



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

SUMMARY
REPORT
REGIONAL
MEETING

APRIL 2019



REPORT PRODUCED BY



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

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HEALTH AND SOCIAL SERVICES
GOVERNANCE PROCESS**

SUMMARY REPORT
REGIONAL MEETING
APRIL 2019

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LIST OF PARTICIPATING COMMUNITIES

AKWESASNE

EKUANITSHIT

ESSIPIT

GESGAPEGIAG

GESPEG

KAHNAWAKE

KANESATAKE

KEBAOWEK

KITCISAKIK

KITIGAN ZIBI

LAC-SIMON

MASHTEUIATSH

MATIMEKUSH-LAC JOHN

NUTASHKUAN

ODANAK

PAKUA SHIPI

PESSAMIT

PIKOGAN

TIMISKAMING

UASHAT MAK MANI-UTENAM

UNAMEN SHIPU

VIGER

WEMOTACI

WÔLINAK

LIST OF PARTICIPATING ORGANIZATIONS

CENTRE D'AMITIÉ AUTOCHTONE DU SAGUENAY

CENTRE MIAM UAPUKUN

CONSEIL DE LA NATION ATIKAMEKW

MAMIT INNUAT

QUEBEC FIRST NATIONS YOUTH NETWORK

WALGWAN CENTRE

APRIL 3, 2019

1 – OPENING PRAYER

Édith Picard-Marcoux, an elder from the Wendake community, offered a prayer to participants. She spoke of the arrival of spring that summons the geese, birds that work together to reach their destination. Like these geese, First Nations must work together and join forces to combine their strengths.

2 – WELCOMING REMARKS

Jane Gray, Mi'gmaq from the Listuguj community and the host of the meeting, welcomed everyone. She thanked the elders, elected officials and Chiefs in attendance, mentioned the presence of several Nations and organizations and greeted representatives from the First Nations Youth Network who had come to participate in the meeting. She shared her hopes for the meeting—that everyone would show respect toward one another, have a good time and take the opportunity to discuss with other participants.

Ms. Gray gave a brief recap of the regional meeting in November 2017 and reminded the group that the governance process is in its third phase. She also reiterated that the process is guided by a vision, principles and a definition of governance. She explained that the meeting would address the strategic choices that must be collectively discussed to guide the development of the new model of governance. Another goal of the meeting was to discuss the regional mobilization process organized by the Assembly of First Nations Quebec-Labrador (AFNQL), which will take place in June and for which we must establish the issues to be prioritized.

3 – OPENING REMARKS

DEREK MONTOUR

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

Mr. Montour thanked the Creator for this opportunity to come together. He thanked the elder for her prayer, the Huron-Wendat people for their warm welcome and the elected officials for their presence.

He spoke about what an interesting time it is for First Nations in Quebec. For many years, governments have put pressure on the communities. Now, we have an opportunity to make decisions together for our future. Our collective effort will allow us to develop our own model of governance. It is time to express ourselves and share our ideas. To do so, we must stop and ask ourselves whether what has been said up until now is still relevant. To come to a common vision, we must work on our disagreements. We will succeed because we believe in the cause.

APRIL ADAMS-PHILLIPS

Chief of the Akwesasne community

Chief April Adams-Phillips, recently made head of health at the AFNQL Chiefs' table, declared that First Nations are facing many challenges and must ask themselves what they want for their health. She spoke about regional health priorities that are shared by all First Nations in Quebec. The health of our members is worrying, and we must think about the services available to them.

Many communities are working with a lack of resources, and this difficulty disproportionately affects communities that are far from large urban centres. She emphasized the fact that everyone must have access to services, healthcare professionals and specialized care without having to be separated from their family, their culture and their language. Everyone must be given the opportunity to thrive in a safe and familiar environment.

She reminded the group that First Nations in Quebec must remain vigilant and present to ensure that they are considered at the national level.

GHISLAIN PICARD

AFNQL Regional Chief

Ghislain Picard spoke about how happy he was to attend this important meeting. He thanked Ms. Picard-Marcoux for her prayer and the Huron-Wendat Nation for welcoming the group on its territory. Mr. Picard told the group that the day before, he had attended a book launch in Montréal. The book, titled *Mon ami, mon agresseur* [My friend, my aggressor], was the result of a lengthy undertaking by investigators from the Montréal police force. Their work took place on the sidelines of events in Val-d'Or and addressed the issue of sexual exploitation in urban environments and in our communities. This is yet another example of the importance of being proactive and resilient, and it justifies the energy we are putting into our health and social services governance process.

We must look at what is happening around us; the shifting political context has repercussions for our communities. We are in a situation that demands action, and the challenges before us must be treated as new possibilities. The difficulty of navigating the changes related to the federal government's various ongoing transformations is an opportunity to strengthen our will to meet our goals.

Mr. Picard spoke about the importance of being able to count on committed people, like Chief Adams-Phillips, to take charge of health-related issues and to represent Quebec First Nations at the national level. Mr. Picard thanked Mr. Montour for his words of encouragement, and the whole FNQLHSSC team for their hard work.

He ended his presentation by quoting a video he'd seen: "Leaders, you have someone on your team who is struggling. Leading is not about winning, it is about bringing others with you to the finish line." Mr. Picard noted that these lines speak to our collective experience. Some communities may be closer to the finish line, but it is important that we all cross it together and make the best of our collective strength. We have to remember our collective journey and respect our diversity. Mr. Picard reiterated that the AFNQL continues to support the FNQLHSSC and the communities in this crucial process.

Jane Gray thanked everyone who had spoken and gave an overview of the health and social services governance process. She reminded the group that this process aims to increase the communities' autonomy and encourage their self determination.

4 — BACKGROUND AND UPDATE OF THE HEALTH AND SOCIAL SERVICES GOVERNANCE PROCESS¹

Marjolaine Sioui, Executive Director of the FNQLHSSC, thanked the elder for her prayer, as well as Chief Adams-Phillips, Chief Picard, Mr. Montour and the members of the Board of Directors in attendance.

REVIEW OF THE HEALTH AND SOCIAL SERVICES GOVERNANCE PROCESS

Ms. Sioui stated that since the governance process started, we have been following in the footsteps of our ancestors and working to carve a path for those to come. The current period of uncertainty and change must be transformed into a time of possibilities. Over the years, our own modes of governance have been worn down as a result of colonization. We now need to build a model that more appropriately represents us—a model that offers more equality.

Ms. Sioui returned to the goal of gaining more autonomy in health and social services while improving access to services and leveraging our collective strengths. The aim is to improve partnerships, to work on the issues and to review the decision-making process. Ms. Sioui reiterated that laws and policies have been forced upon us and that the current system is poorly adapted to our realities. The programs are designed by people that know little about the reality of our communities.

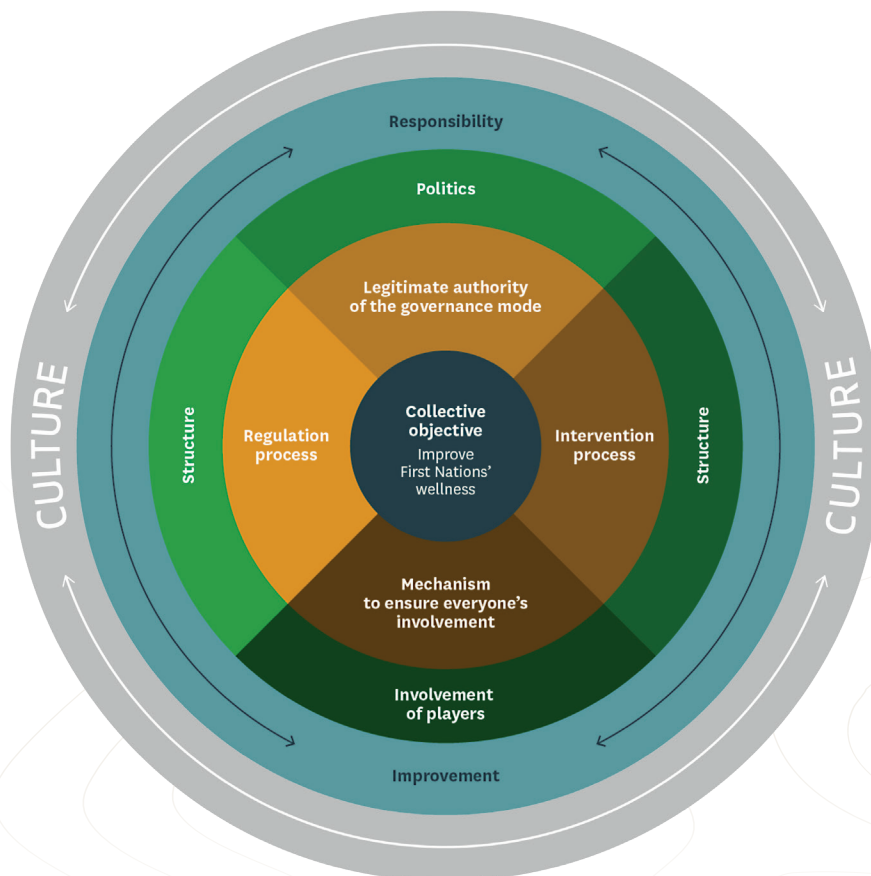
¹ The PowerPoint presentation used can be found in Appendix B.

The governance process has received political support from the very beginning. The mandate to coordinate and facilitate the governance process was entrusted to the FNQLHSSC. A Chiefs' meeting held in 2014 helped establish our vision, which was then used to develop the process, values and principles that support this vision. We must make sure to keep these foundational elements in mind and refer back to them throughout the process.

It has been said from the very beginning that the status quo is no longer an option. A transformation has to be initiated to change directions and build a way of doing things that better meets our needs, improves the quality of life of our populations and gives us shared goals.

In more concrete terms, the governance process first aims to repatriate the authority over health and social services that is presently held by Indigenous Services Canada (ISC). Ms. Sioui gave the example of the governance model of First Nations in British Columbia as a source of inspiration for taking back control of our collective destiny. The process also aims to revise programs and services. Ms. Sioui declared that First Nations do not have to wait for a new governance model to start this process, and that it is up to us to initiate change. She mentioned the working group for the decision-making process, which is already influencing governments and having an important impact.

EFFECTIVE GOVERNANCE



Suzie Nepton, Senior Management and Governance Assistant Advisor of the FNQLHSSC, gave a quick recap of the process. She noted that the first phase of the governance process was to gain knowledge and provide everyone with a better understanding of what governance is. During this phase, we agreed on an effective governance approach.

Effective governance is based on shared values, a collective dialogue and a common goal, including the improvement of First Nations wellness. In comparison, *good governance* is a top-down approach based on performance. Effective governance relies on pooling strengths and sharing responsibilities. It focuses on achieving objectives, requires everyone's involvement and entails a process of collective learning. Ms. Nepton remarked that culture is the foundation of this approach. Governance must therefore be integrated into the culture of Nations and communities.

