



**QUEBEC FIRST NATIONS'
HEALTH AND SOCIAL SERVICES
GOVERNANCE PROCESS**

SUMMARY
REPORT
REGIONAL
MEETING

MARCH 10, 2021

REPORT PRODUCED BY



**FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION**

**QUEBEC FIRST NATIONS'
HEALTH AND SOCIAL SERVICES
GOVERNANCE PROCESS**

SUMMARY REPORT
REGIONAL MEETING
MARCH 10, 2021

WRITING

Emilie Grantham, FNQLHSSC

COLLABORATION

Waseskon Awashish, FNQLHSSC

Jean-Denis Gill, FNQLHSSC

Natacha Hervieux, FNQLHSSC

Patrice K. Lacasse, FNQLHSSC

Jonathan Leclerc, FNQLHSSC

Jean Levasseur-Moreau, FNQLHSSC

Suzie Nepton, FNQLHSSC

Marjolaine Siouï, FNQLHSSC

TRANSLATION

Chad O'Brien

GRAPHIC DESIGN

Karine Potvin

This document is also available in French and can be downloaded from the governance process website at gouvernance.cssspnql.com.

Any reproduction, in whole or in part, must be previously authorized by the FNQLHSSC by means of a request sent by mail or email to the coordinates below.

First Nations of Quebec and Labrador Health and Social Services Commission
250 Place Chef-Michel-Laveau, Suite 102
Wendake, Quebec G0A 4V0
info@cssspnql.com

Photos: First Nations Human Resources Development Commission of Quebec, Richard Jock, Helen Leung, Jean-Charles Pietacho, and Jean-Claude Therrien-Pinette

ISBN PDF: 978-1-77315-344-5

ISBN printed: 978-1-77315-345-2

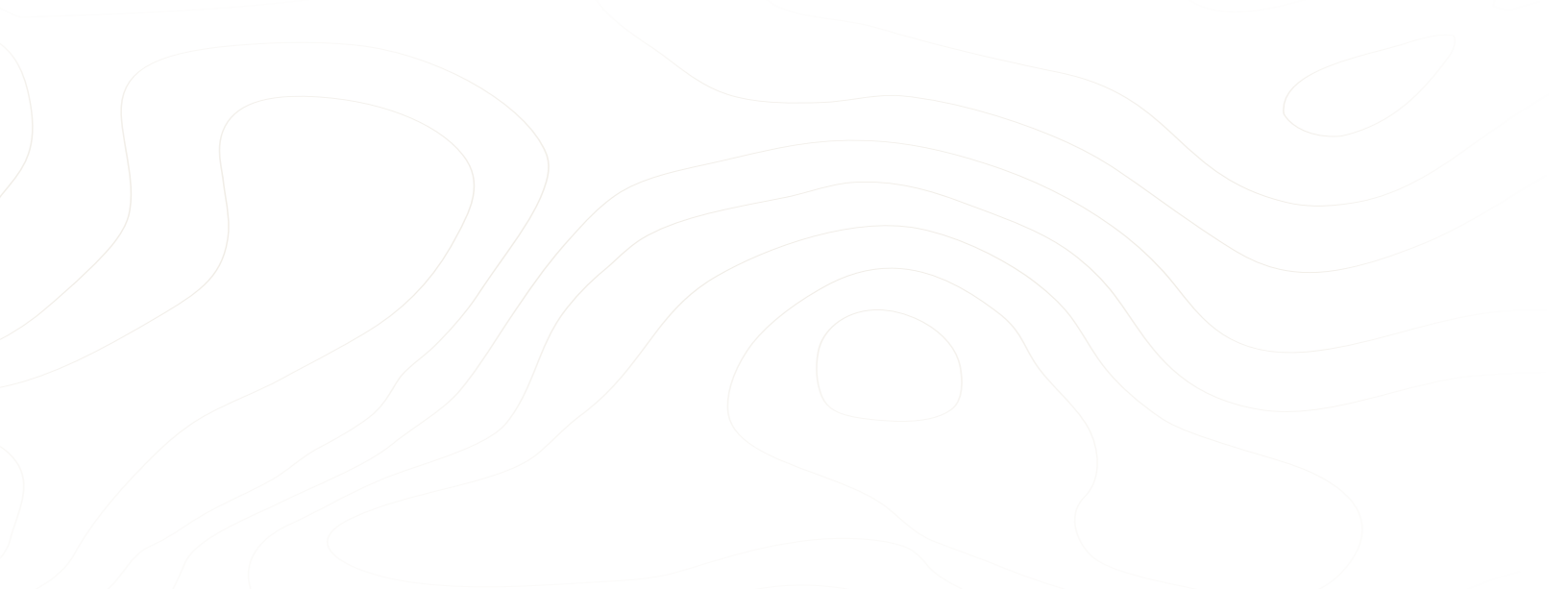
Legal deposit - 2021

Bibliothèque et Archives nationales du Québec / Library and Archives Canada

© FNQLHSSC 2021

TABLE OF CONTENTS

1	Welcoming remarks and opening prayer	2
2	Opening remarks	2
3	New governance model experiences of the First Nations in Canada	3
4	Sharing of the experiences of the First Nations in British Columbia over the past seven years	7
5	Collective mobilization in the pandemic context	11
6	Conclusion	14
7	Closing prayer	15
APPENDIX		
A	Agenda	18
B	Lessons Learned from British Columbia Health Transformation (PowerPoint presentation)	19
C	First Nations Health Authority of British Columbia - The journey (PowerPoint presentation)	26
D	Governance in the management of global health crises - Innu Nation strategic unit (PowerPoint presentation)	52



LIST OF PARTICIPATING COMMUNITIES

AKWESASNE

EKUANITSHIT

ESSIPIT

GESPEG

KAHNAWAKE

KANESATAKE

KEBAOWEK

KITIGAN ZIBI

LISTUGUJ

MASHTEUIATSH

ODANAK

PAKUA SHIPU

TIMISKAMING

UASHAT MAK MANI-UTENAM

WEMOTACI

WENDAKE

WINNEWAY

WOLF LAKE

WÔLINAK

PARTICIPATING ORGANIZATIONS

ASSEMBLY OF FIRST NATIONS QUEBEC-LABRADOR

CENTRE D'AMITIÉ AUTOCHTONE DE QUÉBEC

TREATMENT CENTRES: WALGWAN, WANAKI, WAPAN

COALITION OF ENGLISH-SPEAKING FIRST NATIONS OF QUEBEC

FIRST NATIONS EDUCATION COUNCIL

FIRST NATIONS OF QUEBEC AND LABRADOR SUSTAINABLE DEVELOPMENT INSTITUTE

OTHER PARTNERS (OBSERVERS)

**DIRECTION DES AFFAIRES AUTOCHTONES, MINISTÈRE DE LA SANTÉ
ET DES SERVICES SOCIAUX**

**INDIGENOUS SERVICES CANADA - FIRST NATIONS AND INUIT HEALTH BRANCH,
QUEBEC REGION**

INDIGENOUS SERVICES CANADA - REGIONAL OPERATIONS, QUEBEC REGION

HIGHLIGHTS OF THE MEETING

- The objective of this virtual meeting was to strengthen the engagement of the communities and organizations for a renewed health and wellness governance. The meeting was structured around three presentations aiming to highlight lessons learned and success factors related to experiences of self-determination:
 - Helen Leung, British Columbia Director of Tripartite Relations with Indigenous Services Canada (ISC), shared ISC's experience related to planning, transitioning and operationalizing a healthy First Nations model. In particular, she spoke about the elements that she believes are essential for efficient partnerships between the federal government and First Nations.
 - For his part, Richard Jock, Chief Executive Officer of the First Nations Health Authority (FNHA) of British Columbia, presented the experiences of the First Nations in British Columbia since the creation and implementation of the FNHA. He provided participants with valuable advice that could be useful to the First Nations in Quebec in their process of taking over responsibilities that are currently assumed by the federal government.
 - Finally, Jean-Charles Pietacho, Chief of the community of Ekuanitshit, and Jean-Claude Therrien-Pinette, Chief of Staff for Chief Mike McKenzie and Communications Manager for the Innu Takuaikan Uashat mak Mani-Utenam (ITUM) emergency committee, discussed the positive effects of the implementation of a collective mobilization model in the context of the pandemic in Quebec, including the crisis unit set up by the Innu nation.
- From these three experiences shared with the participants, many lessons learned and success factors could be used in the development of the new Quebec First Nations health and social services governance model.

MARCH 10, 2021

1 WELCOMING REMARKS AND OPENING PRAYER

Jane Gray, the facilitator of this virtual meeting, welcomed the participants.

Elisabeth Ashini, elder from the community of Matimekush'Lac-John, offered a prayer, first in her language, Innu-Aimun. She was happy to be there and asked the participants to think about those who are sick. She asked the Creator to guide the participants during the meeting.

Ms. Gray presented the objectives of this regional meeting, which were to strengthen the mobilization of communities and organizations around the health and social services governance process and to better understand the benefits and added value of other models of governance by and for First Nations.

2 OPENING REMARKS

DEREK MONTOUR

President of the Board of Directors of the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) and Health Director for the community of Kahnawake

Mr. Montour offered his greetings to all and wanted to recognize the different traditional territories from which the participants were joining the meeting. He thanked the elder for her words.

First Nations had been dealing with the pandemic for almost a year and day after day they had to navigate this context. They had demonstrated their abilities which made it possible to reduce the impact on the population. Mr. Montour recognized all the dedication and efforts that had been invested. The crisis was not yet over and efforts had to continue, particularly with vaccination.

The desire for self-determination had long been expressed and was more important than ever. He thanked the participants for taking their precious time to attend this meeting and participate in the development of the new governance model. He reminded that these collective efforts would make it possible to achieve our goal. The FNQLHSSC was pursuing its mandate related to coordinating the governance process, and co-developing a model that meets our needs, realities, values and ways of doing things remained a priority.

Mr. Montour explained that there were risks associated with this process of self-determination and that some people could be worried. However, the past year had shown that we are able to overcome these challenges. The benefits of this process would be beneficial for all communities and organizations and also for the next seven generations.

This meeting would allow for appreciating concrete examples of self-determination. It was necessary to learn from these experiences and think about the changes we want to implement. There was a need to create a model that highlights our diversity, experiences and collective strength.

3 NEW GOVERNANCE MODEL EXPERIENCES OF THE FIRST NATIONS IN CANADA¹

HELEN LEUNG

British Columbia Director of Tripartite Relations, ISC



Helen Leung is the Director of Health Transformation and British Columbia Tripartite Relations in the First Nations and Inuit Health Branch (FNIHB) at ISC. Based in Ottawa, Helen is responsible for national policy development and coordination for health transformation initiatives across the country in partnership with First Nations and provincial governments.

For the past 15 years, Helen has been responsible for supporting the development and collaborative work that led to the creation of the new First Nations health governance structure in British Columbia and the British Columbia FNHA.

Ms. Leung wished to recognize the Algonquin territory from which she was attending the meeting. She thanked the elder for her prayer as well as Mr. Montour and the FNQLHSSC team for the invitation. She wanted to share with the participants some thoughts from the perspective of the federal government regarding the approach taken by the First Nations of British Columbia and other initiatives underway.

She reminded that the Government of Canada is committed to working with the First Nations in Quebec to advance the health and social services governance process. Ms. Leung affirmed that there are unacceptable barriers to accessing services that need to be addressed. She explained that the health transformation process that ISC had undertaken meant that a paradigm shift is required. Communities must be at the heart of decisions and we must think about the future without repeating the past.

Ms. Leung explained that a health transformation is needed as First Nations have to deal with a parallel health system and the two systems do not communicate with each other. The programs and services provided to the population are not streamlined. She also referred to the gaps in health outcomes that have widened even more with the pandemic. The current health situation clearly demonstrated the need for strong partnerships

¹ The PowerPoint presentation used by Ms. Leung can be found in Appendix B.

between First Nations and the federal government, provinces and territories to ensure that communities and organizations receive all the support they need. It was therefore necessary to rethink the ways of doing things and create new structures and more appropriate mechanisms. The experience of the First Nations in British Columbia is a success story in this regard.

The First Nations face many challenges. The status quo no longer works and this has been the case for a long time. Many elements need to be reviewed: the services are fragmented and are not innovative; there is no economy of scale; the programs are developed at the national level while the First Nations are diverse and their needs are different; the services are not culturally appropriate, etc. According to Ms. Leung, the approach adopted by the First Nations in Quebec is unique in terms of the vision related to the integration of health and social services and the inclusion of the social determinants of health.

Regarding the health transformation in British Columbia, Ms. Leung explained the tripartite agreement that enabled the transfer of the regional operations of the FNIHB² and the creation of the FNHA for First Nations to take charge of health programs, services and personnel. The FNHA has thus become the health and wellness partner of more than 200 communities and is responsible for the planning, management and delivery of the programs that were previously offered by ISC-FNIHB. The FNHA works with provincial authorities to coordinate and integrate its health programs and services with those of the province to achieve better health outcomes for First Nations.

After the agreement was signed in 2011, the transfer of responsibilities to the First Nations of British Columbia was done gradually, which resulted in the transfer of central administration functions in July 2013 and regional functions in October 2013. To facilitate the transfer, ISC made funding available to the FNHA. ISC and the FNHA defined and adhered to four factors to ensure a successful transfer: paying communities, minimizing service disruptions, paying staff, and improving services where possible. Ms. Leung said that the transfer process has not resulted in any loss of services to the communities. The agreement was signed between ISC and the FNHA for a period of 10 years and will expire in 2023. A renewal will then be negotiated.

Ms. Leung presented 15 lessons learned related to this transfer from a federal perspective:

- 1** The approach must be genuinely tripartite and not doubly bilateral. This tripartite approach must be applied at all levels.
- 2** In order to move the work forward and not lose momentum between meetings, it is necessary to be able to rely on a strong tripartite structure and secretariat.
- 3** It is preferable to adopt a phased approach based on a series of agreements and plans for which all partners share a common vision.
- 4** A new governance model cannot be developed by a single partner. Learning must be shared among all since the objective is better coordination of services.
- 5** Because the process takes time and sustained commitment, in British Columbia, the approach has been one of transfer, then transition, and finally transformation of programs and services.

² It should be noted that, at the start of the process, FNIHB was affiliated with Health Canada.

- 6 The design of the model must take into account the vision and operational objectives (e.g., alignment with the provincial structure).
- 7 It is highly relevant to unite in order to be more efficient and achieve economies of scale.
- 8 Based on the practices and principles of good governance, an organizational structure based on the separation of political and administrative functions should be sought.
- 9 The governance model must be based on a permanent partnership which is reflected in its structures such as the establishment of a high-level tripartite committee responsible for coordinating the process.
- 10 ISC has retained a residual role after the transfer, which is broader than anticipated and which notably allows First Nations to be assured that they are well aware of the initiatives underway at the national level.
- 11 It is better to aim for a transfer at the beginning of a fiscal year rather than during the fiscal year.
- 12 Change management is a key element to think about early in the process.
- 13 Consideration needs to be given to a long-term transition strategy for information management, information technology and the Non-Insured Health Benefits (NIHB) program.
- 14 The mobilization of certain nations may require working differently, in particular the nations which are in the negotiation process.
- 15 New federal programs must be considered in the context of the eventual transfer.

The agreement between ISC and the First Nations in British Columbia is jointly evaluated and an evaluation report reviewing the first five years is available. The results of this evaluation confirm that significant progress has been made, but that much remains to be done to observe health system performance and health-related outcomes.

Ms. Leung concluded her presentation by mentioning the other transformation processes underway in Canada (Nova Scotia, Ontario, Saskatchewan and Quebec) and explained that each of these projects is unique.

AT THE END OF THE PRESENTATION, THREE QUESTIONS WERE ASKED BY PARTICIPANTS.

Question: During the presentation, the term "permissible" was used. How is what is permissible determined?

Answer: In the agreement signed in 2011, the government stipulated certain conditions that had to be met such as the development of policies and regulations as well as a disconnect between the political and the operational.

Question: Has the transfer of responsibilities to the First Nations been accompanied by the injection of new funds to facilitate upgrading and catch up with long-standing delays?

Answer: Yes, new funds have been injected. During the negotiations, requests in this regard were made. Funding is indexed each year and a clause has been signed providing for additional funding if new programs are created by the federal government.

Question: Is the evaluation report that was produced in 2020 available in French?

Answer: It is available in English³ only but could be translated if requested.

³The English version of the evaluation report can be viewed on the FNHA's website: www.fnha.ca/about/governance-and-accountability/audits-and-evaluations.

4 SHARING OF THE EXPERIENCES OF THE FIRST NATIONS IN BRITISH COLUMBIA OVER THE PAST SEVEN YEARS⁴

RICHARD JOCK

Chief Executive Officer, FNHA in British Columbia



Richard Jock is a member of the Mohawks of Akwesasne and serves as the Chief Executive Officer for the FNHA.

As the CEO, Richard's portfolio includes Health Benefits, policy, planning, engagement, service improvements/integration, investment strategies and regional partnership implementation. His position also provides leadership for the building, functioning and implementation of strong partnerships within the First Nations health governance structure and within the health system more broadly.

Richard has worked for the past 25 years for First Nations organizations and the federal government, including numerous positions in the health field.

Immediately prior to joining the FNHA, he held the post of Chief Executive Officer for the Assembly of First Nations (AFN). Among his other professional roles, Richard has held senior leadership positions at Norway House Health Services Incorporated, Health Canada, the National Aboriginal Health Organization and Mohawk Council of Akwesasne.

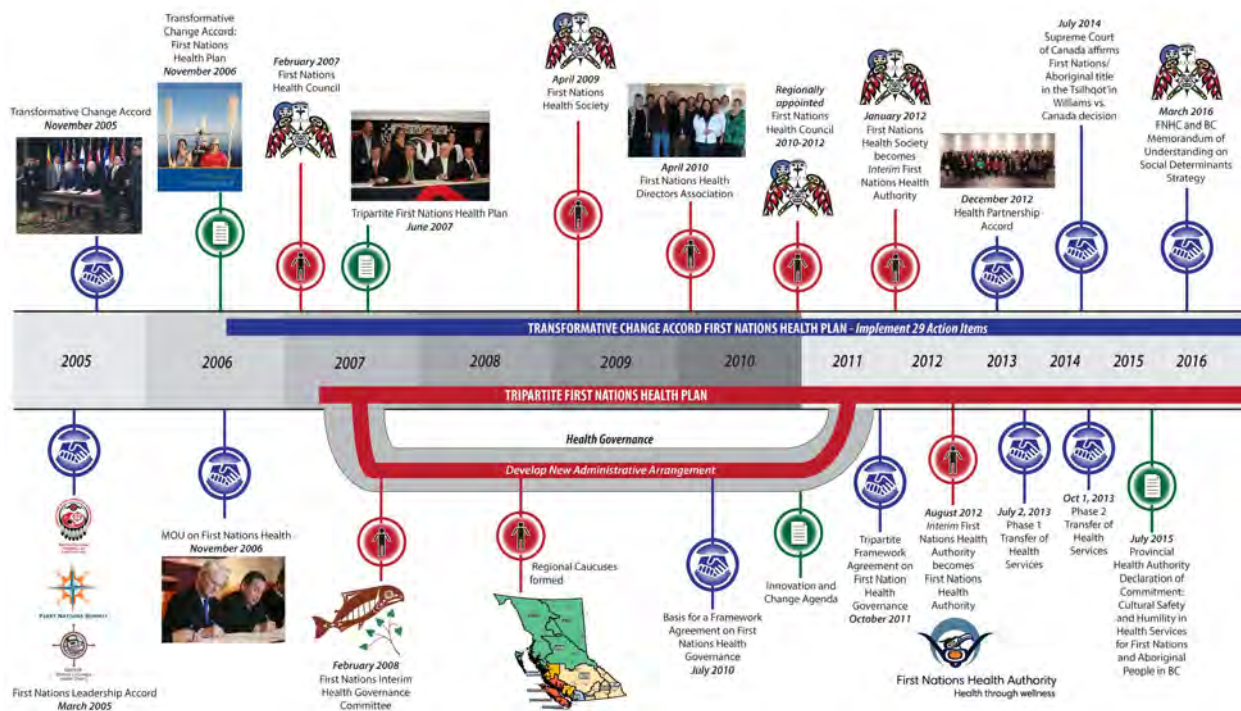
Richard is committed to his wellness and challenges himself to stay active and spend time outdoors. He wears his Fitbit daily, rarely missing his 10,000 steps, and enjoys playing racquetball in his spare time.

Mr. Jock began by recognizing the Squamish Nation territory where he is located. He briefly presented the diversity of the First Nations in British Columbia and the three regional organizations: the British Columbia Assembly of First Nations, the First Nations Summit and the Union of British Columbia Indian Chiefs. He mentioned that the communities are numerous (201 bands) and that many have very small populations. Service delivery is therefore complex and political unity was a very important element in the transfer of programs and services.

Mr. Jock spoke about the past relations between First Nations and governments and reviewed some key elements in reconciliation such as the Truth and Reconciliation Commission of Canada and the *United Nations Declaration on the Rights of Indigenous Peoples*. As for relations between nations, collaboration between them has also strengthened throughout the process leading to the creation of the FNHA, which is a collective health governance structure. He presented the various events that have characterized this journey since 2005, including all the agreements signed over the years and the organizations created. The process was carried out using progressive agreements

⁴ The PowerPoint presentation is in Appendix C.

and it was all based on the commitment of the communities. The Kelowna Accord was the first opportunity to sit down with the provincial government and discuss health.⁵ Discussions with the federal government began later.



A framework agreement and auxiliary agreements were signed in order to specify the transfer of the various functions and to agree on the legal and logistical mechanisms, in particular on human resources, health services, files, assets and software, hosting, capital planning and innovation. A long-term transition strategy has enabled continuity of information technology and NIHB services. Mr. Jock brought to the attention of participants that the costs associated with information technology were initially underestimated. He mentioned the \$17 million implementation fund that was provided for the start-up phase. Regarding the FNIHB-ISC employees who were hired by the FNHA, he explained that in hindsight he would do this transfer differently since many left the organization in the years that followed. According to him, you have to make sure that the employees are truly dedicated to the mission of the organization.

The First Nations of British Columbia have adopted their vision of health and wellness and have developed their own indicators. These indicators are different from those commonly used which are more focused on disease.

The transfer was thus carried out in three main blocks of activities: 1) build systems (IT, financial and human resources systems) and a solid structure; 2) take over assets; and 3) take over programs and services. Mr. Jock explained that the First Nations had taken over the ISC-FNIHB programs as they were. However, he suggested thinking about transforming the programs from the start.

⁵ The Kelowna Accord was concluded after 18 months of discussions by the First Ministers' conference bringing together representatives of the federal government, provincial and territorial governments and the five national Indigenous organizations: the Assembly of First Nations, the Inuit Tapiriit Kanatami, the Métis National Council, the Congress of Aboriginal Peoples and the Native Women's Association of Canada.

The development of partnerships was one of the key elements of the process and a lot of time had been invested in it. Mr. Jock also insisted on the concept of mutual accountability between partners, in this instance with the province and ISC. He then mentioned four major success factors:

- 1 Staying united as First Nations, which requires political leadership and the search for consensus.
- 2 Building relationships and trust between partners, which was made possible through a series of signed agreements over time and a demonstrated willingness to provide long-term funding.
- 3 Remaining focused on the administration of health services and therefore focusing on the collective approach and not, for example, on the negotiation of treaties.
- 4 Recognizing the responsibility of the province for the health of First Nations residing inside and outside of the communities.

Mr. Jock outlined the vision, values and seven guidelines that were developed by First Nations. He then explained the idea of the health and wellness ecosystem and therefore the importance of working on all determinants of health such as mental health.

First Nations Health Authority www.fnha.ca

Our Common Foundation

Our Vision

Healthy, self-determining and vibrant, BC First Nations children, families and communities

Our Values

Respect, Discipline, Relationships, Culture, Excellence & Fairness

Our Directives

1. Community Driven, Nation Based
2. Increase First Nations Decision-Making
3. Improve Services
4. Foster Meaningful Collaboration and Partnerships
5. Develop Human and Economic Capacity
6. Be without Prejudice to First Nations Interests
7. Function at a High Operational Standard

15

As for the FNHA's planning approach, a first health plan was developed and reflects the plans and priorities of the communities, nations and sub-regions. A toolkit had been created to support nations in carrying out their planning processes.

Mr. Jock then addressed the issue of the fight against racism and cultural safety which is considered to be an important determinant of health. Some people will avoid the health care system because of racism. In keeping with everyone's responsibilities, the FNHA is proactive in dealing with complaints about the health system. He mentioned having learned about Joyce's Principle which he found very interesting.

In connection with COVID-19, the FNHA has been able to offer a rapid response and has put in place several initiatives related to crisis management such as daily phone calls, information sharing for the population through various media, an offer of support to community health professionals, the deployment of mobile screening devices, etc.

Mr. Jock concluded his presentation by briefly outlining other initiatives underway within the FNHA that have an impact on different areas, such as mental health and NIHB transformation.

5 COLLECTIVE MOBILIZATION IN THE PANDEMIC CONTEXT⁶

CHIEF JEAN-CHARLES PIETACHO

Community of Ekuanitshit



Jean-Charles Pietacho has been the Chief of the Innu community of Ekuanitshit since 1991. Over the course of the many years he has dedicated to serving his community, Mr. Pietacho has developed strong communication and management skills and has been able to be a good moderator. Previously, he served as the General Director of the community from 1979 to 1991. He enjoys hunting, fishing and travelling and has a keen interest in current affairs.

Mr. Pietacho explained that we have to look back in order to be able to better move forward into the future. Our vision has always been different from that of governments. Our hospital, our pharmacy, is the land. In the 1980s, he served on the AFN's health committee with which he toured the First Nations of Canada. He found that First Nations across the country shared a similar vision and that all see health as a right.

First Nations have long been grappling with an issue of underfunding, in all areas. Mr. Pietacho also emphasized the lack of sensitivity of governments and the legal barriers still present. He cited as an example a service that was denied to a child in his community under Jordan's Principle. He concluded by saying that as long as the First Nations do not make their own decisions, these situations will continue to repeat themselves.

⁶ The PowerPoint presentation is in Appendix D.

JEAN-CLAUDE THERRIEN-PINETTE

Chief of Staff for Chief Mike McKenzie and Communications Officer for the ITUM emergency committee



A member of the community of Uashat mak Mani-Utenam, Mr. Therrien-Pinette has held various strategic positions to defend the interests of First Nations within national and regional organizations and in his community. Aware of the challenges and issues related to the development of our governance structures, he is continuing his involvement with the Innu nation as a facilitator to support decision-makers, communities and organizations. As an active member of the Innu Nation's strategic unit, he collaborated in setting up the conditions necessary to prevent and limit the spread of COVID-19 among Innu communities within the unit.

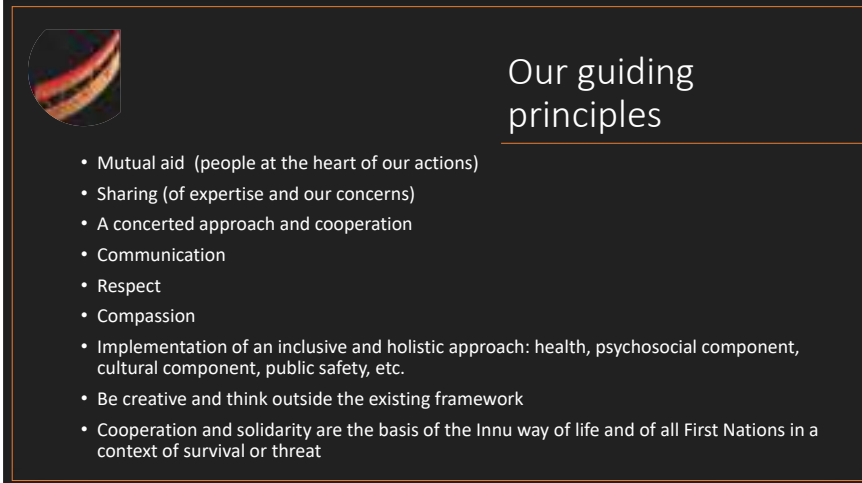
Mr. Therrien Pinette presented the Innu nation and the communities that make it up. The Innu nation has nine communities in Quebec and two in Labrador. In Quebec, the Innu nation includes nearly 19,000 people. Innu communities have diverse realities in terms of their geographic location and their remoteness from urban centres, and are also different in terms of their relationships and the partnerships they maintain. However, they share common issues and projects, in particular the conservation of the territory, the protection of the caribou, the Northern Action Plan and economic development projects such as the Apuiat wind farm project. The intention of the nation is to continue its mobilization beyond the pandemic.

On March 11, 2020, the World Health Organization (WHO) declared that the world was facing a pandemic. All had to act in the face of this common invisible and deadly enemy. Knowledge developed gradually and it was clear from the start that the situation was not well under control by the authorities. The Innu nation therefore had an obligation to do everything in its power to ensure the protection of its members.

The crisis unit is thus the result of political mobilization. It was created on March 13, 2020, and the first discussions took place on March 16, 2020. The members of the unit adopted a work approach supported by science. The unit benefited from the expertise of Dr. Stanley Vollant and Dr. Amir Kadir and funding was secured to ensure coordination. The first outbreak occurred in Uashat on March 27, 2020. It was then that the collaboration that had begun really materialized and people stepped up to contain the spread.



Mr. Therrien-Pinette presented the nine guiding principles which are at the heart of the crisis unit's efforts.



Our guiding principles

- Mutual aid (people at the heart of our actions)
- Sharing (of expertise and our concerns)
- A concerted approach and cooperation
- Communication
- Respect
- Compassion
- Implementation of an inclusive and holistic approach: health, psychosocial component, cultural component, public safety, etc.
- Be creative and think outside the existing framework
- Cooperation and solidarity are the basis of the Innu way of life and of all First Nations in a context of survival or threat

Concretely, the work of the crisis unit was structured around meetings, the frequency of which varied depending on the intensity of the pandemic, i.e., the meetings were held on a daily basis at first and then twice a week thereafter. The unit took over certain responsibilities, namely the pandemic plan, epidemiological investigations, screening and laboratory analyses. The sharing of best practices and the development of partnerships were also at the heart of the actions of the crisis unit. The interventions of the crisis unit took place at three levels: 1) Political intervention at the federal, provincial and municipal levels; 2) Technical intervention in particular with ISC, the CISSS de la Côte-Nord and the Institut national de santé publique; 3) Intervention with organizations such as treatment centres, the FNQLHSSC, the Native Friendship Centre, educational institutions, the economic setting, etc.

Many lessons were learning during the process:

- Effective governance in the management of the pandemic through the political will of the Innu communities (including those living in urban areas).
- The survival of the group is more important than the individual.
- Our traditional values must be used to guide our actions and reflections.
- You have to get organized before someone else does it for you, and demonstrate leadership.
- Governing in the collective interest.
- When we talk about governance, we also talk about competition; if the primary interest is the well-being of the most vulnerable, there is no more competition.
- We are competent and able to take responsibility to adequately protect ourselves against COVID-19.

Mr. Therrien-Pinette concluded by saying that the most important thing is to learn to develop confidence and the conviction that one is capable of doing what needs to be done. By developing partnerships, trust in others has also been built.

6 CONCLUSION

MARJOLAINE SIOUÏ

Executive Director, FNQLHSSC

Ms. Siouï began by thanking the elder as well as the Chiefs and Councillors in attendance. She provided an overview of what she heard during this half-day and recalled that the objective was to allow participants to know more about other ongoing proceedings. She explained that the governance process is in its eighth year of consultation and dialogue with First Nations and that a lot of work remains to be done. The repercussions of the process were already visible, such as the strengthening of certain partnerships and greater governance by the First Nations which was already being felt, for example, for management in the context of COVID-19. From the presentations, she had gotten the message that we are at a critical stage in the process and that we must continue to build a model that is as close as possible to what we want to meet the needs of First Nations. To do this, we must continue to develop our partnerships.

As requested by many, the next regional meetings would be shorter than in the past and specific topics would be targeted during each one. These meetings would allow for feeding into the construction of the new model. Ms. Siouï encouraged the participants not to hesitate to send their comments and suggestions on this formula.

Ms. Siouï mentioned that the virtual tour of the communities would be starting the next day with the community of Essipit. Many meetings would therefore be happening in the coming year and a calendar would be kept up to date. All questions and comments made during the tour would be recorded.

As for the other steps to come, the team was working on the renewal of the funding for the next three years and on the planning of the activities and analyses to be carried out. Ms. Siouï mentioned that when the Chiefs were engaged at the start of the governance process, they clearly asked to continue working on already existing priorities. The tripartite memorandum of understanding signed in August 2019 had made it possible to work on this. In addition, as announced, a political table bringing together the Assembly of First Nations Quebec-Labrador and the Government of Quebec would work on various issues, including those relating to health and social services. The establishment of technical tables was also planned. Finally, reflections would continue in relation to the role of stakeholders as part of the new model and service offer of the new regional health and wellness body.

7 CLOSING PRAYER

Deborah Delisle, an elder from the community of Kahnawake, closed the meeting. She particularly learned from Mr. Jock's presentation regarding the importance of the bond of trust that is built between partners. She also appreciated their vision according to which the tools they developed in the context of COVID-19 will be reused in the future. Ms. Delisle explained that the pandemic has resulted in a lot of isolation in communities, families and for individuals. In the Mohawk teachings, we find the importance of being at peace and being in a good state of mind. She mentioned the importance of being grateful every day. She ended by reading a poem which expresses gratitude towards all the elements of Creation.

A APPENDIX

AGENDA

DATE: MARCH 10, 2021

PLACE: VIRTUAL MEETING

NOTE: [GOUVERNANCE-SSS.ILLUXI.COM/AUTH/LOGIN?LANG=ENGLISH](https://gouvernance-sss.illuxi.com/auth/login?lang=english)

WEDNESDAY, MARCH 10, 2021

12:30 p.m.	Welcoming of the participants
12:55 p.m.	Instructions regarding simultaneous interpretation and meeting logistics
1:05 p.m.	Opening prayer
1:10 p.m.	Words of welcome
1:15 p.m.	Opening remarks Derek Montour, President of the FNQLHSSC Board of Directors
1:30 p.m.	Indigenous Services Canada (ISC), Helen Leung, Director of Tripartite Relations for British Columbia • Experience with new models of First Nations governance in Canada
2:20 p.m.	Break
2:35 p.m.	British Columbia's First Nations Health Authority (FNHA) – Richard Jock, Chief Executive Officer • Sharing the experience of the last seven years
3:30 p.m.	Crisis Unit of the Innu Nation – Chief Bryan Mark • Collective mobilization in the context of a pandemic
3:50 p.m.	Plenary session and discussions
4:20 p.m.	Conclusion – Marjolaine Sioui, FNQLHSSC Executive Director
4:30 p.m.	Closing prayer

B APPENDIX

LESSONS LEARNED FROM BRITISH COLUMBIA HEALTH TRANSFORMATION (POWERPOINT PRESENTATION)

 Services aux Autochtones Canada Indigenous Services Canada

Health Transformation

 March 10, 2021

Regional Meeting -Governance:
Lessons Learned from BC Health Transformation









Why Health Transformation?

- The provision of health services for Indigenous peoples is an area of shared responsibility between Government of Canada, provincial/territorial governments and Indigenous partners and this has led to ambiguity and uncertainty.
- Indigenous peoples are provided health services through a patchwork of programs and supports, which are not sufficiently coordinated across jurisdictions. This has entrenched on/off-reserve gaps and contributes to patient safety risks and inefficient use of resources.
- The COVID-19 pandemic has demonstrated the necessity of strong partnerships with provincial/territorial governments to ensure that Indigenous peoples have the needed supports in place to effectively respond to emergency situations.
- The example of the British Columbia Health Transformation process provides an opportunity to learn from their various successes and experiences.

2



Key Challenges Facing First Nations Health Systems

- Many decisions on programs are made outside of First Nation communities
- Division of federal and provincial roles and responsibilities leads to fragmented health services and programming
- Programs and services not operating as efficiently or effectively as we would like, resulting in service gaps and accessibility problems
- Under-developed data, reporting, surveillance and management tools
- Services lacking in cultural competence
- Difficulty in collaborating between health and other sectors, and lack of a plan to address health determinants

3



Health Transformation in British Columbia

- The most advanced model of health transformation is in BC where a Tripartite Framework Agreement led to the full devolution of federal regional operations and created a new province-wide First Nations Health Authority (FNHA) to take over First Nations health programs, services, and staff in BC.
- The FNHA:
 - Is the health and wellness partner to over 200 diverse First Nations communities and citizens;
 - Is responsible for planning, management and the delivery of health programs previously provided by ISC;
 - Is governed by First Nations; and,
 - Works with the province to coordinate health services.
- ISC remains a funder and governance partner, but has ceased its program delivery role as of October 2013.
- Their work does not replace the role or services of the BC Ministry of Health and Regional Health Authorities. The FNHA collaborates, coordinates, and integrates health programs and services with the province to achieve better health outcomes for BC First Nations.
- The FNHA maintains a unique position in the provincial system with a focus on improving community-based services, improving access to and integration with mainstream services, and addressing the underlying determinants of health.



Transfer Framework

- Framework Agreement provided for a phased approach to transfer, which resulted in transfer of Headquarter functions in July 2013 and regional functions in October 2013.
- Sub-Agreements to the Framework Agreement describe legal and logistical mechanics of transfer for the areas of human resources, health benefits, records, assets and software, accommodations, capital planning, and novation.
- HC contributed \$17 million as Implementation Fund to alleviate cost pressures associated with start up phase.
- 75% of FNIHB staff accepted reasonable job offers.
- FNIHB and FNHA set and met four success factors for transfer: pay communities, minimize service disruption, pay staff, and improve services where possible.
- Transfer concluded with minimal disruption in services to communities and clients or significant impacts on employees performing day-to-day duties.
- Longer term transition strategy allowing for IT service continuity and Non-Insured Health Benefits buy-back.



Lessons Learned – Process

- **Tripartite, Tripartite, Tripartite** – emphasis on creating a tripartite approach rather than a double-bilateral approach in the discussions and applying a 'tripartite' way of working at all levels.
- **Tripartite Structure and Strong Secretariat** to keep the work and momentum going in between meetings and to take action, carry out policy functions, and seek and carry out direction on shared priorities.
- **Incremental Approach** over time with the use of successive health plans and agreements will help 'get everyone on the same page' and enable each of the partners to go back within their respective organizations to seek input and approval of documents.
- **Shared Learning and Shared Approaches** that recognizes that the new model of health governance cannot be designed in isolation by any one partner given the shared roles and responsibilities in health and the overall objectives of seeking greater coordination of health services across health systems.
- **Transfer - Transition - Transformation** recognizes that this will be a shared journey that will take time but through the new partnership, and with sustained commitment by the partners to the process, we can move forward.

6



Lessons Learned – Governance

- **Model Design** with vision and operational objectives in mind (e.g. FNHA regional geographic boundaries that are co-terminus with provincial regional health authority boundaries).
- **Bigger is Better** when attempting to seek efficiency and economies of scale when delivering health services.
- **Good Governance Practices and Principles** that emphasizes the separation of functions between the political and operational/administrative with a corporate structure that provides First Nations voice in the way it works, is professionally managed and open and accountable to member First Nations.
- **Ongoing Partnership** reflected in structures like the Tripartite Committee on First Nations Health that provides a senior level forum to coordinate and align planning, programming and services amongst ISC, BC Ministry of Health, BC Health Authorities, Provincial Health Officer, FNHA, FNHC, FNHDA and BC First Nations.
- **Residual Role of Canada** has been larger than anticipated given the nature of the ongoing and evolving partnership, ensuring that BC First Nations remain connected with the broader policy initiatives at the national level (e.g. COVID-19) and with the transfer of FNIHB from Health Canada to Indigenous Services Canada.

7



Lessons Learned – Implementation

- **Fiscal Year End Transfer** on April 1 is much easier than a mid-year transfer on October 1 when dealing with finance issues and audit review and reconciliation processes.
- **Change Management Processes** need to be initiated earlier with greater attention to the supports and communications necessary to inform staff and partners on the status of the governance discussions, timing and impact on the organization and workforce.
- **Innovative Longer-Term Transition Strategy for IM/IT and NIHB** through an IM/IT Service Continuity Agreement (terminated in 2015) and a Health Benefits Service Agreement (which terminated in 2019).
- **Engagement and Relationship with Self-Governing First Nations** will take more time to assess potential impact and implications, including for those First Nations that are currently in or close to concluding a self-government agreement around the time of transfer.
- **New Federal Programs and Services** need to be designed and developed with the goal of future transfer in mind. Embedding them into federal structures and systems could result in added complications at the time of transfer.



Framework Agreement Evaluation

- The *British Columbia Tripartite Framework Agreement on First Nation Health Governance* (2011) includes a commitment to complete a joint evaluation of the initiative every five years.
- The first evaluation (2013-2018) was released in conjunction with the annual province-wide forum on First Nations health issues called Gathering Wisdom for a Shared Journey.
- The evaluation report, and the companion case studies, provides an opportunity to reflect on results to date, lessons learned, and will help shape the direction of the initiative going forward.
- The results of the evaluation confirm that much progress has been made, but that more work needs to be done to see in health system performance and health outcomes.
- The Report is available at: <https://www.fnha.ca/Documents/Evaluation-of-the-BC-Tripartite-Framework-Agreement-on-First-Nations-Health-Governance.pdf>
- Also available is the FNHA's first five-year independent organizational evaluation which is available at: <https://www.fnha.ca/Documents/FNHA-Evaluation-Report.pdf>



Thank you!



Annex A - BC First Nations Health Governance Structure





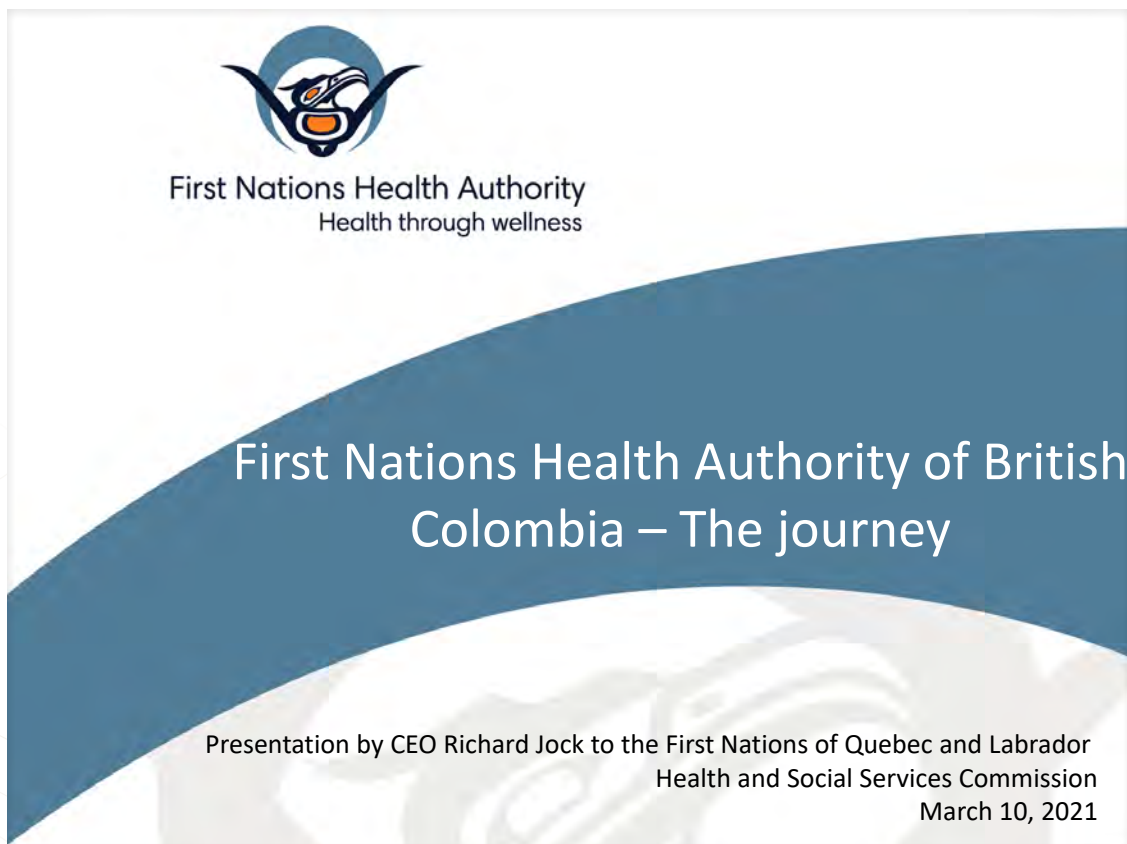
Annex B - Health Transformation Landscape

- The Health Transformation landscape is varied and is gaining momentum.
- Below are some examples of health governance models that look toward transferring the design and delivery of health services to Indigenous institutions:
 - ISC is supporting Keewaytinook Okimakanak in Manitoba to take control of their community primary care services, by using a new service delivery model.
 - The Memorandum of Understanding (MOU) with the Wicekaskosiw Sakahikan Nehiyaw Askiy (Onion Lake Cree Nation, Saskatchewan) to develop a new type of funding arrangement that will enhance the Cree Nation's control of health services based on a respectful Treaty relationship.
 - A tripartite MOU was signed with the Assembly of First Nations of Quebec-Labrador and Quebec to work towards a new Indigenous led organization that will deliver health and social services.
 - The Nishnawbe Aski Nation is working on a tripartite health system transformation arrangement for 49 First Nations communities in Northern Ontario. A Joint Action Table has been established to guide this process.



FIRST NATIONS HEALTH AUTHORITY OF BRITISH COLUMBIA – THE JOURNEY

(POWERPOINT PRESENTATION)





British Columbia First Nations



26 Cultural Groups
34 Languages
201 Bands (or First Nations)
3 Provincial First Nations Organizations

- BC Assembly of First Nations
- First Nations Summit
- Union of BC Indian Chiefs

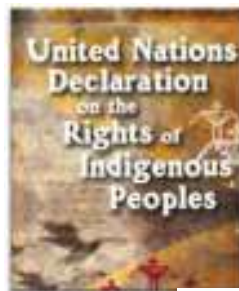
For more information on efforts to revitalize BC First Nations languages, visit: www.fpcc.ca



Addressing the Government's relationship with Indigenous peoples

Before I follow the great chiefs who have gone before us, Oh Canada, I shall see these things come to pass. I shall see our young braves and our chiefs sitting in the houses of law and government, ruling and being ruled by the knowledge and freedoms of our great land.

- Chief Dan George, "A Lament for Confederation"



Truth and Reconciliation Commission of Canada:
Calls to Action



Relationships - Amongst Ourselves & with our Partners

A series of progressive political, legal and operational agreements incrementally building a true health partnership



First Nations **consensus-based, collective decision-making.**
Process of Nation-rebuilding through **collective governance.**

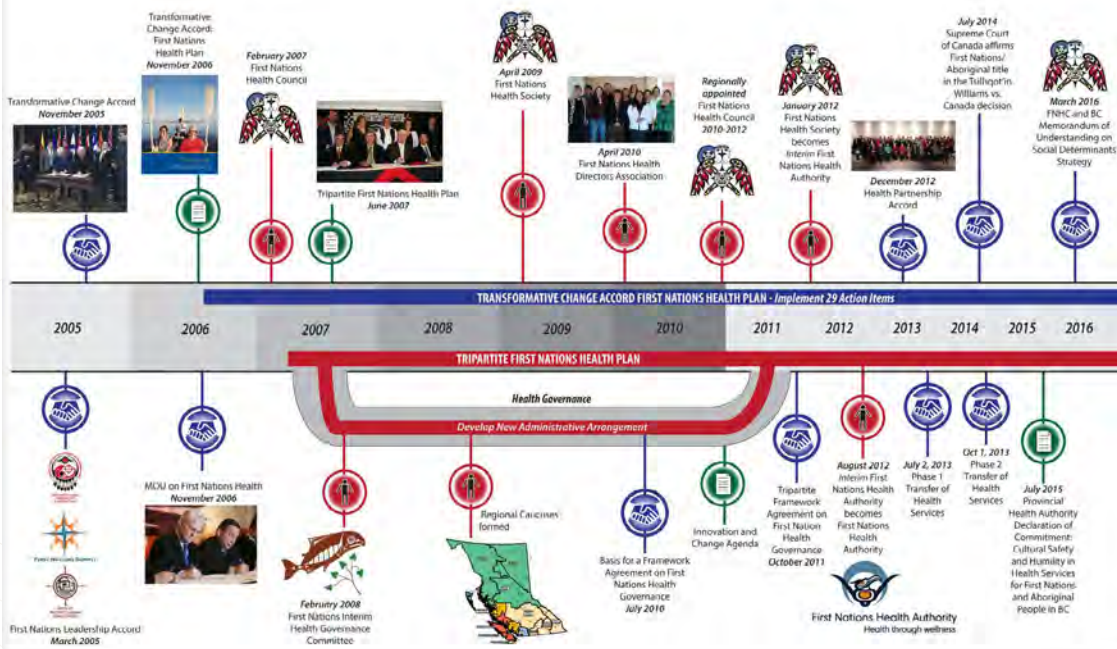


“The health & wellbeing of my people depends on how well I work with each & every one of you in this room.”

-Chief Douglas White III
Kwulusuitun



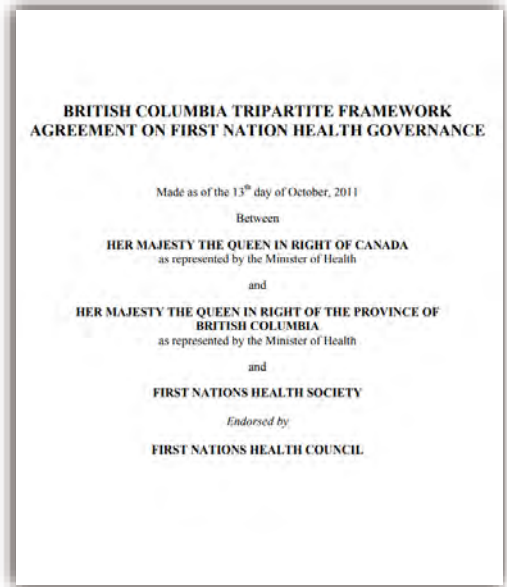
Where We've Been





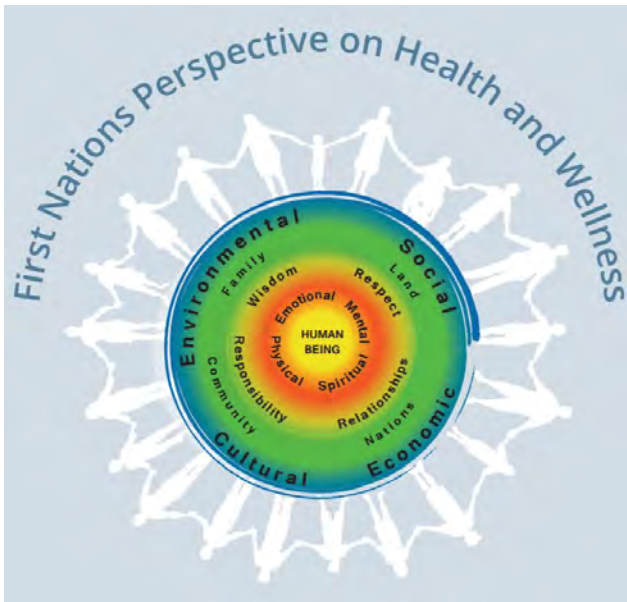
Transfer Framework

- Framework Agreement provided for a phased approach to transfer which resulted in transfer of **HQ functions** in **July 2013** and **Regional functions** in **October 2013**
- Sub-Agreements describe legal and logistic mechanics of transfer for the areas of **human resources, health benefits, records, assets and software, accommodations, capital planning, and novation.**
- **Longer term transition strategy** allowing for IT service continuity and Non-Insured Health Benefits buy-back.
- **\$17 million dollar implementation fund** for start up phase



First Nations Health Governance Structure



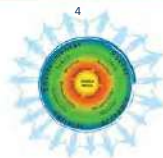


Recognizes health of human beings as inextricably connected to their internal and external contexts (dimensions of wellness, values, broad determinants of well-being, relationship with people and territory).



FIRST NATIONS POPULATION HEALTH & WELLNESS INDICATORS (2017-2027)

SOCIAL CULTURAL ECONOMIC ENVIRONMENTAL	HEALTH SYSTEMS	LAND FAMILY NATIONS COMMUNITY	MENTAL PHYSICAL SPIRITUAL EMOTIONAL	HEALTH & WELLNESS OUTCOMES	TRANSFORMATIVE CHANGE ACCORD FN HEALTH PLAN
<p>Education: graduation rates</p> <p>Food security</p> <p>Adequacy of housing</p> <p>Cultural Wellness</p> <ul style="list-style-type: none"> Traditional language Traditional foods Traditional medicine/healing Sense of belonging to one's community 	<p>Experience of cultural safety & humility in receiving health services</p> <p>Avoidable hospitalizations (ambulatory care sensitive conditions)</p>	<p>Decision-making, human and economic capacity</p> <p>Ecological health:</p> <ul style="list-style-type: none"> % of undisturbed habitat Abundance of culturally important species (salmon, moose, elk) # of animals that can be harvested in a season 	<p>Level of physical activity</p> <p>Number of children with healthy teeth (no cavities)</p> <p>Smoking commercial tobacco</p>	<p>Healthy infant birth weights</p> <p>Alcohol-related deaths</p> <p>Serious injuries requiring hospitalization</p> <p>Self-reported mental/emotional well-being</p>	<p>Infant mortality</p> <p>Children with healthy Body Mass Index (BMI)</p> <p>Youth suicide</p> <p>Diabetes prevalence</p> <p>Age-standardized mortality rate</p> <p>Life expectancy</p> <p>Number of practicing, certified FN HCPs</p>





Key Transfer Activities



Building Solid Systems & Structure

Building the FNHA
(Organizational Development)

IM/IT systems
Financial systems
HR systems

Assuming Assets

Real Property and Accommodations

Financial and Human Resources

Taking over Programs and Services

First Nations Health Benefits (NIHB)

All Current FNIHB Programs and Services

Contribution Agreements

Creating a Shared Organizational Culture



Health Governance & Health System Partnerships

Health Governance Partnerships

First Nations:

- Continuous engagement & decision making process – Community, Nation/Sub-regional, regional, & Provincial levels
- Community, Nation and Regional level Health and wellness Plans

Provincial Government

- Annual Letter of Mutual Accountability with Ministry of Health
- Annual Letter of Understanding with Ministry of Mental Health & Addictions
- Joint Project Board Table
- Partnership Accords with Health Authorities
- CEO to CEO Agendas
- Regulatory colleges

Federal Government:

- Annual Shared Vision & Common Understanding
- VP-DGs Forum

Tripartite:

- Tripartite Committee on First Nations Health

Health System Partnerships

National Partnerships:

- Canadian Institute for Health Information
- Canadian Foundation for Healthcare Improvement
- Canadian Institute of Health Research
- Mental Health Commission of Canada
- Canadian Partnership Against Cancer
- Public Health Agency
- National College of Health Leaders

Provincial Partnerships:

- BC Cancer Agency
- Providence Health Care
- BC Patient Safety & Quality Council
- Simon Fraser University (Research Chair)
- University of British Columbia (Research Chair)



Health Partnership Accord

Elements of our Shared Vision:

- BC First Nations are among the healthiest in the world
- BC First playing an active role in decision-making regarding their personal and collective wellness and drawing upon the richness of their traditions
- Access to high quality health services that are part of a broader wellness system

Our Commitment to Governance:

- Support a new First Nations health governance structure
- Recognize First Nations decision-making
- Nurture partnerships toward a more integrated health system

Reciprocal accountability:

- We will work together at all levels in a collaborative manner to achieve our shared goals, living up to our individual and collective commitments.
- Each Partner is accountable to the others for its actions and to deploy its part of the system towards shared goals.

Partners See Possibilities

The Partners are committed to implementing ongoing innovations, and envision a number of possibilities for health systems transformation, including:

- *Wellness System* – the incorporation of indigenous models of wellness into the health system and a shift in focus from sickness to wellness.
- *Health Planning* – better coordination in health planning and resources from community, sub-regional, regional, and provincial levels, to create better linkages between all levels.
- *Health Services* – the implementation of a high quality, integrated system of community-based public health, primary care, home and community care that is accessible to all and linked to culturally-competent secondary and tertiary care.
- *E-health* – a province-wide e-health system in First Nations communities is fully integrated with the provincial e-health network, and data sharing and health outcome monitoring is more accurate and effective than ever before.
- *Economic Innovation* – opportunities for entrepreneurial ventures, including shared services, are supported. Revenue-generating opportunities are pursued for reinvestment into services. Procurement systems are improved, services and facilities shared and aligned, and joint purchasing power maximized.
- *Cultural Competency* – the workforce that serves First Nations peoples is culturally competent, through an increased number of First Nations health professionals, cultural competency training, the availability of Aboriginal Patient Navigators, and the delivery of culturally-appropriate programs and services by all providers.

12



Factors Critical to Success

- **Unity amongst ourselves as BC First Nations**
 - Political leadership
 - Consensus-building
- **Relationship and Trust Building across Partners**
 - Series of evolving agreements over time
 - Willingness to provide long-term funding for engagement
- **Focus on the Administration of Health** and not Jurisdiction, Treaty or Aboriginal Rights.
- **Acknowledgement of Provincial Responsibility** for providing all aspects of Health Services to First Nations people living on and off reserve.

First Nations Health Governance Structure



Reciprocal accountability: Work at all levels to achieve our shared goals, living up to our individual and collective commitments.

Each Partner is accountable to the others for its actions, and for the effective implementation and operation of their responsibilities and systems, recognizing that our work as Partners is interdependent and interconnected.

We strive not only to live up to one another's expectations, but to exceed them.

Our Common Foundation

Our Vision

Healthy, self-determining and vibrant, BC First Nations children, families and communities

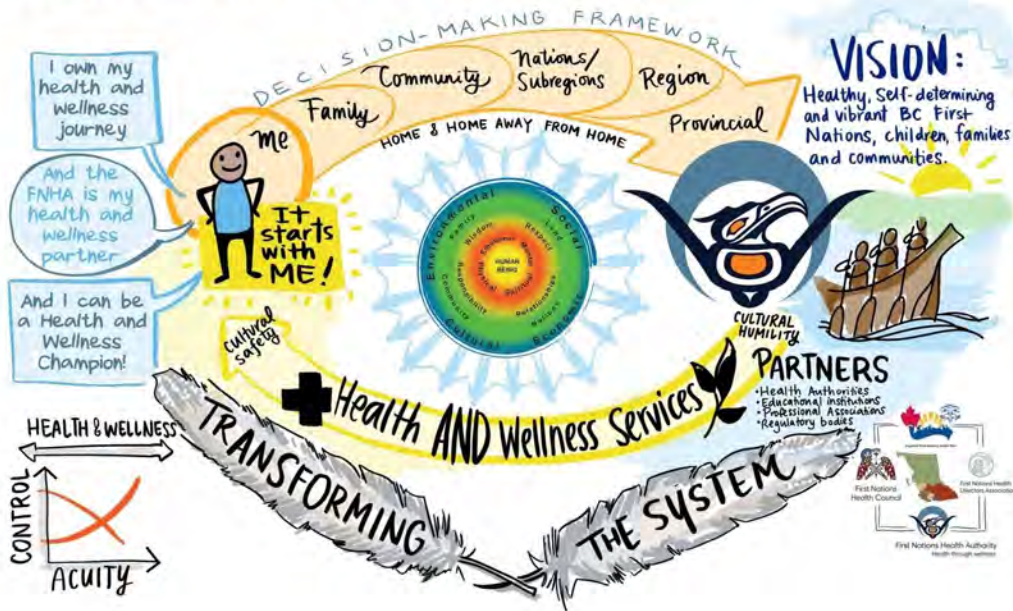
Our Values

Respect, Discipline, Relationships, Culture, Excellence & Fairness

Our Directives

1. Community Driven, Nation Based
2. Increase First Nations Decision-Making
3. Improve Services
4. Foster Meaningful Collaboration and Partnerships
5. Develop Human and Economic Capacity
6. Be without Prejudice to First Nations Interests
7. Function at a High Operational Standard

Ecosystem of Health and Wellness



10

The FNHA Occupies a Unique Place in the Health System

- In some ways, the **FNHA is like the Ministry of Health and Health Canada**, in that the FNHA undertakes strategic policy and planning development for the full First Nations health system.
- In some ways, the **FNHA is like the Provincial Health Services Authority**, in that the FNHA delivers some services to the entire First Nations population across the province, and provides certain shared services across BC First Nations health centres.
- In some ways, the **FNHA is like Regional Health Authorities** in that the FNHA undertakes local and regional health services planning and delivery
- **Working at all levels of the health system simultaneously to advance system-wide priorities in the spirit of reciprocal accountability – such as cultural safety & humility**



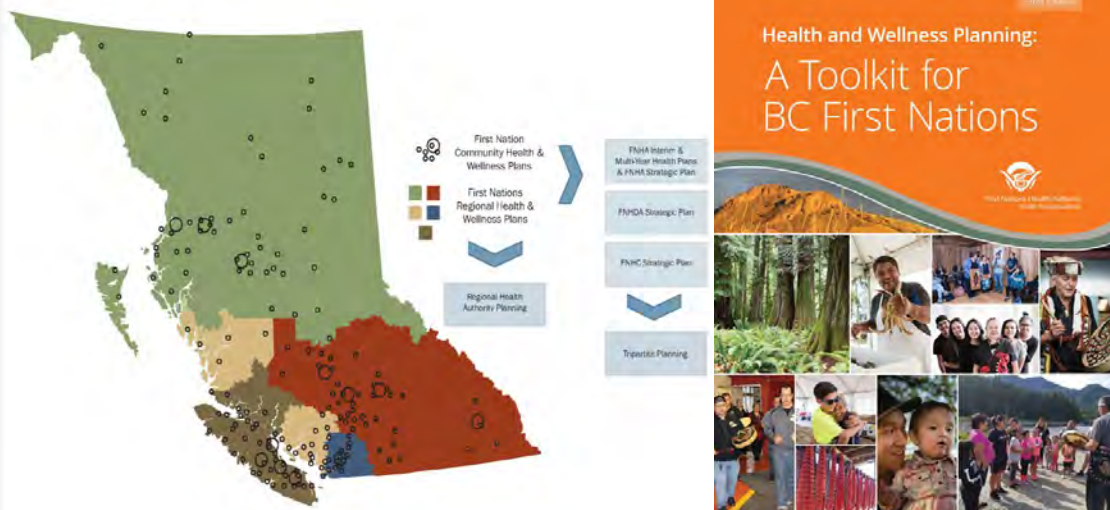
Approach of the FNHA: First Nations Decision-Making

- **“Nothing for us without us”**
- FNHA created by First Nations for First Nations to advance a holistic First Nations Perspective on Health & Wellness
- Empowering individuals, families, and communities to be self-determining
- BC’s 7th Health Authority. Non-profit society under the BC Society Act. FNHA’s authority comes from the **inherent right** of First Nations people to be self-determining
- Working at all levels of the health system simultaneously
- Articulating First Nations views about health and wellness and develop policy that works for First Nations







First Nations Planning Approach

A comprehensive planning model, grounded in community and regional plans and priorities



FNHA's vision for Cultural Safety & Humility

The FNHA envisions a future where First Nations people have a new relationship with their care providers.

-  One which is based on mutual respect, understanding and reciprocal accountability.
-  One that provides an understanding of what Health & Wellness means to the First Nations people that are seeking care that we are responsible to provide.
-  One that resets the balance of power between a care provider and the client we are here to serve, clients who deserve respect and have a right to access the best service we are able to deliver.
-  One that provides for a health system that has mechanisms that proactively and effectively addresses appropriate actions and behaviours within the operations of the various health institutions.

And we will know that we've achieved cultural safety when the voice of the people receiving our services tells us we have.



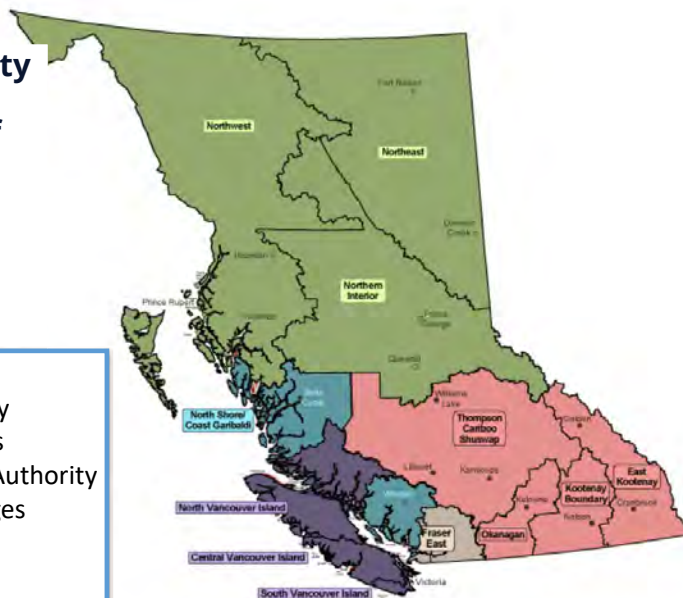
Cultural Safety and Humility
Resource Booklet:
www.fnha.ca/culturalhumility

Hardwiring into the Health System

'Hardwire' Cultural Safety & Humility into health services in BC as part of the FNHA's Quality & Safety Agenda

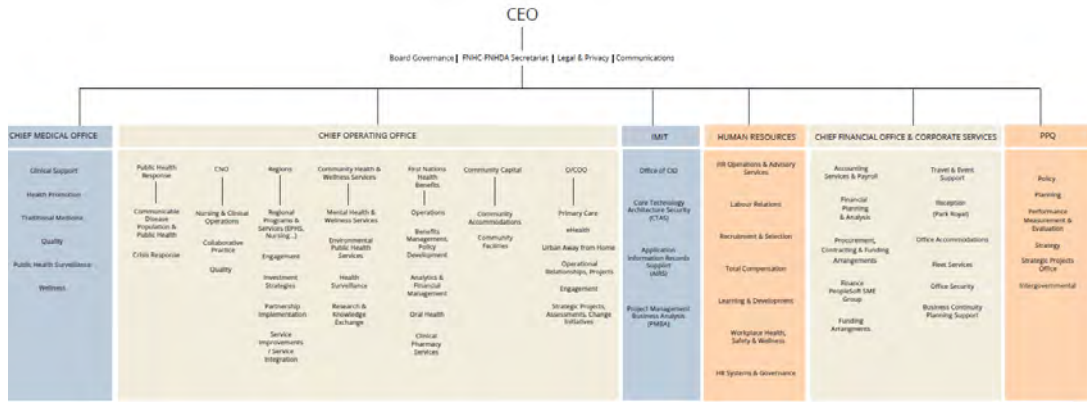
With accountability to First Nations

- ✓ Ministry of Health
- ✓ First Nations Health Authority
- ✓ 5 Regional Health Authorities
- ✓ 1 Provincial Health Services Authority
- ✓ Regulatory Bodies and Colleges
- ✓ Health system partners
- Health System Associations
- Academic Institutions





The FNHA Structure – March 2021



GOAL 1
ENHANCE FIRST NATIONS HEALTH GOVERNANCE



GOAL 2
CHAMPION THE BC FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS



GOAL 3
ADVANCE EXCELLENCE IN PROGRAM AND SERVICES

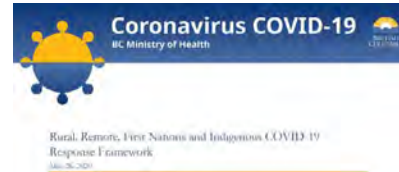


GOAL 4
OPERATE AS AN EFFICIENT, EFFECTIVE, AND EXCELLENT FIRST NATIONS HEALTH ORGANIZATION



Highlight: Supporting System Response through Partnership

- Provincial Rural, Remote and Indigenous COVID-19 Response Framework released.
- FNHA Emergency Management BC Liaisons embedded in the Provincial Emergency Coordination Centre and Provincial Regional Emergency Operations Centres.
- Regional pathways on positive case notifications established with regional health authorities and communities.
- Regular communication and liaison with Ministry of Health and Regional Health Authorities on pandemic planning e.g. surge capacity, immunizations, testing, self-isolation.
- Continued partnership with Indigenous Services Canada's Regional Office and National to identify needed supports, services and resources.



26

COVID-19 Response

Nursing Operations:

- Vaccine clinics
- Provincial Patient Transfer Strategic Operations Committee
- Business Continuity Planning

Collaborative Practice:

- Clinical guidelines, decision support tools completed
- Acquisition of specialized equipment/education rollout to support clients
- Implementation of Provincial / National Regulatory practice changes to increase access to care

Communicable Disease Population and Public Health:

- Process implemented to support Communities and Regions to access PPE supplies
- Providing support for active COVID-19 cases in community
- Working with Provincial and Federal partners for the planning and implementation of the COVID-19 vaccine
- Working with communities, MOH, regional partners for culturally safe contact tracing



27



Community Based Testing Phase I – April 2020 to January 2021

- ✓ Focus on deployment of 3 GeneXpert® Systems
- ✓ Establishment of FNHA CBT Steering Committee to support the placement of the GeneXpert systems in the communities
- ✓ Establishment of Quality Assurance Framework (QAF) led by an Oversight Committee including representatives from FNHA, federal, provincial and regional teams



28



Community Based Testing Phase I - Accomplishments

Successful implementation of 3 GeneXpert:


- Vancouver Island: **Nuu-chah-nulth Tribal Council** Tofino office (go-live on October 28, 2020)
- North: **Kwadacha** Nursing Station (go-live on December 11, 2020)
- Interior: **Ulkatcho** Nursing Station (go-live on January 30, 2021)



29



Community Based Testing - Phase II (Jan 2021 to Jun 2021)

- Additional GeneXperts
 - 4 received from Public Health Agency of Canada (PHAC)
 - 1 going to KDC 
- Abbott ID NOW
 - 10 received from BC Centre for Disease Control (BCCDC)
 - 30 received from PHAC
 - 20 devices have been distributed to regions
- Abbott Panbio
 - 10,100 test strips received from BCCDC
 - 8,800 test strips have been distributed to regions

30



Support for Community

- Release of a one-stop Community Support Guide detailing support for:
 - Development or review of communicable diseases preparedness plans
 - Health human resources surge capacity
 - Infection prevention and control e.g. ordering of PPE, ordering of Community Services COVID-19 Supplies for health related services, plexiglass, signage
 - Isolation support
 - Additional wrap around supports
- Development of Services Resumption Planning Guide
- Regular communication with Chiefs and Health Directors on topics of special interest
- Funding for public health check-points, wage top-ups, mental health and wellness, culturally safe contact tracing, and self-isolation infrastructure

31



Rapid Service Innovation

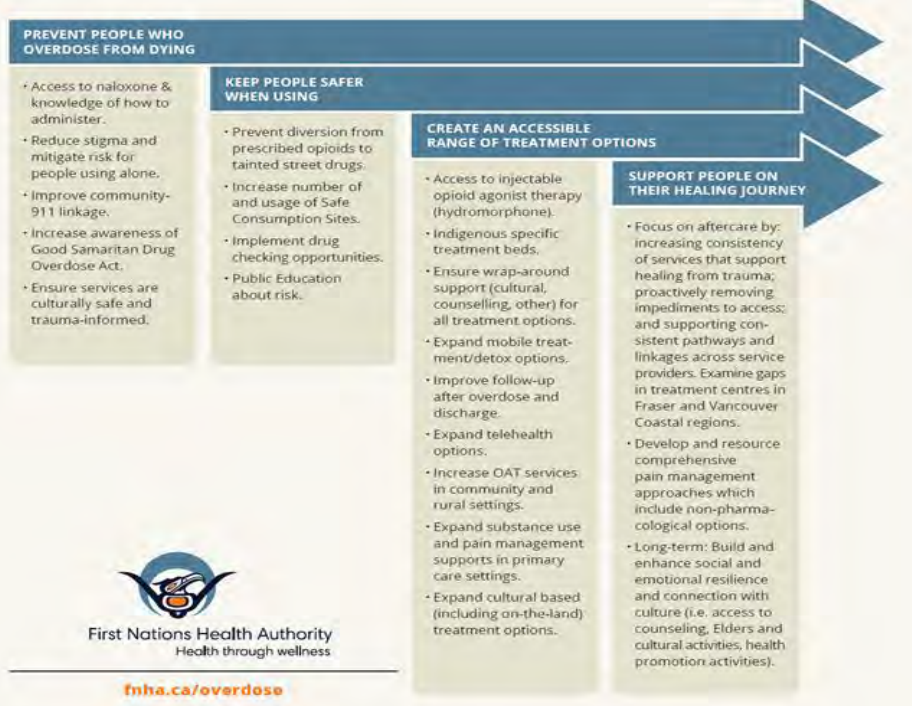
- First Nations Virtual Doctor of the Day
- First Nations Virtual Substance Use and Psychiatry Service
- FNHA mobile app for real time information sharing
- Public health messaging – resource sheets, webinars, TV and radio ads and Good Medicine initiative
- Virtual delivery of treatment and aftercare supports and Indian Residential School Resolution Health Support services
- Designated resources activated to provide counselling and cultural support to community health care teams and Leadership
- Point of care testing with Genexpert machines



32



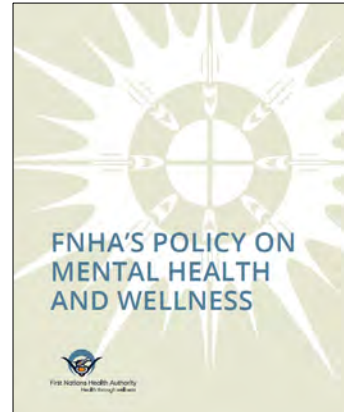
Opioid Crisis Framework for Action





Getting to the Root of the Overdose Emergency

- FNHA is working with health system partners to tackle the root causes of the overdose emergency – from ongoing effects of colonialism including trauma and health inequities, to discrimination, racism and stigma, to BC’s poisoned drug supply
- Our response is guided by FNHA’s 2019 **Policy on Mental Health and Wellness** which commits FNHA to a partnered approach to realizing a comprehensive continuum of mental health and wellness supports



FNHA’s Framework for Action

SYSTEM-WIDE OVERDOSE PUBLIC HEALTH RESPONSE FOR FIRST NATIONS IN BC

4

ACTION
AREAS

- Prevent people who overdose from dying
- Keep people safe when using substances
- Create an accessible range of treatment options
- Support people on their healing journeys



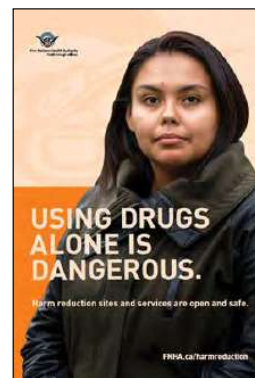
FNHA's overdose prevention public education campaign

- Went live on August 31 on social media and FNHA's website
- Expanding to bus shelters in five BC cities on September 14

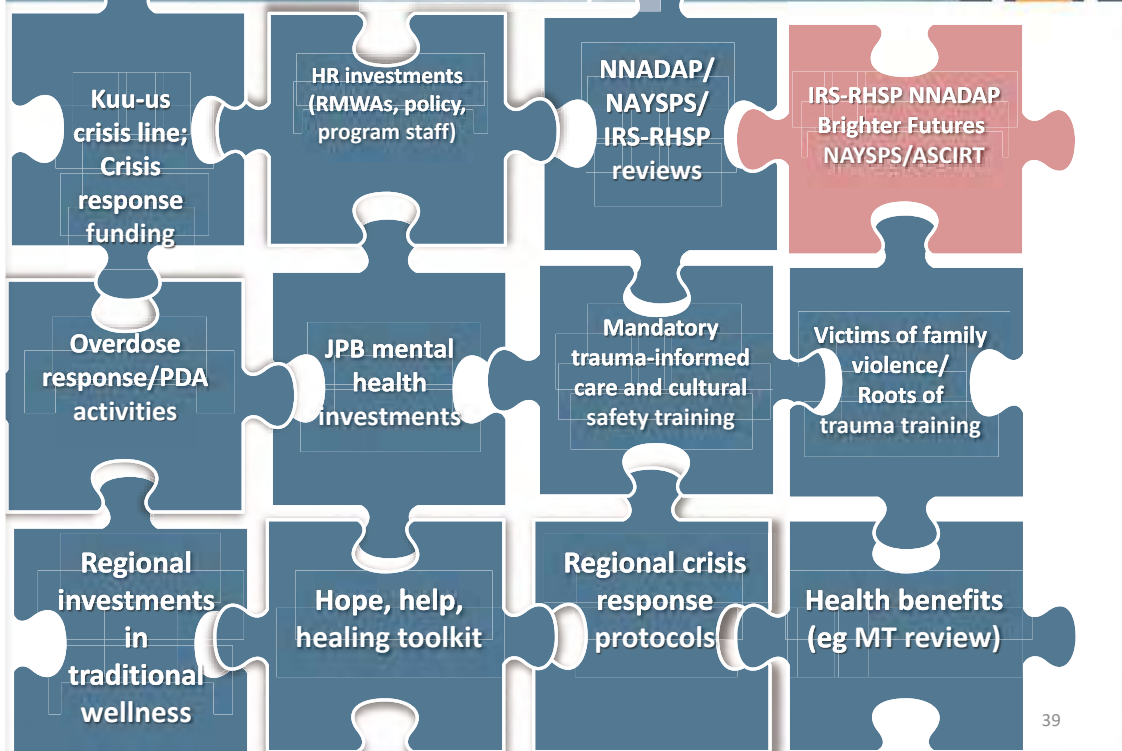
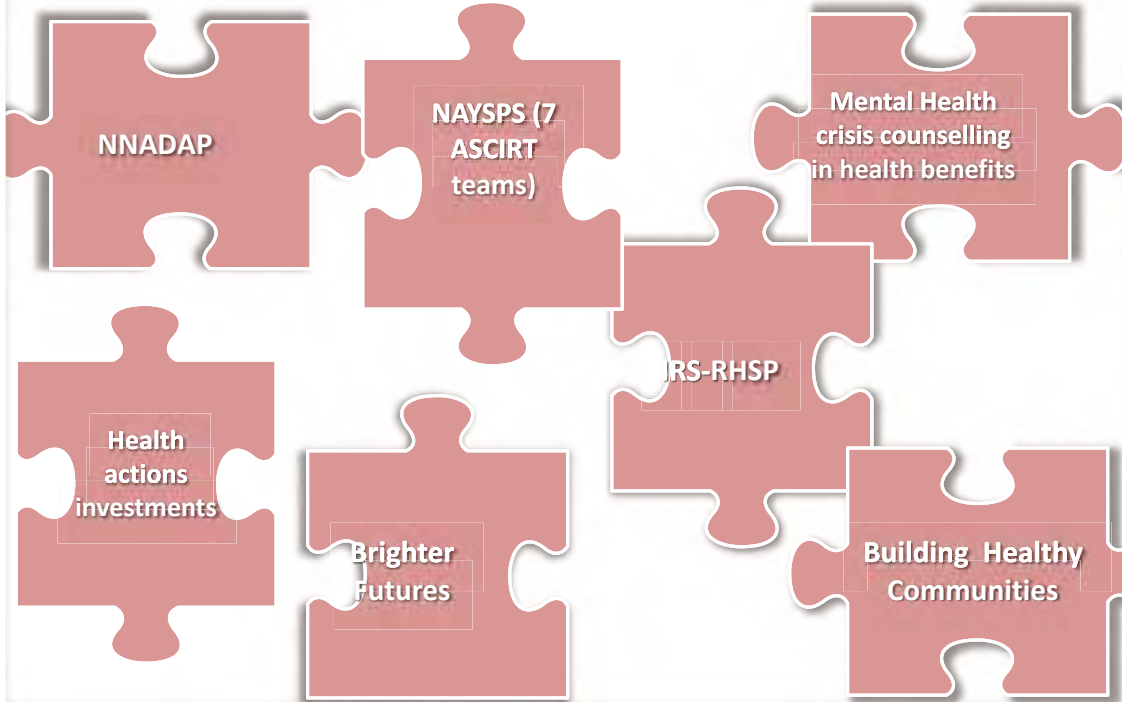


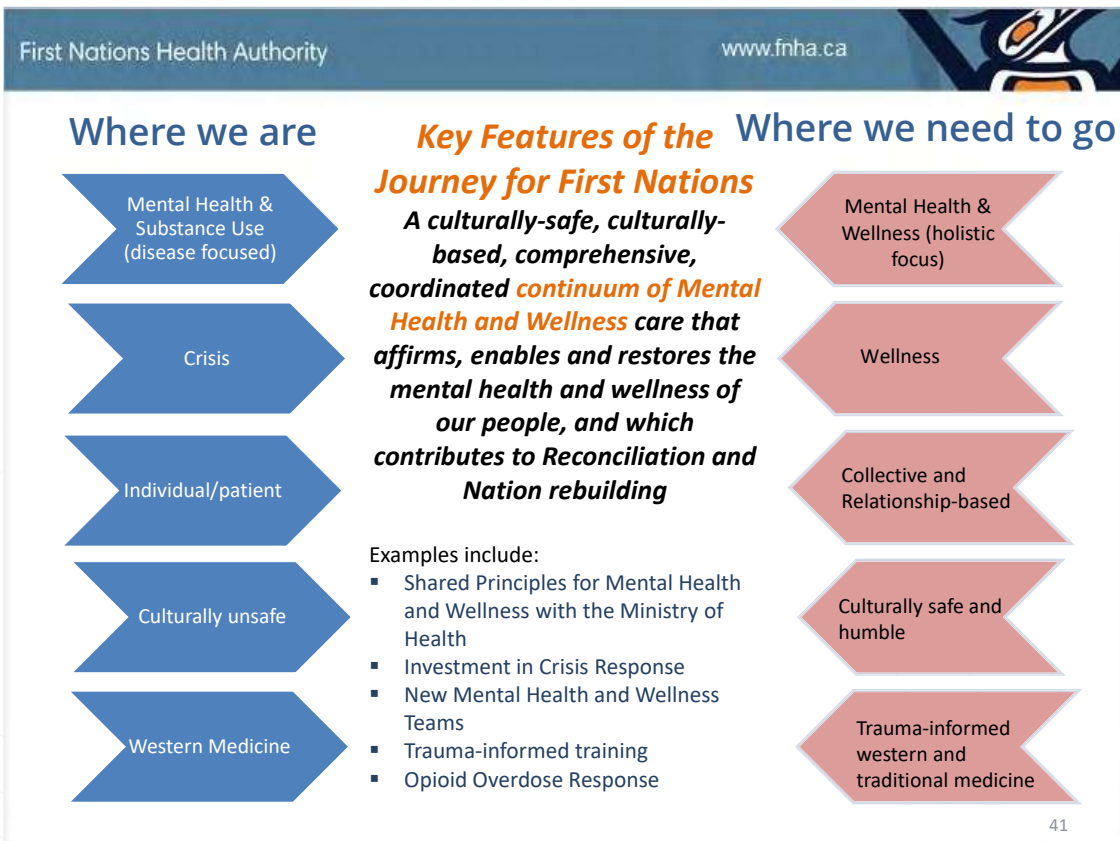
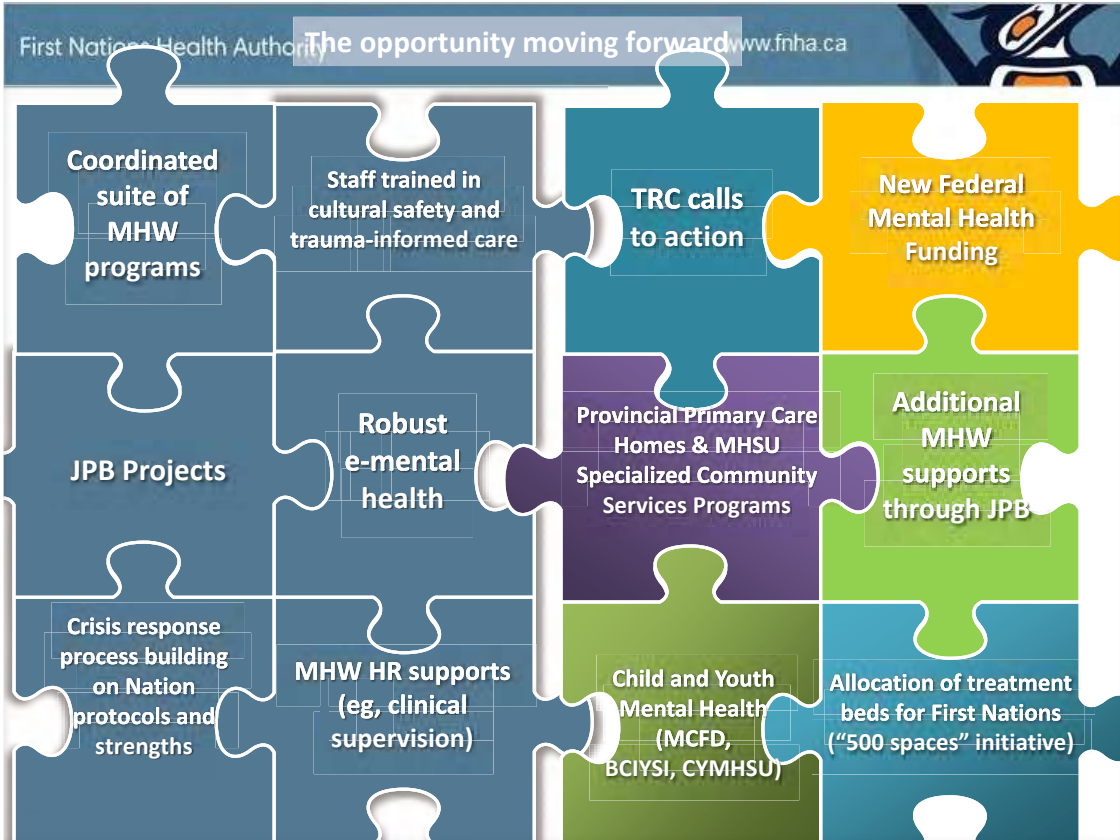
New and emerging initiatives for the dual public health emergencies

- First Nations Virtual Substance Use and Psychiatry Service
- Indigenous Harm Reduction Community to share successful Indigenous harm reduction practices and increase community capacity
- Deepen investment in peer support workers with a focus on urban hotspots
- Community engagement on need to provide injectable OAT in community
- Expand distribution of nasal naloxone through a community-based approach for health centres
- Digital, print and radio communications campaign
- Continued advocacy for additional opioid resources



Mental Health & Wellness At Transfer







Mental Health and Wellness

MOU

- Flexible approach to increase investment in MHW and facilitate greater cross-agency collaboration to improve health outcomes across the social determinants of health
- Implementation of the MOU will inform the development of the ten-year social determinants of health approach
- Funding is still available, agreement extended to March 31, 2022

Youth

- Investment from the Province is supporting increased capacity for youth coordination and support
- This includes the development of regional Youth Advisory Committees to ensure youth are drivers in deciding wellness supports and priorities

42



Mental Health and Wellness

LBH

- 3-year \$15M investment from the province to provide culturally based and culturally safe treatment and healing services
- Initiatives at family, sub-region, Nation or region to honour local strengths and culture and building capacity at home
- provides culturally based and culturally safe, in some cases treatment, and in all cases healing services to First Nations people from across BC

Treatment Centres

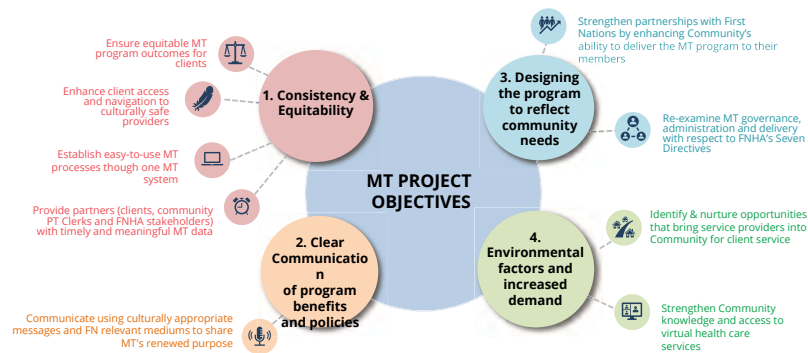
- First Nations operated Treatment Centres continue to provide services during COVID-19
- Reduced capacity to ensure physical distancing and safety
- Centres have established innovative approaches to providing care virtually in addition to on-site services
i.e., TLL mental health and cultural support line, CSFS online A&D program

43

Health Benefits Transformation



Medical Transportation Transformation Project Objectives



Northern Progress Report

Northern	North Central Interior (Fort St. James)	<p>Most recent milestone: Preliminary Stakeholder engagement</p> <p>Next Milestone: Draft PAR submitted to FNHA and MoH (Nov 30, 2021)</p>
	Gitxsan - Wit'suwit'en	<p>Most recent milestone: PAR approvals</p> <p>Next Milestone: Draft Service Plan and budget submitted to FNHA and MoH (Feb 28, 2021)</p>
	North East / South Peace	<p>Most recent milestone: Preliminary Stakeholder Engagement</p> <p>Next Milestone: Draft PAR submitted to FNHA and MoH (Feb 19, 2021)</p>

46

Interior Progress Report

Interior	Williams Lake First Nations Wellness Centre	<p>Most recent milestone: Service Plan submitted to FNHA and MoH</p> <p>Next Milestone: Service Plan approvals (July 1, 2021)</p>
	FNPC Site 2 (TBD)	<p>Most recent milestone: Preliminary Stakeholder Engagement</p> <p>Next Milestone: PAR submitted to FNHA and MoH (March 31, 2021)</p>
	FNPC Site 3 (TBD)	<p>Most recent milestone: Preliminary Stakeholder Engagement</p> <p>Next Milestone: PAR submitted to FNHA and MoH (Nov 30, 2021)</p>

47

Vancouver Island Progress Report

Vancouver Island	Nuu-chah-nulth	<p>Most recent milestone: Preliminary Analysis Report (PAR) completion and approvals</p> <p>Next Milestone: Draft Service Plan and budget submitted to FNHA and MoH (Feb 28, 2021)</p>
	North Island (Kwakwaka-wakw)	<p>Most recent milestone: Preliminary Stakeholder Engagement</p> <p>Next Milestone: Draft PAR submitted to MoH and FNHA (May 31, 2021)</p>
	South Island	<i>Planning for initiation next fiscal year</i>

48

Fraser Progress Report

Fraser Salish	Sts'ailles	<p>Most recent milestone: Service Plan underway</p> <p>Next Milestone: Draft Service Plan and budget submitted to FNHA and MoH (Feb 1, 2021)</p>
	Fraser West	<p>Most recent milestone: Service Plan underway</p> <p>Next Milestone: Service Plan and budget submitted for FNHA and MoH (Feb 28, 2021)</p>
	Fraser South	<p>Most recent milestone: Preliminary Stakeholder Engagement</p> <p>Next Milestone: Draft PAR completed (May 31, 2021)</p>

49

Vancouver Coastal Progress Report

Vancouver Coastal	Nuxalk (Bella Coola)	<p>Most recent milestone: Preliminary Stakeholder Engagement</p> <p>Next Milestone: Draft PAR submitted to FNHA and MoH (May 31, 2021)</p>
	Lil'wat/Stl'at'imc (Mt Currie)	<p>Most recent milestone: Preliminary Stakeholder Engagement (Note: Per direction from PM, timeline will need to shift due to COVID vaccine roll out. Updated timelines will be presented on the next summary table.)</p> <p>Next Milestone: Draft PAR submitted for FNHA and MoH (March 31, 2021)</p>

Questions & Discussion

Thank you

<p>Gayaxsixa (Hailhzaqvla)</p> <p>Huy tseep q'u (Stz'uminus)</p> <p>Haawa (Haida)</p> <p>Gila'kasla (Kwakwaka'wakw)</p> <p>Kleco Kleco (Nuu-Chah-Nulth)</p> <p>k^wuk^wstéyp (Nlaka'pamux)</p> <p>Snachailya (Carrier)</p>	<p>Kukwstum'clhkal'ap (St'atimc)</p> <p>Tooyksim níin (Nisga'a)</p> <p>Kukwstsétsemc (Secwepemc)</p> <p>čěčəhaθěč (Ayajuthem)</p> <p>Sechanalyagh (Tsilhqot'in)</p> <p>kw'as ho:y (Halqeméylem)</p> <p>T'oyaxsim nisim (Gitksan)</p>
--	---

GOVERNANCE IN THE MANAGEMENT OF GLOBAL HEALTH CRISES – INNU NATION STRATEGIC UNIT (POWERPOINT PRESENTATION)



Who are we?

9 Innu communities in Quebec

- Mashteuiatsh
- Essipit
- Pessamit
- Uashat mak Mani-Utenam
- Ekuanitshit
- Nutashkuan
- Unamen Shipu
- Pakua Shipu
- Matimekush–Lac-John

Total population: 19,000



Innu Nation

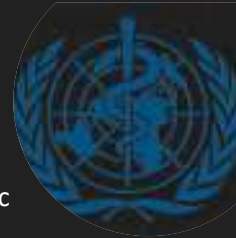
A meeting point for the community leaders

- Political intent: the unity of the Nation while respecting our diversity
- Communities that are isolated (3), semi-isolated (3) and near an urban centre (3)
- We are working on common issues: land protection, caribou protection, the Plan Nord (northern action plan), hydrocarbons in the Gulf of St. Lawrence, etc.
- We are developing a common economy: Apuiat wind farm project
- The intent to continue our mobilization beyond the pandemic

March 11, 2020 The WHO declares the global COVID-19 pandemic

Context:

- A common enemy, invisible and deadly
- Knowledge of our vulnerabilities
- Little or even very little scientific knowledge at the start of the pandemic
- The most vulnerable are the most affected (situation in Italy)
- A fast, sneaky and selective virus
- We had the obligation to do everything to ensure our survival



Innu Nation Strategic Unit

- Political mobilization – March 13
- Creation of a space for reflection, dialogue, knowledge sharing and capacity-building – March 16
- A work approach supported by science with the inclusion of medical specialists: Dr. Amir Kahir and Dr. Stanley Vollant – March 18
- Funding obtained from the federal government – March 23
- First case and first outbreak – March 27 (ITUM)
- A concerted approach and cooperation with the health network of the Côte-Nord – March 28





Our guiding principles

- Mutual aid (people at the heart of our actions)
- Sharing (of expertise and our concerns)
- A concerted approach and cooperation
- Communication
- Respect
- Compassion
- Implementation of an inclusive and holistic approach: health, psychosocial component, cultural component, public safety, etc.
- Be creative and think outside the existing framework
- Cooperation and solidarity are the basis of the Innu way of life and of all First Nations in a context of survival or threat

How?

- By holding meetings according to the intensity of the pandemic and as needed (first wave: daily; second wave: twice a week)
- By developing common communication tools and specific communication units
- By taking over management responsibilities: adapted pandemic plan, epidemiological investigations, screening, laboratory analyses, etc.
- By supporting communities individually (setting up GeneXpert devices)
- By sharing our best practices (interdependence)
- By including all the players concerned in an inclusive approach: federal, provincial (Dr. Trépanier), municipal, FNQLHSSC, Tshakapesh, CÉGEP, friendship centre, community representatives, Mamit Innuat, rail transport, etc.

Levels of intervention

1- Political intervention: federal, provincial and municipal

2- Technical intervention with ISC-FNIHB, CISSS de la Côte-Nord, DSP, INSPQ, and Chicoutimi laboratory

3- Intervention with organizations: treatment centres, FNQLHSSC, friendship centre, educational institutions, economic environment, etc.

What we have learned

- Effective governance in the management of the pandemic through the political will of the Innu communities (and those living in urban areas)
- The survival of the group is more important than the individual
- Using our millenary values to guide our actions and reflections
- It is important to get organized before being organized by others, and show leadership
- Governing in the collective interest
- When we talk about governance, we also talk about competition; if the primary interest is the wellness of the most vulnerable, there is no longer any competition
- We are competent and able to take responsibility to adequately protect ourselves against COVID-19

Communauté Uashat mak Mani-Utenam: une catastrophe évitée de peu



PHOTO: DA-SH CHICQUEU/LE COLLABORATEUR QUÉBÉCOIS
Avec huit cas confirmés de COVID-19, la communauté autochtone d'Uashat mak Mani-Utenam, sur la Côte-Nord, a bien frôlé la catastrophe en avril dernier. Avec une population vulnérable et des ménages surpeuplés, les Innus ont pris les grands moyens pour éviter le pire, allant parfois plus loin – et plus vite – que les autorités québécoises. Récit d'une crise évitée.

(Mani-Utenam) Avec huit cas confirmés de COVID-19, la communauté autochtone d'Uashat mak Mani-Utenam, sur la Côte-Nord, a bien frôlé la catastrophe en avril dernier. Avec une population vulnérable et des ménages surpeuplés, les Innus ont pris les grands moyens pour éviter le pire, allant parfois plus loin – et plus vite – que les autorités québécoises. Récit d'une crise évitée.

RUBRIQUE LE 15 AVRIL 2020 À 5h00

FANNY LÉVESQUE
LA PRESSE

« On est allés plus loin que le gouvernement »

The biggest governance
lesson of the past year:

*Trust in yourself,
and trust in others.*

Tshinishkumitinau / Thank you



INNU NATION

A RENEWED APPROACH TO GOVERNANCE FOSTERING SELF-DETERMINATION

The health and social services governance process is part of an effort aiming to develop the autonomy of First Nations.

Communities have found that the current health and social services governance model does not meet the needs of the First Nations in Quebec. Therefore, the Chiefs of the Assembly of First Nations Quebec-Labrador entrusted the FNQLHSSC with the mandate to coordinate the development of a governance model that is adapted to the needs and context of the First Nations in Quebec while also being conducive to self-determination. This model is called the health and social services governance process.

The process is guided by the vision that was adopted by the Chiefs of the AFNQL in 2014:

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.

For more information, please visit the website at gouvernance.cssspnql.com/en.

SUMMARY

The objectives pursued during this regional meeting focused on strengthening the mobilization of communities and organizations around the health and social services governance process and better understanding the benefits and added value of other models of governance by and for First Nations. Participants therefore had the opportunity to learn more about the experiences of British Columbia and the Innu Nation during the COVID-19 pandemic.



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION