Total	**132.10**

These amounts do not include maternity leave, leave without pay, secondments and various services / support from HQ. Total can change during the year.

Provincial role

- Improving the health of Aboriginal Peoples is a shared undertaking between federal, P/T governments, First Nations & Inuit partners
  - Generally, health care service administration/delivery is a P/T responsibility - P/Ts plan/ organize/deliver hospital & physician services, public health programs & some supplementary health benefits for their residents, including First Nations & Inuit
  - For First Nations & Inuit communities, Health Canada works to:
    - ensure access to health services
    - assist in addressing health inequalities & disease threats & attaining a level of health comparable to other Canadians
    - build strong partnerships with First Nations & Inuit to improve the health system
- Jordan's Principle: In cases involving jurisdictional dispute, there are mechanisms to ensure children continue to receive health care
  - HC & AANDC developed a processes to assist all parties involved in a child's care to work collaboratively & efficiently to provide that care when needed
  - In the Quebec region, an inclusive approach/mechanism was put in place, that includes First Nations and the Provincial and Federal governments.

Provincial role (2)

In Québec:

•Regardless of where they live in the province, First Nations & Inuit residents are covered by provincial health insurance, hospital insurance and public health legislation

•In First Nations & Inuit communities, FNIHB-QC supports/provides programming that includes: health promotion, drug, dental & limited primary health care services

•The fed/prov relationship is positive & there is joint collaboration with First Nations to address gaps

- E.g. A 2015 agreement between a First Nation, a "Centre Intégré Universitaire de Santé et Services Sociaux" (CIUSS) & FNIHB-QC to provide home-based dialysis services for a First Nations patient located in a remote community

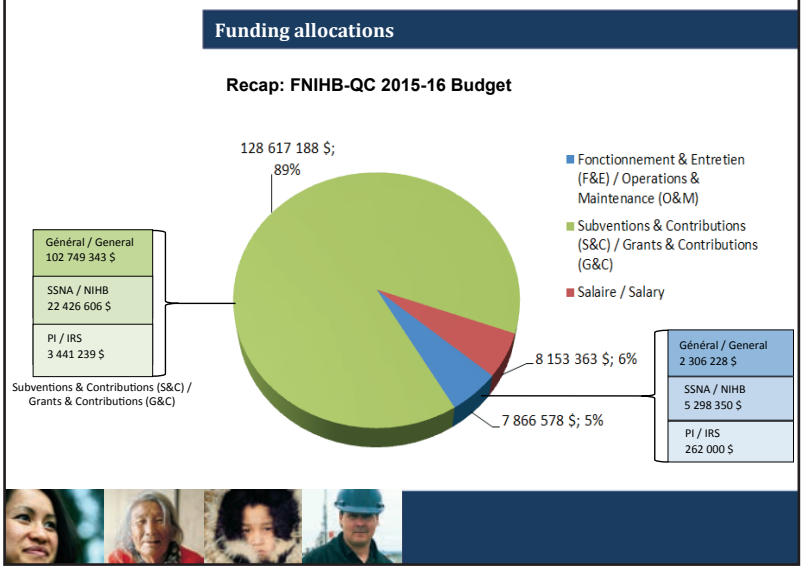
Program development process

- New initiatives:
  - are implemented with the involvement of First Nations & Inuit throughout the entire process – development, delivery and management
  - align with government-wide priorities, outlined in the Speech from the Throne, Federal Budget (Economic Action Plan), & Main Estimates
  - are proposed to Cabinet as Memoranda to Cabinet (MC) & then to the Priorities & Planning Committee (chaired by the PM) for decision – the "what & why"
  - if approved, are implemented with authority/approval from the Treasury Board Secretariat (TBS), in the form of a Treasury Board Submission (TB Sub) – the "how"
- The FNIHB Strategic Plan is the driving force towards renewal & enhancement of how FNIHB responds to the needs of First Nations & Inuit individuals, families & communities
  - It includes a strategic goal on collaborative planning & relationships, which supports First Nations & Inuit to influence, manage/control health programs and services that affect them

NIHB Program

- Demand-driven program that provides a limited range of medically necessary health related goods & services to eligible clients when they are not covered elsewhere
- Supports First Nations & Inuit in reaching overall health status that is comparable with other Canadians
- Currently undergoing a joint review by HC and AFN – each benefit area will be examined separately to determine relevance & effectiveness
- In the Quebec region, there is a Regional NIHB Advisory Committee, which includes members from First Nations and First Nation organisations
- There can also be specific tables when needed with the concerned partners

Funding allocations



Funding allocations (2)

Unspent funds

•Very small amount of FNIHB-QC funding remains unspent each year, usually because of delays/changes in projects or money transfers late in fiscal year

•Unspent funds from communities (set & flexible only) – approx. $1.2M annually (excluding Cree & Inuit) – goes back into consolidated funding

Indexation

•NIHB is not indexed at 5% - the NIHB budget is capped at a 5% increase

•In theory, the annual rate of increase for Health Transfers from the Federal to the Provincial is of 6%, but this rate will be lowered to 3% as of 2017-2018. There are no fixed rates for the equalization, as the calculation of these amounts depends on the productivity of the Canadian economy.

McIvor

•Current FNIHB-QC funding formulas were developed prior to McIvor decision (except for NIHB, which has a dedicated funding envelope for new McIvor clients) – need to work with AANDC to better understand the impact in the future

New governance models

As outlined in the Strategic Plan, FNIHB supports greater control of the health system by First Nations & Inuit, along with the new governance models that will be needed. At the July meeting a number of questions were posed about these models:

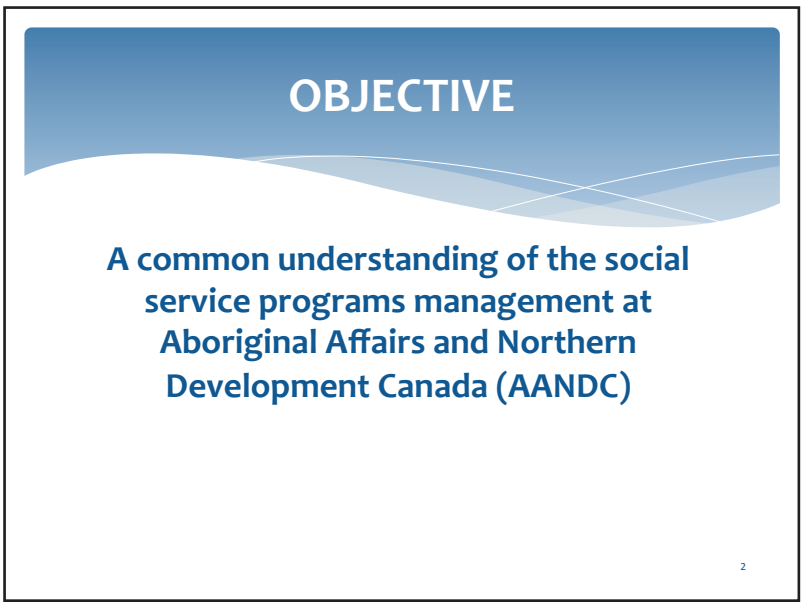
- Authority / Mandate
  - The decision-making process, scope of programming & program standards would be negotiated according to the chosen governance model
  - Health funding can be complementary to investments in social determinants like housing and education (part of AANDC & provincial mandates)
  - Lessons can be learned from BC's experience, especially around essential programs/ services
- Financial resources
  - Under new models, First Nations would have control of the resources & will decide among themselves how best to meet the needs
  - Sustainability of longer term funding arrangements is key to success

New governance models (2)

- Accountability
  - The accountability will depend on the governance model chosen – we understand that:
    - If FNIHB keeps certain programs through CAs with First Nations organizations, it would remain accountable to TBS
    - If all programs are transferred to First Nations organisations, the residual role of FNIHB would be that of governance partner & funder
    - Constitutional protection would be afforded to a sectoral self-government agreement (modern-day Treaty) – accountability would be to Parliament directly
- Change management
  - A clear mandate would be needed
  - Clear roles & responsibilities would be needed for all parties
  - Need to communicate/work with the province - not clear whether the province would also transfer operations or opt for integration (e.g. like the Cree & Inuit)
- Economies of scale
  - Most QC communities are under block funding, so pooling resources could be explored now (ex. Coalition for Anglophone communities)

APPENDIX F

Presentation on Social Service Programs at AANDC (PowerPoint)



PRESENTATION PLAN

- Overview of federal governance
- Summary of social programs
- In-house operations
- General responsibilities
- Food for thought

3

OVERVIEW OF FEDERAL GOVERNANCE

4

GOVERNMENT PRIORITIES

Speech from the Throne

Draws the government's priorities and announces the work it intends to undertake during the coming Parliamentary session.

Federal Budget

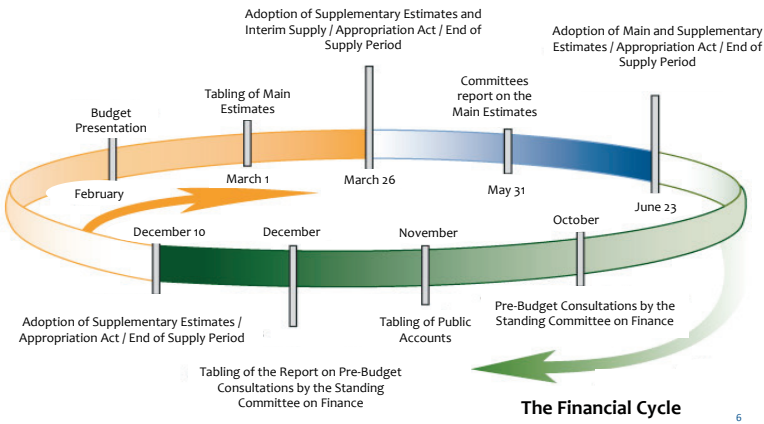
Outlines the government's fiscal, social and economic policies and priorities.

Main Estimates

Outline each federal department's pre-approved annual budget requirements and provide for core funding so that departments can maintain their current activities.

5

PARLIAMENTARY BUDGET PROCESS



The Financial Cycle

6

MANAGEMENT CYCLE

STEPS	DOCUMENTS	PERIOD	APPROVAL
Setting priorities	• Speech from the Throne • Financial plan (Budget)	• Fall • January	• Prime Minister • Minister of Finance and Prime Minister
Planning	• Annual Reference Level Update (ARLU) • Departmental Business Plans	• December • Fall/Winter	• Treasury Board • Department
Budgeting	• Parts I and II of the Estimates • Interim Supply and Full Supply • Report on Plans and Priorities (RPP) – Part III	• June • March/June • June	• Parliament • Parliament • Minister and DM
Management and Control ***(monitoring activities)***	• Supplementary Estimates A • Supplementary Estimates B	• December • March	• Parliament • Parliament
Reports	• Departmental Performance Reports (DPR) • Public Accounts • Annual Report of the Auditor General of Canada	• September • October • December	• Minister and DM • Receiver General and SRG • Auditor General

7

SUMMARY OF SOCIAL PROGRAMS

- *First Nations Child and Family Services (FNCFS)*
- *Assisted Living (AL)*
- *Family Violence Prevention Program (FVPP)*
- *Income Assistance (IA)*

8

CHILD AND FAMILY SERVICES (FNCFS)

Improving the safety and well-being of children and families living on reserves

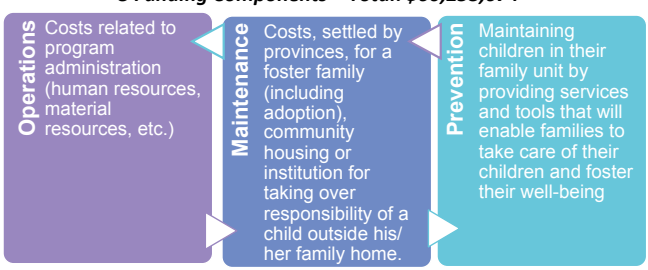
- Funding granted by AANDC to ensure the safety and well-being of First Nations children and families living on reserves, while complying with the Province's guidelines, legislation and standards.
- Implementation of protection and prevention services that respect the values, beliefs and cultural environments that characterize various communities.

9

CHILD AND FAMILY SERVICES
Enhanced Prevention Focused Approach – EPFA

Enhancing the social and family fabric, limiting family breakdowns and reducing the number of placements

3 Funding Components – Total: $60,253,674



10

CHILD AND FAMILY SERVICES

Services provided by the CISSS

- Funding agreement between the establishment (CISSS) and AANDC
- The establishment provides all services related to the FNCFS program and, in some cases, can enter into an agreement with a community for the provision of prevention services.

Services provided by FN agencies with certain delegations under the *Youth Protection Act (YPA)*

- Funding agreement between the FN agency and AANDC
- Delegation and service agreement between the FN agency and the establishment (CISSS)
- The community provides all the services for which it has a delegation under the YPA, as well as prevention services.

11

ASSISTED LIVING (AL)

Ensuring access to in-home, group homes, foster homes and institutions for individuals to access care so that they can maintain functional independence as long as possible – linked with loss of autonomy level

Total funding: $13,125,595 (includes service delivery)

Home Care Non-Medical Services	Foster Home	Institutional Housing for Adults
• Housekeeping • Non-medical transportation • Meal preparation • Other	• Individuals with reduced functional independence	• 8 on-reserve group homes • Off-reserve housing available when on-reserve is not

12

ASSISTED LIVING (AL)

Disabilities Initiative

Provides funding to First Nation organizations for projects to improve the coordination and accessibility of existing disability programs and services on reserves.

These activities may include advocacy, increasing public awareness and regional workshops.

The funding is managed by National Headquarters.

13

FAMILY VIOLENCE PREVENTION PROGRAM (FVPP)

Increasing the safety of residents on reserves, particularly women, children and families, as well as activities to address the issues affecting women.

2 Funded Components:

- **Prevention projects** ***(call for proposals - budget managed by National Headquarters)***

  Total funding: $1,106,573

- **6 Shelters**

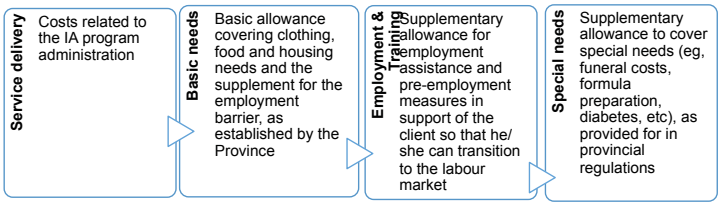
  Total funding: $3,412,200

14

INCOME ASSISTANCE (IA)

Funding provided by AANDC for ensuring financial assistance to low-income residents in Aboriginal reserves to meet their basic and special needs and help them become more autonomous, in accordance with the provincial rates and eligibility criteria

Total Funding: ***$65,987,184***



15

INCOME ASSISTANCE (IA)

Enhanced service delivery

provides support to First Nations communities so that they can create the service delivery capacity necessary to effectively support eligible youth as they take part in training while integrating employment.

The QRO funds eight organizations that serve 10 communities for a total of **$2,798,955**.

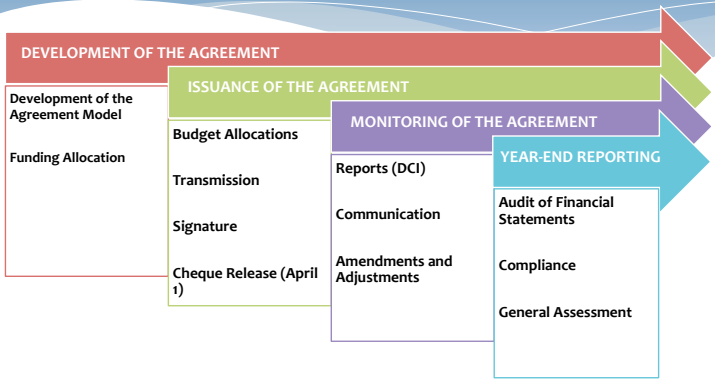
16

INTERNAL OPERATIONS

- *Financial programs cycle*
- *Regional structure and budget*
- *Social program support services*

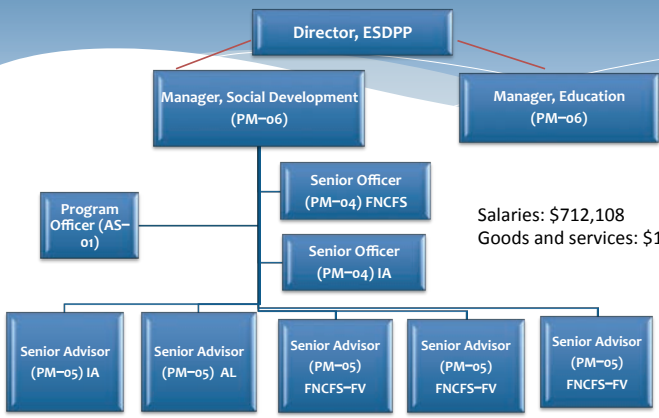
17

FINANCIAL CYCLE OF PROGRAMS



18

REGIONAL ORGANIZATION CHART – SOCIAL DEVELOPMENT



Salaries: $712,108
Goods and services: $17,000

Note: Generic job description, according to priorities, files may be assigned differently among same-level resources.

19

PROGRAM SUPPORT SERVICES

These services are essential in order to ensure accountability and operational efficiency and effectiveness

- AANDC's Quebec Region programs rely on various departmental services such as:
  - Access to Information and Protection of Personal Information
  - Information Technology
  - Human Resources
  - Real Property
  - Information Management
  - Financial Management
  - Agreement Management

20

GENERAL RESPONSIBILITIES

21

AANDC

National Headquarters and regional offices have structures and core functions that are mutually reinforcing through responsibilities that are specific to each one.

National Core Functions	Regional Core Functions
Managing the development of program policies and regional support	Supporting the application of program policies and promoting the dissemination of information to funding recipients and partners
Granting funding to the Region in accordance with approved policy and program authorities	Granting funding to agreement recipients in accordance with approved policy and program authorities
Reviewing funding requests and providing a decision	Reviewing funding requests and providing recommendations on funding
Establishing requirements and directives on program management according to existing policies	Communicating and enforcing the requirements and directives related to program management
Measuring, evaluating and auditing performance	Measuring performance (DCI, compliance review, etc.)
Creating and managing partnerships	Intra- governmental and intergovernmental relations and relations with First Nations
Managing information	Data and monitoring

22

FUNDING RECIPIENT

- Ensures that program delivery is consistent with the funding agreement
- Is aware of and complies with the requirements related to social program delivery
- Monitors the eligibility of expenses incurred
- Monitors the implementation of policies, financial procedures and internal controls
- Complies with reporting requirements
- Ensures that existing personnel has the skills and knowledge required for program delivery

23

FNQLHSS

- Receives annual funding to carry out activities as described in the submitted plan and budget approved by AANDC
- Works in cooperation with partners in the determination of strategic issues and related projects, through various committees.
- Guides First Nations agencies in the implementation of the FNCFS's Enhanced Prevention-Focused Approach, as well as in data collection and management depending on program requirements

24

Food for Thought

- What would be a possible governance model?
- What accountability mechanisms could be implemented?

25