Both locally and regionally, effective governance is grounded in four components:

- The legitimacy dimension represents the cultural and political legitimacy of the model. In the effective governance model we have developed, this legitimacy is held by the Band Councils at the local level and by the AFNQL at the regional level.
- The regulation dimension involves the local and regional policies and processes implemented. It is also concerned with the roles and responsibilities of each individual. This dimension also includes accountability standards. In the desired model, there must first be accountability toward the population.
- The intervention dimension involves services implemented in the communities and those offered by the regional body.
- The fourth dimension focuses on stakeholder involvement and upholds the point that all this work cannot be done in silos. All stakeholders must collaborate to make effective governance a reality.

Implementing a new governance model will enable us to:

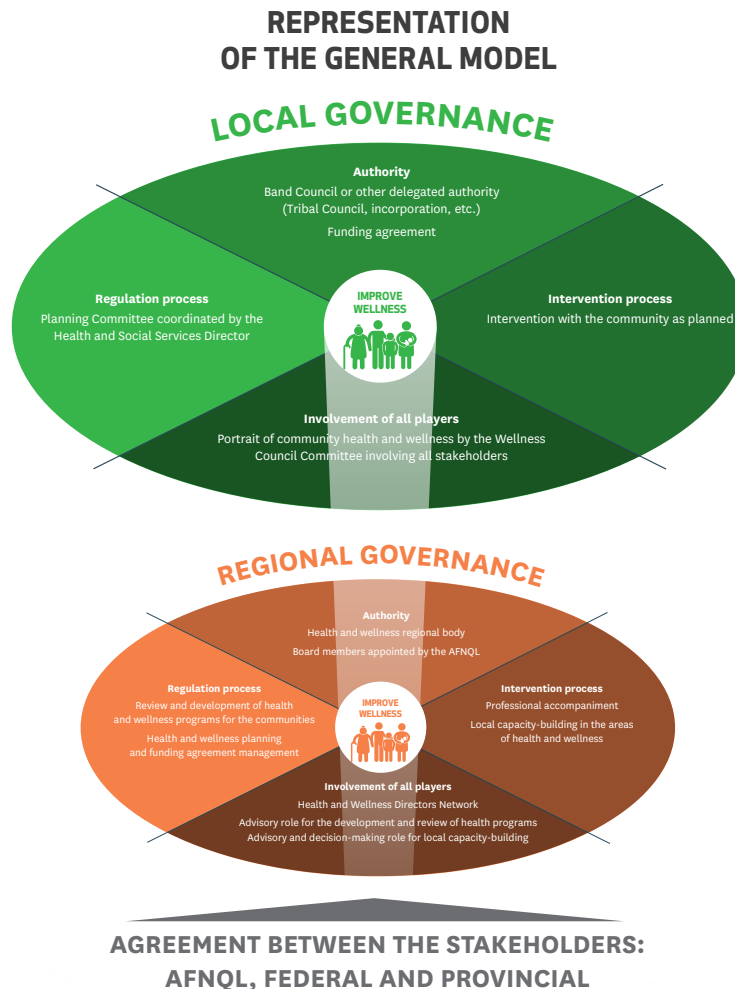
- Increase local decision making
- Increase empowerment
- Be more proactive
- Establish priorities and offer services that better meet our needs
- Focus on a holistic approach that takes into account the determinants of health
- Renew relations with provincial and federal governments
- Encourage collective mutual aid

Ms. Nepton explained that the second phase of the governance process was to reappropriate a governance model by and for First Nations. To do this, a three-part approach was established: identify the current issues, determine the desired changes and establish guidelines² for developing the new model. Three major responsibilities were addressed: planning, accompaniment and decision making.

² *Guidelines for the development of the effective governance model* is available in the publication section of the governance process website at <https://gouvernance.cssspnql.com/en>.

HEALTH AND SOCIAL SERVICES GOVERNANCE GENERAL MODEL

Ms. Nepton presented the general model illustrating local and regional governance that has been developed using the data compiled up until now. Local governance relies on health and social services planning and on the quality of available care and services. As expressed by directors of First Nations health and social services and organizations, this planning must be based on a needs analysis that includes the social determinants of health. The population needs accountability first and foremost. The decision-making component is assigned to the Band Council or the delegated organization.



The mandate of the regional governance, including the regional body that will be implemented, will be to guide and support community efforts. It will support communities in their decision making, always with a view to the collective objective of improving wellness.

Ms. Sioui explained that the next steps of the governance process are to define the regional body in a way that enables the communities to maximize their autonomy. Ms. Sioui reiterated that the many transformations of the federal government should not be ignored. We must ensure that the approach used by the governments does not influence our work.

Ms. Sioui mentioned that the objective is still to present the Chiefs with a new model in March 2020, following which we will be able to plan how this model will be implemented. This meeting aims to validate everything that has been said up until now in order to build the regional body and the local governance model.

We toured the communities last year to take stock of the professional resources working there. This work allowed us to make several observations, such as the shortage of professional resources that affects several of our communities and the need to strengthen local capacities and ensure continuation. Regional strategies need to be designed to collectively increase our capacities.

Ms. Sioui presented the desired local governance model, in which the Band Council or the delegated organization holds authority. First Nations expressed the desire to establish a health and wellness council in order to better support the delivery of services. In terms of planning, the communities are currently in need of a community health plan and an action plan for frontline social services. Discussions raised the idea of a local planning committee that works to integrate health and social services planning.

Three communities in Quebec are currently engaged in the process of receiving funding through grants. Ms. Sioui explained that the objective of Minister Bennett, from the Ministry of Crown-Indigenous Relations and Northern Affairs, was to have 100 communities in Canada receive this type of funding, beginning on April 1, 2019. In reality, 70 communities chose this approach. Ms. Sioui remarked that the planning process changes with this type of funding method since the communities have to carry out an overall strategic planning exercise.

In terms of roles and responsibilities, the desired local government model means more autonomy, responsibilities and power. Ms. Sioui stated that previously, all plans had to be approved by the ministries. Under the new model, this responsibility will fall to the Band Council or the delegated organization, and they will be accountable first and foremost to the population. The expected results of this new local governance include gaining a more accurate understanding of community needs (e.g., determinants of health), prioritizing the identified needs, carrying out holistic health and social services planning, offering culturally relevant services, having flexible funding and assessing services based on collectively identified objectives.

Regarding the desired regional governance model, Ms. Sioui presented various organizations that will support the First Nations regional body, including a Chief Health and Wellness Consulting Committee, the Board of Directors of the regional body, the Association of Health and Social Services Directors and various expert tables. These tables will work on the issues shared by the communities, such as geographical distance, English language services and neighbouring communities.

According to what has been expressed to date, the roles and responsibilities of the regional body will be to establish a holistic approach that focuses on culture, to offer support and guidance services to communities and organizations, to ensure the quality and ongoing improvement of services, to work to resolve jurisdiction disputes and to ensure a continuum of services with the pre-existing services outside of the communities. Expected results include guidance toward building local capacities and establishing liaison agents between the communities and the regional body.

Ms. Sioui ended her presentation by discussing the various transformations and reforms in progress at the federal level in the health and social services sector. These changes must be kept in mind as we continue to think about governance. The First Nations must keep informed of these program reforms and bills that put pressure on the communities.

NEXT STEPS OF THE GOVERNANCE PROCESS

Patrice K. Lacasse, Governance Counsellor, commented on the large number of participants present at the meeting, which shows everyone's commitment to co-constructing the governance model. He revisited the topic of the four phases of the process. The first phase was establishing a profile of the situation, and the second phase, which ended in November 2017, was to appropriate the effective governance framework model. The third phase entails bringing the model to fruition and will essentially involve defining the regional body and its relationship with the communities and will end in the Chiefs' orientations in March 2020.

In the short term, we want to review certain previously addressed aspects to verify whether these orientations are still appropriate in the current context. A regional meeting can be expected in fall 2019 to present a more concrete model. Community visits will take place in the fall, at which point we will present this model and communicate all the information communities need to make informed decisions. Talks with the federal government will also begin.

Mr. Lacasse gave an update on activities that have been completed since 2014. He presented the various publications that are and will be available as well as the mobilization and communication activities that have occurred. He informed the audience that the website for the governance process has been revamped and that a toolbox is now available to offer communities support in transmitting information about the governance process.

5 WORKSHOP 1

RESPONSIBILITY FOR COLLECTIVE IMPROVEMENT IN FIRST NATIONS HEALTH AND WELLNESS

Jane Gray explained that over the course of the meeting, four workshops would be offered so that participants could discuss the four major strategic choices³ that will help orient how we continue our work:

- The responsibility for collective improvement in First Nations health and wellness
- The contribution of the regional body to the communities and organizations
- The scope and mandate of the regional body
- The resolution of jurisdictional conflicts in terms of health and wellness

For each of these strategic choices, two or three approaches will be presented in order to initiate discussions.

Workshop process and explanation

The first workshop, created based on the "1-2-4-All" technique, focuses on the regional body's responsibility for collective improvement in health and wellness. Following the explanation of the first strategic choice, participants are invited to reflect individually on the advantages and challenges of each of the two proposed approaches. Individuals then continue reflecting in groups of two, and then in increasingly larger groups.

Suzie Nepton presented the first strategic choice for participants to consider—the choice between an approach where the regional body has a collective and community responsibility, and an approach where the regional body has only a community responsibility.

EXPLANATION OF THE APPROACH

APPROACH I:

Collective AND community responsibility of the regional body

Two objectives are pursued: improving wellness of each community and improving wellness from a collective perspective. The regional body would develop a service offer aiming to eradicate discrepancies between the Nations, and between First Nations and the Quebec and Canadian populations. This collective responsibility would involve completing a collective overview on health and wellness and developing strategies (e.g., support for communities in need and collective decision making on resource allocation).

APPROACH II:

Community responsibility

No collective target is set. The regional body works with each community based on their own needs, and no collective profile or collective strategies are developed.

³ The table presenting the four strategic choices appears in Appendix C.

Workshop 1 results

The tables below present the main advantages and challenges identified by the participants for the two suggested approaches. The complete list of advantages and challenges can be found in Appendix D.

APPROACH I:

Collective AND community responsibility of the regional body

ADVANTAGES

- Improved health and wellness for all Quebec First Nations and fewer discrepancies between communities
- Prioritization of local needs with on-demand regional guidance
- Support (financial, expertise, capacity) for small communities, isolated communities or communities with particular or ad hoc needs
- Development of a regional health and wellness profile in order to determine collective and community target interventions
- Sharing of best practices between communities
- Pooling of certain services (e.g., legal services), sharing of resources and economies of scale
- Group strength; mutual aid; respect for the culture, languages and rhythm of each community
- Strength in numbers with a collective approach to political representation and negotiations

CHALLENGES

- Identifying collective priorities, given the diversity of local needs
 - The need to adapt programs to each community's geographic, linguistic and cultural specificities
 - Risk of dependence on the regional body, to the detriment of local capacities
 - Time required for the collective approach, to the detriment of time devoted to local interventions
-

APPROACH II:

Community responsibility

ADVANTAGES

- Communities advance at their own pace
- Management of all health and social services by each community with a view to self-determination
- Empowerment and development of local skills
- Interventions adapted to local contexts

CHALLENGES

- Responsibility falls almost entirely on the community
 - Comparable to what is currently in place (status quo)
 - Possibility of greater health and wellness discrepancies between communities
 - Fewer long-term effects for all Nations
 - Complicates access to shared resources
-

At the end of the workshop, participants were invited to indicate their preference by placing a coloured dot on the wall under the approach they support. A majority of participants (47%) favoured an approach that places collective and community responsibility with the regional body. A number of participants (32%) shared their ambivalence by placing their coloured dot directly between the two approaches, therefore recognizing the advantages and challenges of each. Finally, a minority of participants (21%) chose the approach that focuses exclusively on the community responsibility.

6 WORKSHOP 2

CONTRIBUTIONS OF THE REGIONAL BODY

Workshop process and explanation

For the second workshop, structured using the "World Café" method,⁴ two approaches were proposed in order to discuss the strategic choice surrounding the contribution of the regional body. Mr. Lacasse explained the two proposed approaches.

	EXPLANATION OF THE APPROACH
<p>APPROACH I: Regional body provides services directly to communities and organizations in addition to supporting communities and organizations</p>	<p>Offer of direct services to communities for specific or complex situations or those out of their control. Communities have previously expressed that they do not have the resources to meet every need that emerges. Approach 1 dictates that the regional body would have the legitimacy to carry out this type of intervention.</p>
<p>APPROACH II: Regional body supports the efforts of the communities and organizations</p>	<p>Support of community efforts based on demand. There would be no direct aid supplied to the communities.</p>

Workshop 2 results

During the workshop, participants were invited to reflect on the advantages and challenges of each approach. The summary of the reflections is presented in the tables below. See Appendix E for the complete list of advantages and challenges expressed by the participants.

⁴ For this workshop, four discussion zones were identified: advantages of Approach 1, advantages of Approach 2, challenges of Approach 1 and challenges of Approach 2. Participants were invited to visit the four discussion zones during the workshop in no specific order. Sheets of paper were available on the tables so that participants could also write down their ideas.

APPROACH I:

Regional body provides services directly to communities and organizations in addition to supporting communities and organizations

ADVANTAGES

- Closer to First Nations values (mutual aid, community, collective)
- Development of various capacities and expertise in order to reduce need for agencies or consultants
- Ad hoc support and interventions as needed (e.g., crises, succession plans, shortage of professional resources)
- Access to specialized on-demand resources
- Economies of scale
- Support and guidance offered to communities that are at different stages of development;
- Lightens the burden on communities

CHALLENGES

- Risk of dependence on the regional body and external resources
 - Acting in terms of support and guidance and not playing a decision-making role at the local level
 - Responding to the simultaneous needs of different communities
 - Regional body must adopt an approach founded on local capacity-building and expertise transfer
-

APPROACH II:

Regional body supports the efforts of the communities and organizations

ADVANTAGES

- Encourages self-determination
- Honours the capacity of each community to manage, plan and prioritize local needs and actions to carry out
- Development of capacities and expertise at the local level
- Personalized approach based on the needs of each community
- Faster outcomes

CHALLENGES

- Status quo, does not offer solutions to current challenges
 - Does not offer solutions for the lack of resources and staff turnover in the communities
 - Communities with fewer resources and capacities are at a disadvantage
 - Does not lighten the workload at the local level
-

After the workshop, Ms. Sioui commented on the fact that several participants were attending a regional governance process meeting for the first time. She then came back to the desired model of the regional body, reiterating that the role of the FNQLHSSC is to coordinate the governance process and that its future role as part of the new governance model is to be determined. When we talk about the regional body as part of the new model, we are not referring to the FNQLHSSC.

In considering the regional body's contribution, we must ask ourselves which responsibilities must be reappropriated from ISC and how it should be done. Ms. Sioui stated that as of now, decisions were made by the First Nations and Inuit Health Branch (FNIHB). Ideally, the new model of governance would empower First Nations to take back these responsibilities, some of which would be attributed to the regional body. Ms. Sioui mentioned that it will be up to the First Nations to set priorities based on their needs.

7 WORKSHOP 3

SCOPE OF THE MANDATE OF REGIONAL BODY

Workshop process and explanation

The third workshop was developed based on a method called the "Head-Heart-Body" approach, which requires all participants to express themselves first from the head by analyzing the strengths and weaknesses of each approach. Then, participants must speak with their heart by revealing their personal values. Lastly, they must speak with their body, meaning putting ideas to action and choosing in which direction the First Nations should go.

Mr. Lacasse explained the strategic choice related to the scope of the regional body's mandate.

	EXPLANATION OF THE APPROACH
APPROACH I: Holistic approach, which may include many elements considered determinants of health	The regional body adopts a holistic approach including determinants of health, which encourages greater collaboration with the other local and regional organizations. For example, the regional body could support interventions involved in early childhood, education or housing. This approach encourages joint action and places First Nations at the centre of interventions.
APPROACH II: Focusing the scope of the regional authority on health and social services programs and initiatives	The regional body focuses its interventions on health and social services programs, and other organizations act in the other sectors involved in determinants of health.

Workshop 3 results

As part of the third workshop, participants were also invited to list the advantages and challenges of the two proposed approaches. The main advantages and challenges discussed by the participants are presented below, while the complete list can be found in Appendix F.

ADVANTAGES	CHALLENGES
APPROACH I: Holistic approach, which may include many elements considered determinants of health	
<ul style="list-style-type: none"> – Overall and holistic approach corresponding to First Nations' values and culture – Focus on consultation, collaboration and synergy among organizations from different sectors (e.g., education, housing) that can intervene on determinants of health – More medium- and long-term effects – Would help enhance the pre-existing holistic and cultural approaches in certain communities – Promotion of the holistic approach with governmental partners 	<ul style="list-style-type: none"> – Difficult approach to implement within the current programs (e.g., extremely specific program criteria) – More difficult coordination requiring more time – Mobilization of people and organizations that requires gathering diverse partners with packed schedules – Implementing a holistic approach in all the communities

APPROACH II:

Focusing the scope of the regional authority on health and social services programs and initiatives

ADVANTAGES

- Known approach, quicker to implement, requires fewer adaptations and draws from what already works well
- Targeted health and social services interventions
- Simpler and clearer roles and mandates of people and organizations
- More efficient in the short term

CHALLENGES

- More silo work
 - Fewer medium- and long-term effects
 - Limited complementarity between sectors
 - Less conducive to improving wellness
-

8 – SUMMARY OF THE DAY

JEAN-CHARLES PIÉTACHO

Chief of the Ekuanitshit community

Jean-Charles Piétacho gave a recap of the first day. He stated that the continued widespread use of the Innu language proves that First Nations never abandoned what the Creator gave them. Similarly, our land—which is our home, our hospital and our school—was never ceded.

Like our ancestors who travelled to different places, we must seek out a place that offers wellness to our people. He reminded participants that health is an ancestral right that First Nations have never relinquished.

Mr. Piétacho expressed his gratitude for all the work that has been done in the communities. Obtaining adequate financial and human resources is a great challenge. When we consider reappropriating responsibilities from the federal government, we must reflect deeply. He noted that all funding structures inherently favour the government. The current model does not work and is not adapted. He emphasized the importance of mutual support in developing an approach that is ours.

9 WORKSHOP 4

RESOLVING FEDERAL/PROVINCIAL JURISDICTIONAL CONFLICTS IN HEALTH AND WELLNESS

Workshop process and explanation

Marjolaine Sioui explained that the fourth workshop would focus on jurisdictional conflicts with the provincial and federal government. She informed the group that nearly 90% of mandates given to the FNQLHSSC by the AFNQL deal with service access issues. Ms. Sioui explained that when her grandfather needed care, he went directly to a provincial network facility because there were no healthcare centres in the communities. He never had a problem receiving care. Jurisdictional conflicts surfaced after a take-over of services, which led to two systems: one for First Nations people and one for non-natives. Jurisdictional conflicts can lead to several issues, for example, for people who have to travel outside of their community for medical reasons. She pointed to the fact that these issues will not go away over time and that we must find long-term solutions because everyone has the right to equal healthcare.

Three approaches were suggested so that participants could reflect on the relationship between the regional body and the provincial and federal governments.

EXPLANATION OF THE APPROACH

APPROACH I:

Tripartite agreement
(federal, provincial, First Nations)

In British Columbia, First Nations signed this type of agreement with the governments. Some jurisdictional conflicts are specific to the province, and others are specific to the federal government.

APPROACH II:

Bipartite agreement
(federal, First Nations)

This approach would be more gradual. The first step would be an agreement with the federal government. This approach would permit a transfer of responsibilities from the federal government to First Nations, which would lead to more authority with regard to programs and services. First Nations would be the main interlocutor with the province. Talks with the province would also make way for an agreement with the provincial government.

APPROACH III:

Co-management agreement with ISC-FNIHB and Regional Operations or no agreement

First Nations in two Canadian provinces have opted for this type of agreement, which can work but requires clearly established partnership objectives and foundations. A co-management agreement does not allow for full control but would enable us to influence the decisions made by the government.

Jane Gray explained how the workshop would run. Each table was invited to discuss the advantages and challenges of each of the three approaches. The second part of the workshop aimed to evaluate each approach based on plausibility and its effect on reducing jurisdictional conflicts.

Workshop 4 results

Like the day 1 workshops, the process of the fourth workshop aimed to determine the advantages and challenges of the different proposed approaches. The results of the discussions are presented below. The complete list of advantages and challenges can be found in Appendix G.

APPROACH I:
Tripartite agreement (federal, provincial, First Nations)

ADVANTAGES	CHALLENGES
<ul style="list-style-type: none"> – Ideal long-term scenario and has the biggest impact – Best option for resolving jurisdictional conflicts – Brings all concerned parties to the same table – Best alignment with the provincial and federal governments – Possibility of getting federal and provincial funding – More negotiating power for First Nations – A must for First Nations living outside the community – Favours the development of a continuum of services with the province – Asserts local needs at both levels of government 	<ul style="list-style-type: none"> – Less realistic in the short-term – Longer process that requires the will of the federal and provincial governments to work in partnership with First Nations – Province not open or willing in the current political climate – Potentially difficult discussions before determining each entity's responsibilities – A signed agreement does not guarantee the resolution of actual problems – Members of the tripartite committee must show good faith and openness and want to solve difficulties that arise

APPROACH II:
Bipartite agreement (federal, First Nations)

ADVANTAGES	CHALLENGES
<ul style="list-style-type: none"> – More realistic, quicker and easier in the short term – Federal government is more open to negotiating in the short term – Significant improvement compared to the current situation – Take-over and adaptation of federal programs to meet local needs – Makes negotiating funding with the federal government easier – First step toward obtaining a tripartite agreement in the medium term – Gives legitimacy to First Nations for negotiations with the province afterward 	<ul style="list-style-type: none"> – Little effect on the resolution of jurisdictional conflicts with the province – Negotiations with the province are necessary after those held with the federal government

APPROACH III:

Co-management agreement with ISC-FNIHB and Regional Operations or no agreement

ADVANTAGES

- Status quo
- Known, realistic situation
- Conducive to direct negotiations between communities and governments

CHALLENGES

- No significant changes
 - No effect on the resolution of jurisdictional conflicts
 - Federal government keeps control
 - No real additional power for First Nations
-

Some participants suggested another approach, mainly leveraging the autonomy of communities and their desire for self-determination. The elements discussed are presented below.

ANOTHER APPROACH SUGGESTED BY THE PARTICIPANTS:

The communities or Nations negotiate directly with the federal and provincial governments

ADVANTAGES

- Respects the communities' desire for self-determination
- Signature of agreements between governments, without an intermediary
- Encourages the development of local capacities
- Lets Nations develop their own governing bodies, if they wish
- Communities can call on the regional body for ad hoc needs

CHALLENGES

- Little information on what is happening in other communities
 - Does not encourage the resolution of jurisdictional conflicts regarding First Nations that live outside of communities
 - No significant changes to the current situation
-

10 OVERVIEW OF THE FOUR WORKSHOPS

Ms. Sioui gave a summary of the results from the four workshops.

During the first workshop, more people spoke in favour of Approach 1, which calls for collective and community responsibility of the regional body. Participants expressed the need for the regional body to be an added value for the communities by encouraging shared resources and pooled data, and by conducting strategic surveillance. This approach would allow us to be more proactive than reactive and to collectively define our needs. Those who preferred Approach 2 expressed their fear that the regional body would not adequately consider the particularities of each community or of a group of communities.

The second workshop addressed the contribution of the regional body. More participants seemed to favour the first approach, which entails a regional body that provides direct services in addition to supporting efforts of the communities and organizations. Based on the information gathered, this approach would help lighten the burden on the communities, for example, during times of crisis. The regional body must also liaise between the Quebec healthcare network and the communities and ensure the development of local expertise. Those in favour of Approach 2 pointed to the risk of the communities becoming dependent on the regional body if Approach 1 is implemented.

During the third workshop, which addressed the scope of the mandate of the regional body, the option entailing a holistic approach including determinants of health seems to have been supported by a greater number of participants. Workshop participants expressed that this approach would prevent a silo mentality and encourage more solidarity and collaboration. On the other hand, many expressed their fear that combining the programs within the regional body would lead to a loss of focus on health and social services as well as on the resolution of issues specific to these areas.

The preliminary results of the last workshop indicate that the status quo will not be retained. The elected officials of the communities will have to reflect on which type of agreement should be signed based on the current political climate. Other options were also suggested during the workshop and will be analyzed.

11 — BACKGROUND AND OBJECTIVES OF THE REGIONAL MOBILIZATION MEETING OF JUNE 2019⁵

Chief Ghislain Picard gave a brief overview of the regional mobilization meeting set for June 2019 that will bring together political leaders and a number of stakeholders from the communities and organizations. This event is taking place in the context of multiple transformations and reforms of federal laws and programs—with these changes comes a large amount of information that is difficult to integrate and communicate to the population. At the regional level, we must analyze and understand the consequences of these changes. Mr. Picard stated that the government is being pressured to adopt new legislation—such as Bill C-262, which focuses on the rights of Indigenous peoples—before parliamentary work concludes in June.

Mr. Picard presented the objectives of the regional mobilization:

- Engage the communities in regional mobilization, while putting First Nations governance at the forefront
- Assess the repercussions of transformation on the communities and organizations

⁵ The PowerPoint presentation is available in Appendix H.

- Establish a process for informing the communities and organizations about transformation developments
- Obtain guidance from the Chiefs regarding the desired forms of governance
- Determine the issues to bring forward in anticipation of the next federal election

A surveillance committee made up of Chiefs and directors of regional commissions and organizations was formed in 2018. This committee aims to ensure that the Chiefs and Band Councils measure the scope and repercussions of the reforms; establish relationships between the national, regional and local processes; recommend communication mechanisms to keep the Chiefs informed of the issues; and recommend the best intervention strategies based on issues revealed by the reforms.

In order to ensure a well structured mechanism and to prepare the June 2019 event, five sector-specific tables were formed based on the major issues:

- Health, social services, housing
- Environment (drinking water, hygiene)
- Legislation Bills S3, C-69, C-92, C-262
- Fiscal relationship, economic development, employability, income assistance
- Education, training, early childhood

Mr. Picard announced that an online survey has been launched in anticipation of the regional mobilization process in an effort to gauge the level of engagement and knowledge of First Nations communities and organizations on the reforms and transformations in progress.

Ms. Sioui informed participants that the first sector-specific table meeting, focusing on health, social services and housing, would be taking place the following week. The sector-specific tables will hold at least two meetings before the June event. Ms. Sioui explained that the discussions held over the course of these last two days will inform the reflections of the table. She also mentioned that the directors will be called on during the next joint meeting of health and social services directors, which will take place in early May, to prepare regional mobilization.

Mr. Picard addressed participants again to express how important it is to emphasize our regional priorities. In the context of the upcoming federal elections and the diversity of Nations across the country, First Nations in Quebec must carve out a space for themselves. In this context, we are counting on regional commissions and organizations to keep watch over government announcements.

According to Mr. Picard, the First Nations could wait for ideal conditions, but that may take time. We must therefore act now to strengthen our abilities and prepare ourselves, regardless of the political climate. We must look beyond the status quo.

12 NEXT STEPS

Patrice Lacasse mentioned that several directors asked for tools to be developed to support the communities that wish to engage in discussions related to the health and social services governance process.

Médéric Sioui, Communication Manager of FNQLHSSC, presented the first section of the toolbox, which is now available on the governance process website.⁶ Five sections will be gradually launched from now until summer 2019. Each section includes tools in various formats, such as PowerPoint presentations, videos, informative documents and exercises. Mr. Sioui explained that an invitation would be sent out in the next few days to form a small group that will reflect on possible tools that could support the communities.

Mr. Lacasse continued with the next steps of the governance process. Work targeting a tripartite agreement protocol continues with the provincial and federal governments. The information gathered during this regional meeting will be presented in the fall. Mr. Lacasse said that the goal is still to present a model to the Chiefs in March 2020 to receive their guidance.

13 CLOSING PRAYER

Édith Picard-Marcoux offered a prayer to close out the meeting. Over the course of the meeting, we took the same path. Perspectives may differ, but we can move forward together. She thanked the Creator for the work of the organizers, for the power to make our world better, and for the power to make personal, community and collective progress. Everyone returns to their own path with new ways to keep moving forward.

The participants formed a circle, and a woman offered a drum song.

⁶ <https://gouvernance.cssspnql.com/en/>

A APPENDIX

AGENDA

HOTEL LE BONNE ENTENTE, GARNEAU ROOM
3400 CHEMIN SAINTE-FOY, QUEBEC G1X 1S6

APRIL 3, 2019

8:00 a.m.	Reception and registration			
8:30 a.m.	Opening prayer	Édith Picard		
8:40 a.m.	Welcoming remarks		Presentation	
8:50 a.m.	Message from the Board of Directors and the AFNQL	Derek Montour, FNQLHSSC Chief April Adams-Phillips, health and social services file-holder for the AFNQL	Presentation	
9:15 a.m.	Background and update on the governance process and objectives of the meeting	Marjolaine Siouï, FNQLHSSC	Presentation	Tab 1
10:15 a.m.	Break			
10:30 a.m.	Presentation of the strategic choices table	FNQLHSSC	Presentation	Tab 2
10:45 a.m.	Instructions for workshop 1	Jane Gray	Information	Tab 3
11:00 a.m.	Workshop 1: Responsibility for collective improvement in health and wellness		Discussion	
12:00 p.m.	Lunch			
1:30 p.m.	Instructions for workshop 2	Jane Gray	Information	Tab 4
1:45 p.m.	Workshop 2: Contributions of the regional authority		Discussion	
3:00 p.m.	Break			
3:15 p.m.	Instructions for workshop 3	Jane Gray	Information	Tab 5
3:30 p.m.	Workshop 3: Scope of the mandate of the regional authority		Discussion	
4:20 p.m.	Summary of the day	Chief Jean-Charles Piétacho	Presentation	
4:30 p.m.	Meeting adjourned			

APRIL 4, 2019

8:30 a.m.	Reception and instructions for workshop 4	Jane Gray	Information	Tab 6
8:45 a.m.	Workshop 4: Resolution of jurisdictional disputes between the federal and provincial governments		Discussion	
10:00 a.m.	Plenary session feedback on the workshops	Marjolaine Siouï, FNQLHSSC	Presentation and discussion	
10:30 a.m.	Break			
10:45 a.m.	Background and objectives of the regional mobilization meeting in June	Ghislain Picard, Chief of the AFNQL Marjolaine Siouï, FNQLHSSC	Information and discussion	Tab 7
11:45 a.m.	Next steps	Patrice Lacasse, FNQLHSSC	Information	
11:55 a.m.	Closing prayer	Édith Picard		
12:10 p.m.	Meeting adjourned			

QUEBEC AND LABRADOR FIRST NATIONS' HEALTH AND SOCIAL SERVICES GOVERNANCE PROCESS: REGIONAL MEETING, APRIL 3 AND 4, 2019 (POWERPOINT)





Health and Social Services Governance

The process aims to enable First Nations to achieve **greater autonomy in health and social services**.

- Purpose: Improving First Nations wellness
- Specific objectives:
 - ✓ Improve access to health and social services
 - ✓ Reinforce the decision-making capacity at the regional and local levels
 - ✓ Develop a framework model, a different mode of governance
 - ✓ Resolve jurisdictional conflicts

2



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.

Chiefs in Assembly, February 2014

Vision of the health and social services governance process

3



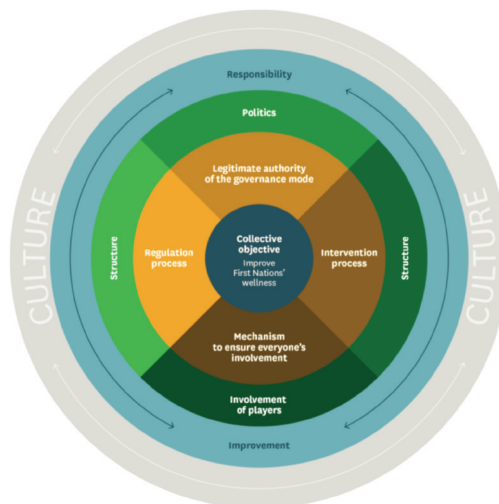
More concretely, the governance process in health and social services aims to ...

- Repatriate some or all of the responsibilities and funding from Indigenous Services Canada (ISC)
- Share the new responsibilities between First Nations communities and organizations
- Review the programs, services and funding arrangements
- Develop ways of doing that better meet First Nations' needs

4



Effective Governance



5



New Health and Social Services Governance Model

- Increase local decision-making and empowerment.
- Work upstream.
- Identify the local and collective health and social services priorities.
- Offer services that meet the communities' needs.
- Develop strategies based on health determinants.
- Establish relationships with the federal and provincial governments on a new basis: government-to-government.
- Encourage mutual support.

6



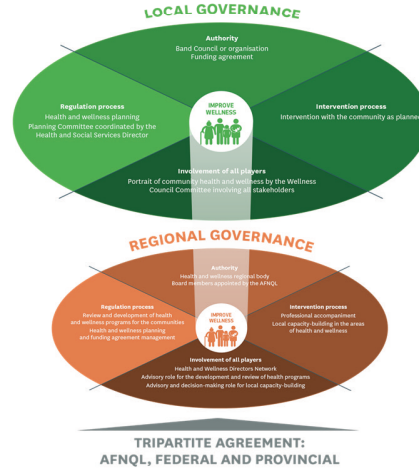
A Collective Process

- Since the beginning of the governance process, the Quebec First Nations health and social services directors have reviewed the current situation as well as the desired changes in health and social services.
- In three regional meetings held in 2016 and 2017, guidelines for the development of the effective health and social services governance model were created collectively:
 - ✓ **Planning guidelines (14)**
 - ✓ **Accompaniment guidelines (17)**
 - ✓ **Decision-making and accountability guidelines (11)**
 - ✓ **Health and social services directors network guidelines (15)**

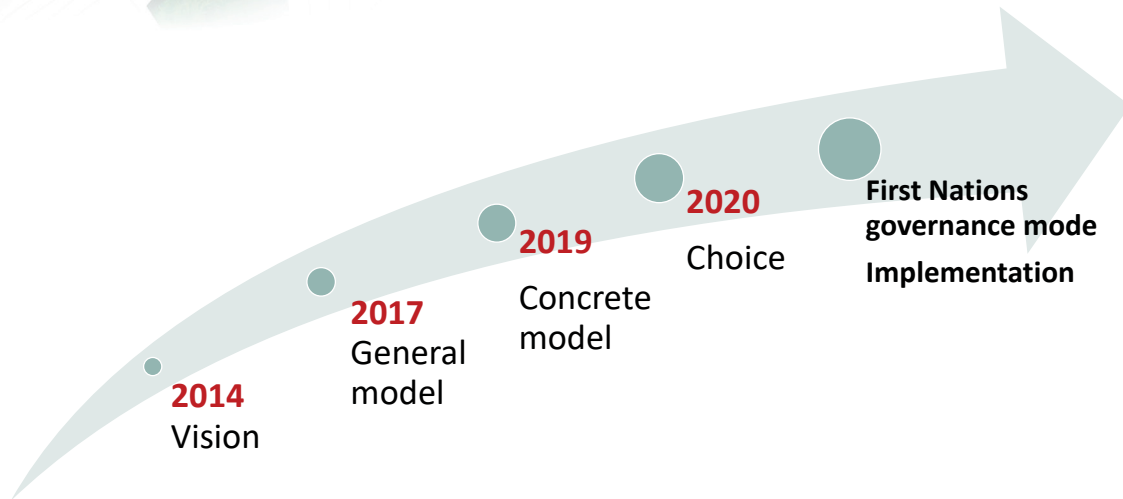
7



Representation of the General Model



8



8



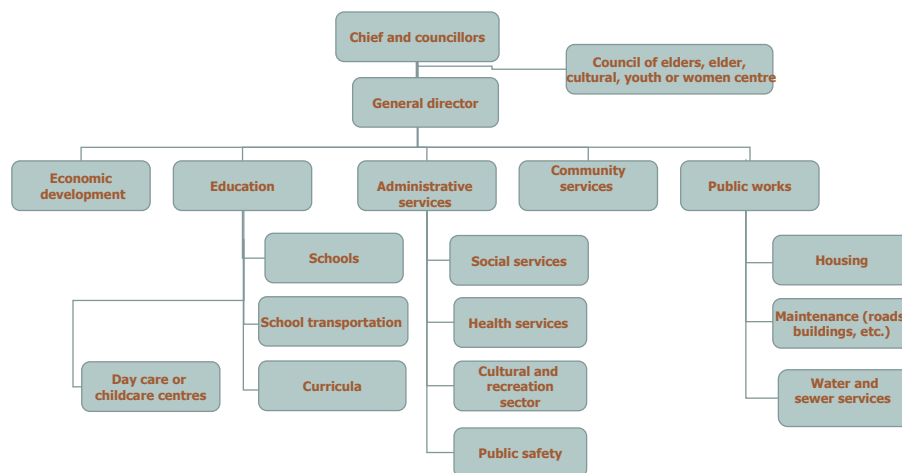
LOCAL AND REGIONAL GOVERNANCE

What does the model concretely involve to date?

10



Local Governance Model

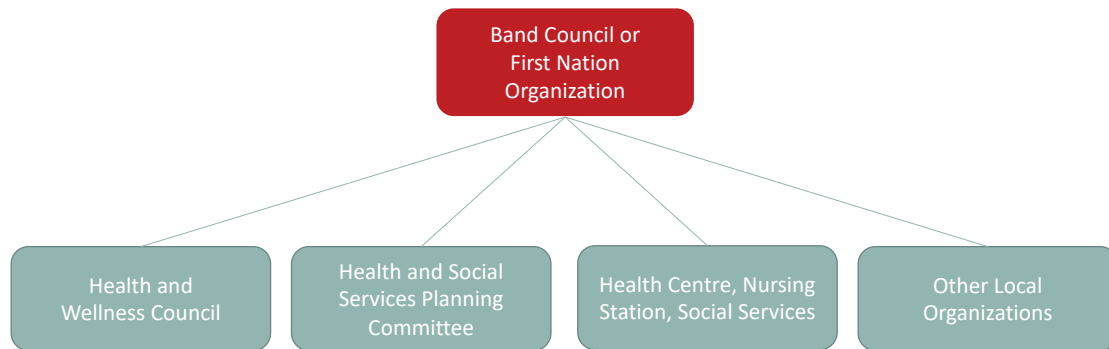


Note: This chart is provided as an example and the structure may vary from one community to the next

11



Desired Local Governance Model



12



Desired Local Governance Model

- **More autonomy**
- **More responsibility**
- **More authority**



Roles and responsibilities

- Mobilize organizations and community members to conduct an overview of health and wellness and prioritize needs
- Plan services by ensuring action is taken on determinants of health
- Manage funding received and distribute it according to locally identified needs
- Be accountable to the population and band council

13



Desired Local Governance Model

- **More autonomy**
- **More responsibility**
- **More authority**



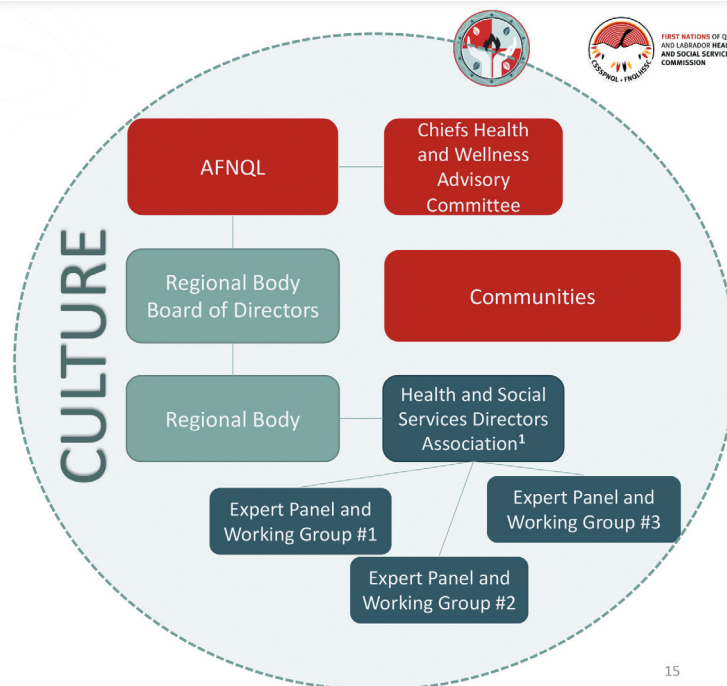
Deliverables

- Overview of community needs, including determinants of health
- Prioritization of needs identified by the community
- Holistic health and social services planning that reflects local needs
- Development of culturally appropriate, unique and original programs and services
- Improved service delivery
- Flexibility with respect to funding received
- Evaluation of services according to collectively defined objectives
- Meaningful and simplified accountability to the population and band council

14

Desired Regional Governance Model

CULTURE



¹ Or wellness

15



Desired Regional Governance Model

- *Regional body controlled by First Nations*
- *Flexible and culturally responsive programs and services adapted to community needs*
- *Streamlined administrative requirements*

Roles and responsibilities

- ✓ Introduce a holistic approach to health and wellness
- ✓ Provide planning, health, social services, research and evaluation services
- ✓ Ensure quality of services and continuous quality improvement
- ✓ Negotiate with governments to resolve jurisdictional conflicts
- ✓ Monitor agreements with federal and provincial governments

16



Desired Regional Governance Model

- *Regional body controlled by First Nations*
- *Flexible and culturally responsive programs and services adapted to community needs*
- *Streamlined administrative requirements*

Deliverables

- ✓ Complete an overview of regional health and wellness
- ✓ Create culturally responsive health and social services programs
- ✓ Support to consolidate local jurisdiction
- ✓ Liaison officers focus on outreach, stability, expertise and cultural jurisdiction
- ✓ Manage funding agreements and ensure compliance with laws and regulations
- ✓ Collaboration with Quebec authorities to ensure program and service complementarity

17



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION

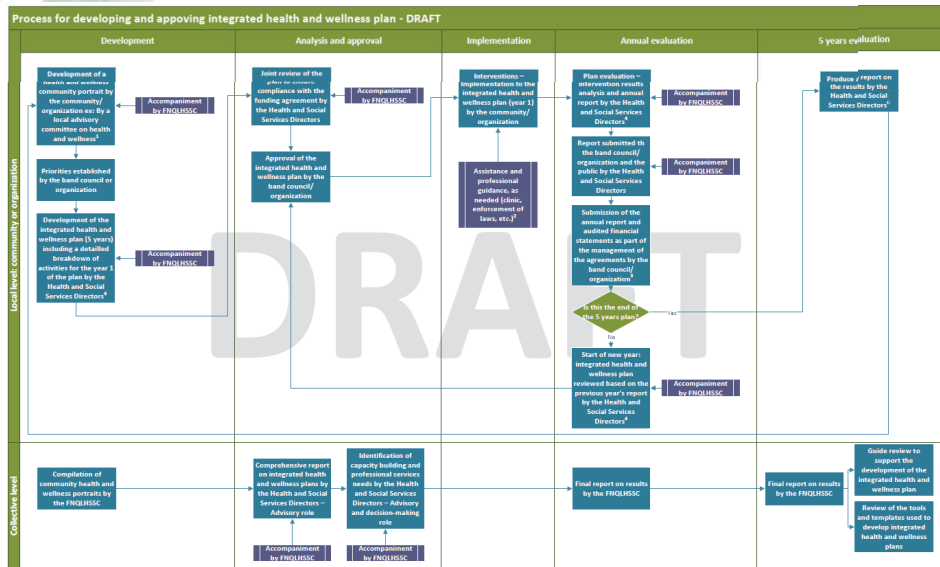
CONCRETE EXAMPLE

Development and Approval Process for Health and Wellness Plans

18



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION



19



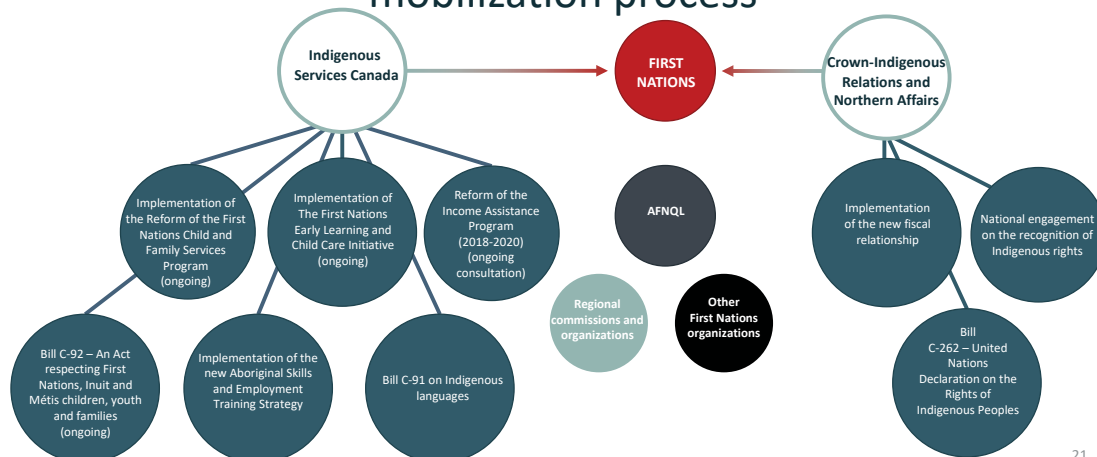
CURRENT CONTEXT

Federal Government: Transformation and Mobilization Process

20



Federal government: Health and social services mobilization process



21



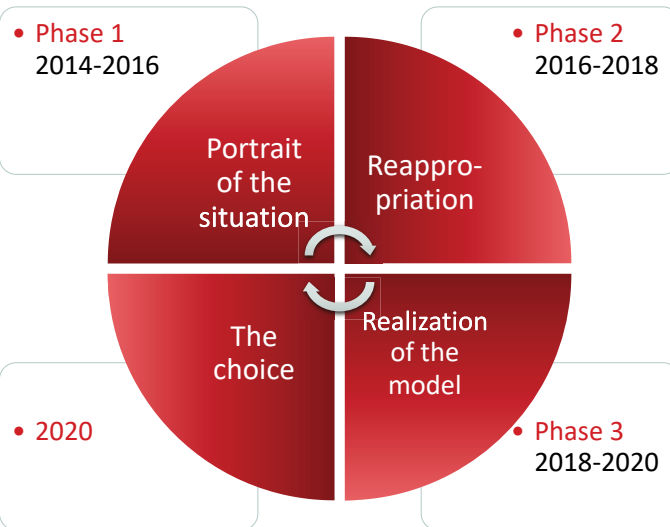
PHASES OF GOVERNANCE PROCESS

Where are we now?

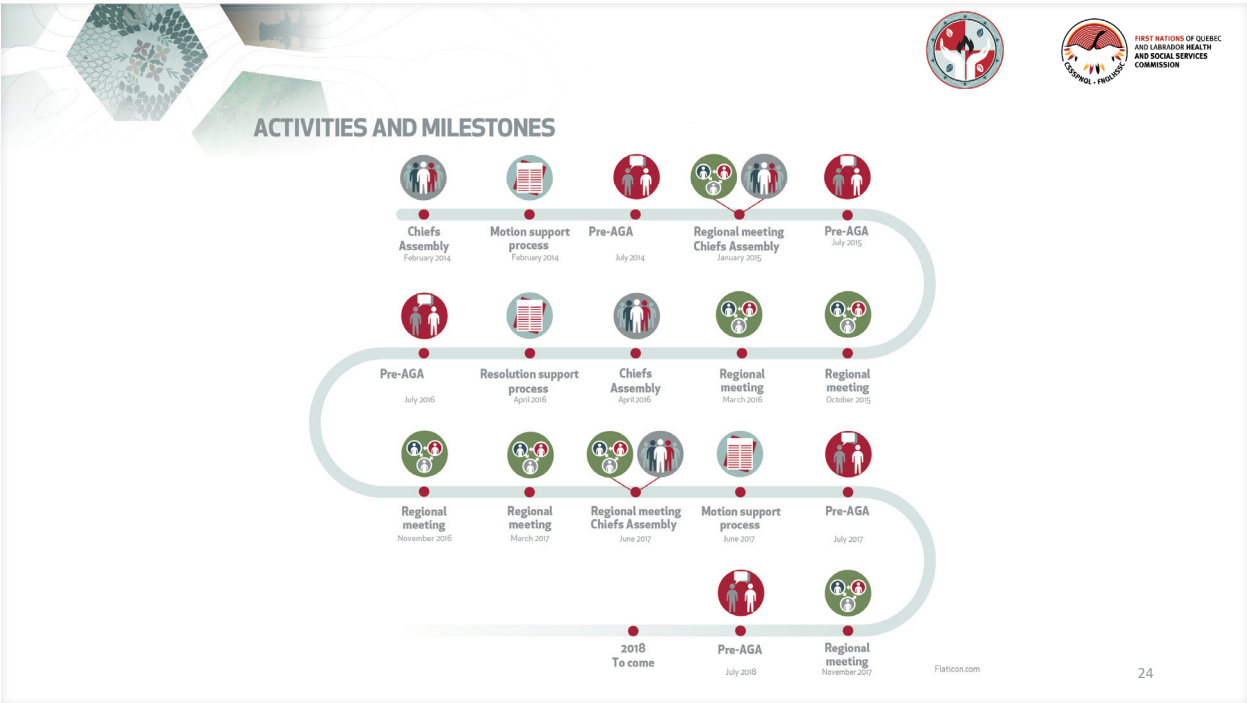
22



Phases of the process (2014-2020)



22



UPDATE

Activities Completed in 2018 and Upcoming Activities



Publications

2014 - 2018

- Summary report – pre-annual general assembly – July 2014
- Abstract of Health and Social Services Issues (2015)
- Descriptive of the Project (2015)
- Factsheets about the First Nations in Quebec Health and Social Services Governance Project (2015)
- Review of Health and Social Services Provided to Quebec First Nations and Inuit (2015)
- Better Governance, Greater Wellbeing (2015)
- Indigenous Governance Models and Initiatives Across Canada (2015)
- Summary Report Joint Meeting of the AFNQL-FNQLHSSC, January 2015
- Summary Report Regional Meeting October 20 and 21, 2015
- Summary Report Pre-AGA of the FNQLHSSC July, 2015
- Health and Social Services: a renewed approach to governance fostering self-determination (2016)

26



Publications

2014 - 2018

- Summary report – regional meeting – March 2016
- Summary report – pre-annual general assembly, July 2016
- Summary report – Regional meeting – November 2016
- Descriptive of phase II (2017)
- Portrait of the rights, laws, policies and agreements concerning health and social services for the Aboriginal peoples of Canada (2017)
- Legal framework for organizing and providing health services for Quebec First Nations (2017)
- Summary report – Regional meeting – March 2017
- Summary report – Regional meeting – June 2017
- Summary report – Regional meeting – November 2017
- Summary report – Pre-AGA July 2017
- Guidelines for the development of the effective governance model (2018)

27



Publications

To Come

- An effective governance for the wellness of First Nations
- An effective governance for the wellness of First Nations – Summary Report
- Inventory of health and social services human resources in First Nations communities and organizations

28



Update – Health and Social Services Governance Process

2018-2019 Accomplishments

MOBILIZATION

- Health Directors Network
- Pre-AGA 2018 – change management
- Joint meeting of health and social services directors
- Meetings and presentations to communities and organizations
- Development of a mobilization plan
- Committee of partners

COMMUNICATION

- Governance website update
- Development of a communication plan
- Toolbox development

29



Update – Health and Social Services Governance Process

2018-2019 Accomplishments

PORTRAITS

- Health and social services human resources inventory in First Nations communities and organizations and preliminary qualitative reports (30 in total)
- Development of a mandate for funding analysis
- Inventory of FNQLHSSC duties and responsibilities

MANAGEMENT AND EVALUATION

- Evaluation of Phase II of governance process and development of Phase III
- Governance action plan and budget breakdown tables (new funds)
- Phase III planning

30



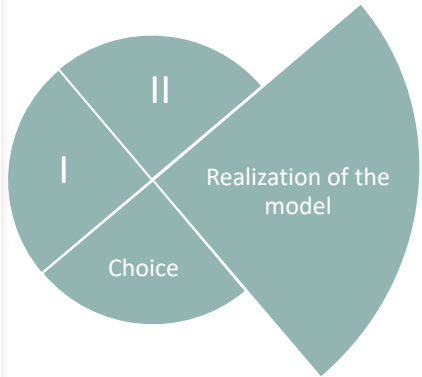
Update – Health and Social Services Governance Process

2018-2019 Accomplishments

OTHER

- Work on areas of improvement for Truth and Reconciliation Commission calls to action
- Participation on the Information Governance Committee
- Participation in information sessions on the transformation of Indigenous Services Canada

31



Phase III - Realization of the health and social services governance model

- Validation of the governance model - **April 2019**
- Presentation of the concrete model - **Fall 2019**
- Community visits - **Fall 2019**
- Discussions with the federal government- **Fall 2019**
- Choice by the chiefs in assembly - **March 2020**



Next Steps

Publications and Portraits

ACTIVITIES	TIMEFRAME
Toolbox launch	Spring 2019
Dissemination of the inventory of health and social services resources in the communities	Spring 2019
Conduct of funding analyses	Fall 2019



Next Steps

Mobilization and Development

ACTIVITIES	TIMEFRAME
Sign the tripartite memorandum of understanding (AFNQL and federal and provincial governments)	Spring 2019
Detailed model and definition of the roles and responsibilities (communities, HSSDN, regional body, AFNQL, governments)	January – September 2019
Regional meetings	April – September 2019
Community visits	Fall 2019
Model approval by the HSSDN	January 2020
Model presentation to the AFNQL	March 2020

34



Wela'lin
Meegwetch Tiawenhk
Nià:wen Tshinashkumitin
Mikwetc Wli Wni Woliwon
Chiniskomiitin

35

GOVERNANCE MODEL: STRATEGIC CHOICES

1 – RESPONSIBILITY FOR COLLECTIVE IMPROVEMENT IN FIRST NATIONS HEALTH AND WELLNESS

Situation:

Improving the health and wellness of the First Nations in Quebec is a major challenge. To meet the challenge, a collective approach can be taken in order to improve the health and wellness of each First Nation through a community or collective approach.

Strategic choices to address the situation:

To improve the state of health and wellness, two approaches can be considered.

Strategic choices:

APPROACH I: Collective and community responsibility of the regional body	APPROACH II: Community responsibility
This approach consists of entrusting the regional body with a mandate aiming to improve the overall state of health and wellness for all First Nations. Such a collective mandate requires access to and sharing of data on the health and wellness of First Nations people in Quebec in order to establish a community portrait (population inside and outside of the communities, according to community) and to set targets and strategies aiming to improve the state of health and wellness of these populations. This approach will help to gradually reduce existing gaps.	This approach consists of entrusting the regional body with a mandate aiming to improve the health and wellness of each community. Such a mandate requires the sharing of data on the health and wellness of the individuals and families in each community (population inside and outside of the communities, according to community), but no overall portrait is developed, and no collective improvement target is set. The data enables the regional body to better understand the specific needs of each community.

What are the benefits and challenges for each approach? What is the preferred approach?

2 – CONTRIBUTIONS OF THE REGIONAL BODY TO THE COMMUNITIES AND ORGANIZATIONS

Situation:

In the context of FNIHB and the Regional Operations (RO) of Indigenous Services Canada (ISC), the FNQLHSSC was created to support communities and organizations in their empowerment.

“In this sense, its mission is to accompany Quebec First Nations in achieving their health, wellness, culture and self-determination goals.”

Over the years, a number of specific needs have emerged for direct assistance in the communities, particularly in the planning of health plans and action plans for first-line services, in improving access to and quality of services, in the development of professional skills and continuing training for human resources, in resolving problems related to jurisdictional conflicts, etc.

Strategic choices to address the situation:

To meet the varying needs of the communities and organizations, two approaches can be considered.

Strategic choices:

APPROACH I:

The regional body provides services directly to the communities and organizations in addition to supporting the communities and organizations

The regional body is responsible for supporting the efforts of the communities and organizations and providing services directly to them in response to their needs.

The FNQLHSSC's approach is complemented through the provision of direct services to relieve communities and organizations of the burden of responsibility that they cannot assume in the immediate or medium-term.

APPROACH II:

The regional body supports the efforts of the communities and organizations

The regional body is responsible for supporting the efforts of communities and organizations based on requests.

What are the benefits and challenges for each approach? What is the preferred approach?

3 – SCOPE OF THE MANDATE OF THE REGIONAL BODY

Situation:

Over the years, the FNQLHSSC has had to assume additional functions to meet different needs, some of which were pressing. These include the childcare centres, the harmonization of provincial policies such as elder abuse, social development, the co-development of federal and provincial bills, etc.

Strategic choices to address the situation:

To address the needs of First Nations regarding health and wellness, two approaches can be considered.

Strategic choices:

APPROACH I: Holistic approach, which may include many elements that are considered determinants of health	APPROACH II: Focusing the scope of the regional body on health and social services programs and initiatives
A holistic approach according to which the regional body can support the various authorities in the communities and organizations that need expertise to promote intervention synergy.	The mandate of the regional body is specifically related to programs and initiatives in health and social services. However, it collaborates with other organizations on projects that address a series of determinants of health.

What are the benefits and challenges for each approach? What is the preferred approach?

4 – RESOLUTION OF FEDERAL/PROVINCIAL JURISDICTIONAL CONFLICTS IN HEALTH AND WELLNESS

Situation:

The First Nations living in the communities in Quebec face different levels of jurisdictional conflicts between governments in terms of health and wellness. More specifically, problems arise because of the legal status of the communities (federal) and provincial legislation on health and wellness, which, in most cases, prevails everywhere in Quebec according to the Canadian Constitution.

Strategic choices to address the situation:

To facilitate the resolution of jurisdictional conflicts that hinder the ability of First Nations to assume control over their health and wellness, three approaches can be considered.

Strategic choices:

APPROACH I:	APPROACH II:	APPROACH III:
Tripartite agreement (federal, provincial and First Nations)	Bipartite agreement (federal and First Nations)	Co-management agreement with ISC-FNIHB and RO or no agreement
A tripartite agreement like the one in British Columbia creates an evolving agreement aimed at gradually resolving jurisdictional conflicts and granting more powers to First Nations regarding health and wellness. In this context, it is recommended to set up a tripartite committee whose main role will be to ensure the achievement of the objectives of the tripartite agreement and consider changes over time.	A bipartite agreement aims to transfer certain powers and responsibilities of ISC-FNIHB and Regional Operations (RO) from the federal government to a regional body. The regional body, according to its governance structure, will initiate discussions with the provincial government to resolve jurisdictional conflicts.	<ul style="list-style-type: none"> – The increase of responsibilities is based on programs or initiatives. – Decisions are made jointly by First Nations and ISC. – ISC remains the primary contact with the provincial government.

What are the benefits and challenges for each approach? What is the preferred approach?

D APPENDIX

WORKSHOP 1 RESULTS

RESPONSIBILITY FOR COLLECTIVE IMPROVEMENT IN FIRST NATIONS HEALTH AND WELLNESS

APPROACH I:

Collective AND community responsibility of the regional body

ADVANTAGES

- Funding distributed by a First Nations organization
- Support (financial, expertise, capacity) for small communities, isolated communities or communities with particular or ad hoc needs
- Possible support for developing local health and wellness profiles
- Development of a regional health and wellness profile
- Compiled data would let us monitor health and wellness progress from year to year and determine collective and community intervention targets
- Access to the same information at the same time (e.g., legal changes)
- Sharing of best practices between communities
- Economies of scale and sharing of resources (financial, human)
- Pooling of certain services (e.g., legal services) and sharing of expertise
- Improved health and wellness for all Quebec First Nations and fewer discrepancies between the communities
- Encourages organized political action
- Strength in numbers during negotiations
- Defence of shared interests (First Nations living outside communities, medical transport, etc.)
- Allows First Nations living outside communities and in urban centres to reconnect
- Development of wellness awareness and promotion campaigns
- Group strength, mutual aid; respect for the culture, language and rhythm of each community
- Overall vision would stop silo work

CHALLENGES

- A new challenge for Quebec First Nations who have never worked in this way
- Centralization, to the detriment of local self-determination efforts
- Making sure to avoid “universal” approaches
- Identifying collective priorities, given the extent of local needs
- Specific local contexts to consider for funding distribution
- Access to data could interfere with the local governance of each community
- Service offer to Nations that reside in multiple provinces (Mohawk, Mi'gmaq)
- Considering local particularities and specific needs of isolated communities
- Needs of small communities, isolated communities, or communities with specific needs could be neglected
- Few short-term effects
- Language barrier
- Flexibility required to meet such a diverse set of needs
- Dependence on the regional body, to the detriment of local capacities
- Does not compare communities, but respects their uniqueness
- Absence of cultural teaching
- Inclusion of cultural teaching and guardians of First Nations culture and traditions
- Distribution of funding based on various methods
- Diversity of communities, needs and local priorities

APPROACH I (cont.):

Collective AND community responsibility of the regional body

ADVANTAGES

- Closing regional ISC offices eliminates some administrative fees; money could be reinvested in community services
- Nations' need to compare situations (e.g., comparisons to determine access to funding)
- Priority placed on local needs with on-demand regional guidance

CHALLENGES

- Time required for the collective approach, to the detriment of time devoted to local interventions
 - Adaptation of programs to each community's geographic, linguistic and cultural specificities
-

APPROACH II:

Community responsibility

ADVANTAGES

- Respects self-determination of Nations
- Maintains and strengthens the local authority
- Communities advance at their own speed
- Transformations at each community's own speed
- Take-over of all health and social services by each community
- Empowerment and development of local skills
- Encourages autonomy of each community
- Allows communities to regroup as Nations, which is more in line with traditional ways
- Interventions adapted to local contexts
- Local needs are better understood and met
- Hiring additional resources to meet local priorities
- Quicker local impact
- Communities could delegate certain responsibilities to the regional body until they are able to take over all responsibilities

CHALLENGES

- Comparable to what is currently in place (status quo)
 - Possibility of greater health and wellness discrepancies between communities
 - Fewer long-term effects for all Nations
 - Responsibility falls almost entirely on the community
 - No access to shared resources
 - Sometimes, communities want to take over services for the wrong reasons, and the services are not offered to the population
-

WORKSHOP 2 RESULTS

CONTRIBUTIONS OF THE REGIONAL BODY IN THE COMMUNITIES AND ORGANIZATIONS

APPROACH I:

Regional body provides services directly to communities and organizations in addition to supporting communities and organizations

ADVANTAGES

- Closer to First Nations values (mutual aid, community, collective)
 - Acknowledgement of culture in the delivery of services
 - Ad hoc support and interventions as needed (e.g., crises, succession plans, shortage of professional resources)
 - Liaison and facilitator role with the Quebec healthcare network
 - Development of various capacities and expertise in order to reduce need for agencies or consultants
 - Allows communities to develop their capacities instead of “putting out fires”
 - Access to specialized on-demand resources
 - Guidance for local capacity-building and trainings offered by the regional body
 - Economies of scale
 - Greater cohesion during negotiations
 - Lightens the burden on communities
 - Support and guidance offered to communities that are at different stages of development;
 - Long-term vision
 - Sharing of best practices
 - Optimizes the use of resources (financial, human, etc.)
-

CHALLENGES

- Risk of dependence on the regional body and external resources
- Less knowledge in the communities
- Regional body must adopt an approach founded on local capacity-building and expertise transfer
- Developing a decentralized regional body (with satellite offices)
- Meeting the simultaneous needs of different communities
- Providing support and guidance rather than playing a decision-making role at the local level
- Risk of imposing ways of doing things

APPROACH II:

Regional body supports the efforts of the communities and organizations

ADVANTAGES

- Faster outcomes
- Development of capacities and expertise at the local level
- Personalized approach based on the needs of each community
- Cultural vision of each Nation
- Encourages self-determination
- Honours the capacity of each community to manage, plan and prioritize local needs and actions to carry out
- Allows communities to advance at their own speed
- Nothing is imposed on the communities
- Local job creation

CHALLENGES

- Status quo does not offer solutions to current challenges
 - Does not offer solutions for the lack of resources and staff turnover in the communities
 - Communities with fewer resources and capacities are at a disadvantage
 - Does not lighten the workload
 - Developing cohesion between the communities
-

WORKSHOP 3 RESULTS

SCOPE OF THE MANDATE OF THE REGIONAL BODY

APPROACH I:

Holistic approach, which may include many elements considered determinants of health

ADVANTAGES

- _ Encourages population wellness and community development
- _ Overall and holistic approach corresponding to First Nations' values and culture
- _ Emphasis placed on First Nations' culture
- _ Would help enhance pre-existing holistic and cultural efforts in certain communities
- _ Teachings from elders and from the culture integrated into interventions
- _ Inclusion of elders and youths
- _ Involves more consultation at the local level
- _ Encourages consultation, collaboration and synergy among organizations from different sectors (e.g., education, housing) that can intervene on determinants of health
- _ Promotion of the holistic approach with governmental partners
- _ Consistency with the approaches selected for health and wellness funding and planning strategy
- _ A regional body that adopts a holistic approach would set an example for First Nations communities and organizations
- _ Limits the number of structures by consolidating different areas of intervention into a single organization
- _ More medium- and long-term effects
- _ Encourages solidarity among the Nations
- _ Integrated health and wellness planning

CHALLENGES

- _ Implementing a holistic approach in all the communities
- _ To be efficient, this approach must be adopted by all structures and organizations (Band Councils, local and regional organizations, etc.)
- _ Risk of creating an organization that is too big and complex, comparable to a large governmental department
- _ More difficult coordination requiring more time
- _ More long-term effects
- _ More complex approach to implement and requiring a great deal of flexibility
- _ Mobilization of people and organizations
- _ Difficult approach to implement within the current programs
- _ Numerous administrative obstacles to overcome to implement this approach (e.g., extremely specific program criteria)
- _ Gathering diverse partners with packed schedules
- _ Prioritizing actions with a group of partners
- _ Leading AFNQL and other regional commissions and organizations to adopt a holistic approach
- _ Not infringing on other organizations' mandates
- _ Requires more time and planning
- _ Adopting an overall approach that also aims for targeted interventions

APPROACH II:

Focusing the scope of the regional body on health and social services programs and initiatives

ADVANTAGES

- Corresponds to what is currently in place and leverages what is currently working well
- Targeted health and social services interventions
- Easier to implement quickly
- More focused on existing programs
- Management by program doesn't require collaboration with other partners
- Requires less adaptation
- Known approach
- Simpler and clearer roles and mandates of people and organizations
- More efficient in the short-term
- Corresponds to how the ISC and other sponsors (plans, programs, reports) operate
- Avoids duplicate services; other organizations are already intervening on other determinants of health
- Targeted health and social services actions and interventions (avoids dispersal of actions)

CHALLENGES

- More silo work
 - Fewer medium- and long-term effects
 - Limited complementarity between sectors
 - Less conducive to improving wellness
 - Too rigid
 - Silo mentality between programs does not work
-

WORKSHOP 4 RESULTS

RESOLUTION OF FEDERAL/PROVINCIAL JURISDICTIONAL CONFLICTS IN HEALTH AND WELLNESS

APPROACH I:

Tripartite agreement (federal, provincial, First Nations)

ADVANTAGES

- Ideal long-term scenario and has the biggest impact
- Best scenario for resolving jurisdictional conflicts
- Brings all partners to the same table
- Best alignment with the provincial and federal governments
- Possibility of getting federal and provincial funding
- Leaves room at the table for the provincial government, which is the main player in jurisdictional conflicts
- More negotiating power for First Nations
- A must for First Nations living outside the community
- Clarification of the role and responsibilities of the federal and provincial governments and First Nations
- Adaptation of services offered by the provincial healthcare network
- Favours the development of a continuum of services with the province
- Transitional approach leading to full self determination for each Nation and community
- Asserts local needs at both levels of government

CHALLENGES

- Less realistic in the short-term
- Longer process
- Requires federal and provincial government to want to work in partnership with First Nations
- Province not open or willing
- Potentially difficult discussions before determining each entity's responsibilities
- A signed agreement does not guarantee the resolution of actual problems
- We don't know whether the federal government will maintain fiduciary responsibility
- Professional orders would not necessarily be involved in negotiations
- The province could slow down negotiations and limit their scope
- Follow-up and surveillance of the agreement by the regional body
- Members of the tripartite committee must show good faith and openness and want to solve difficulties that arise
- Including communities in the decision-making process
- Achieving concrete results
- Will not solve all issues

APPROACH II:Bipartite agreement (federal, First Nations)

ADVANTAGES

- More realistic, quicker and easier in the short term
- Significant improvement compared to the current situation
- First step toward Approach 1 in the medium term
- Makes negotiating funding with the federal government easier
- Gives legitimacy to First Nations for negotiations with the province afterward
- Federal government open to negotiating in the short term
- Nation to Nation relationship is recognized by the federal government
- Take-over and adaptation of federal programs to meet local needs
- Lessens accountability required by federal government
- More flexible definition of the community service offer

CHALLENGES

- Little effect on the resolution of jurisdictional conflicts with the province
 - Collaboration with the province is uncertain
 - Could require legal proceedings with the province
 - We don't know the extent of the responsibilities, authority and funding that would be transferred from the federal government to First Nations
 - Would the responsibility of negotiating with the province fall exclusively to First Nations? We don't know whether the absence of the federal government would be an advantage or a disadvantage
 - Negotiations with the province are necessary after those held with the federal government
-

APPROACH III:Co-management agreement with ISC-FNIHB and Regional Operations or no agreement

ADVANTAGES

- Status quo
- Known approach
- Very realistic
- Conducive to direct negotiations between communities and governments

CHALLENGES

- Federal government keeps control
 - No real power for First Nations
 - Limited power
 - No effect on the resolution of jurisdictional conflicts
 - Federal interference still possible
 - Goes against the communities' desire for self-determination
 - No significant changes
-

ANOTHER APPROACH SUGGESTED BY PARTICIPANTS:

Communities or Nations negotiate directly with federal and provincial governments

ADVANTAGES

- _ Avoids intermediaries
- _ Signature of agreements from one government to another
- _ Respects the communities' desire for self-determination
- _ Encourages the development of local capacities
- _ Lets Nations develop their own governing bodies, if they wish
- _ Communities can call on the regional body for ad hoc needs

CHALLENGES

- _ Little information on what is happening in other communities
 - _ Does not encourage the resolution of jurisdictional conflicts regarding First Nations that live outside of communities
-

REGIONAL MOBILIZATION ORGANIZED BY THE AFNQL (POWERPOINT)





Regional mobilization

Context

- Multiple federal transformations and major reforms
- Multiple consultations, variable geometry
- New legislation – federal bills
- ISC program management transfer

Finding

- Confusion and speed of process from now until the federal election in the fall of 2019

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Regional mobilization

Objectives

- Engage communities in regional mobilization while promoting First Nations governance
- Evaluate the impacts of the transformations on communities and organizations
- Establish a process to inform communities and organizations about the evolution of transformations
- Obtain the Chiefs' guidance on desired forms of governance
- Identify the issues to be put forward for the next federal election

3



Regional mobilization

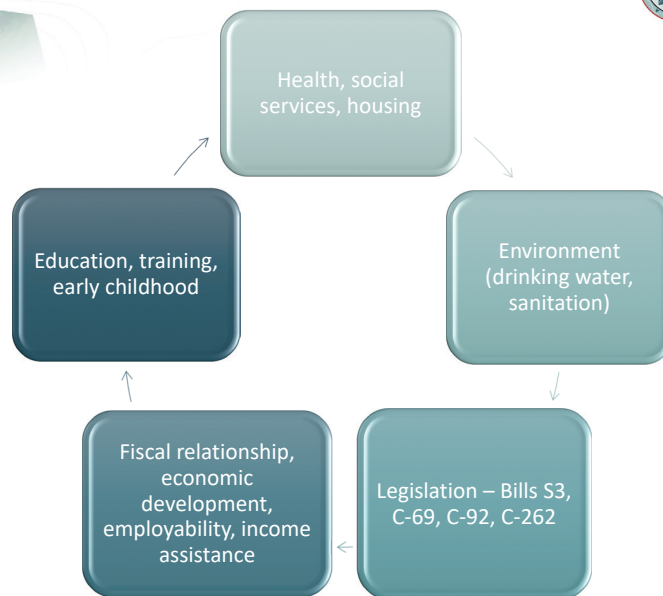
Monitoring committee of Chiefs and Directors

- Established in 2018

Objectives

- Ensure that Chiefs and councils measure the scope and impact of reforms
- Establish linkages between national, regional and local processes targeted by reforms
- Recommend communication mechanisms to keep the Chiefs informed of the issues surrounding these reforms
- Recommend the best intervention strategies according to the issues raised by the various reforms

4



Sectoral tables

5



Regional mobilization

Next steps

- Probe the level of involvement and knowledge of the reforms and transformation – online survey
- Identify the needs of communities in terms of communication and regional governance as part of the transformations and reforms currently being carried out by the federal government

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*Nià:wen! Tiawenhk!
Thank you!*

7

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

In the current context of the many transformations within the federal government, this regional meeting was an opportunity to take a step back in order to focus on the continuation of the governance process. The communities and organizations thus validated some aspects of the roles and mandates that a regional body could be entrusted with to collectively take on responsibilities as part of the new health and social services governance model.



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION