



First Nations Health Authority
Health through wellness

Northern Region Caucus

April 10, 2018

Richard Jock, FNHA COO



2018 – 19 FNHA Summary Service Plan

Snapshot – Key Priorities:

- ✓ **Working with partners on away from home action plans**
- ✓ **Cultural Safety and Humility**
- ✓ **Innovative regionally-based service delivery**
- ✓ **Continue to transform health benefits**
- ✓ **First phase of feedback process for health services for our people**
- ✓ **Emergency response policies and plans**



Budget 2018

Federal Government

- New fiscal relationship
- Recognition and Implementation of Indigenous Rights Framework

Budget Highlights

- **Indigenous health** – \$1.497 billion for access to critical care/services; addictions treatment/prevention; and capacity-building
- **Opioid crisis** – \$231.4 million, with targeted BC funding
- **Mental health services** – \$248.6 million over 3 years for residential school survivors support
- **Indigenous rights and TRC** – \$51.4 million for participation in discussion tables

BC Government

- Cross-ministry framework to meet UNDRIP, TRC Calls to Action and Tsilhqot'in commitments

Budget Highlights

- Primary health care – \$150 million for team-based care across BC
- Opioid crisis – no reductions in front-line services
- Mental health and addictions
- Commitment to reconciliation and UNDRIP



FNHA/Federal Discussions

- Seeking clarity and specific from budget announcements related to impacts for BC First Nations and FNHA
- Continuing to strengthen relationship with new Department of Indigenous Services Canada
- Working to ensure that Health Canada work still reflects BC First Nations interests and perspectives

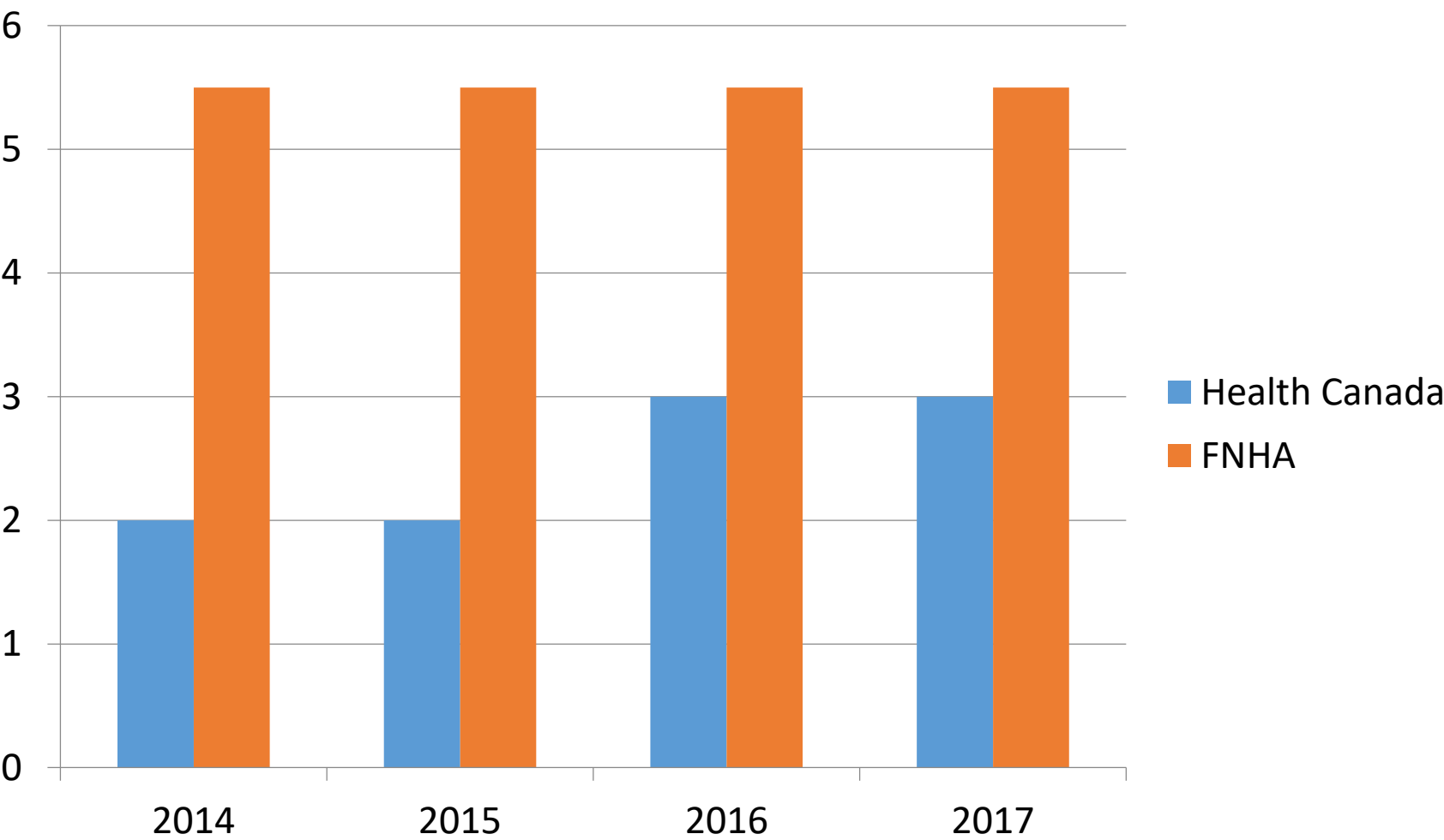


FNHA/Provincial Discussions

- Shared priorities with Ministries include: primary care, mental health and wellness (including opioids), cancer, maternal/child health, seniors, urban.
- Continued cultural safety and humility work
- Continued data/information work
- Building relationships with new Ministry of Mental Health and Addictions



Escalator Funding to date FNHA/HealthCanada





Allocations – Guiding Principles

- Multi-year investment strategy
- Needs-based
- Sustainability
- Core Service Standards
- Ensuring *no community is left behind*



Allocation – Phase One

Two-tiered approach to investing the escalator for community health programs and services in 2018-19:

1. Increases to Individual funding agreements – April 2018
 - Making the 3% one-time increase in 2017-18 permanent in agreement budgets to account for inflation and growth
2. Targeted investments - July 2018
 - Needs-based allocations in key priority areas including Nursing and Addictions workers at the community level



Allocation - Future

- Develop a Team approach to support Community Health and Wellness planning including new service delivery models
- Further work to determine populations served by communities and health service organizations
- Development of a multi-year targeted investment strategy premised on confirmed service priorities across communities

Amongst the priorities identified, which would you rank as 1st priority:

A) Nursing increases

B) Home Care
resources

C) Addictions Workers

D) Clerks for Nursing
support

E) Accreditation

Amongst the priorities identified, which would you rank as 2nd priority:

A) Nursing increases

B) Home Care
resources

C) Addictions Workers

D) Clerks for Nursing
support

E) Accreditation

Amongst the priorities identified, which would you rank as 3rd priority:

A) Nursing increases

B) Home Care
resources

C) Addictions Workers

D) Clerks for Nursing
support

E) Accreditation



Nurse Practitioner Strategy

- FNHA has ensured that the new role of Nurse Practitioner (NP) and Primary Health Care Lead connects through the FNHA's Chief Nursing Officer and Regional teams
- All Health Authorities (HA) are to identify barriers and gaps in NP implementation and to optimize NP practice
- FNHA is currently developing a NP Model of Service delivery



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Health Benefits, Plan Wellness & Next Phase in Transformation



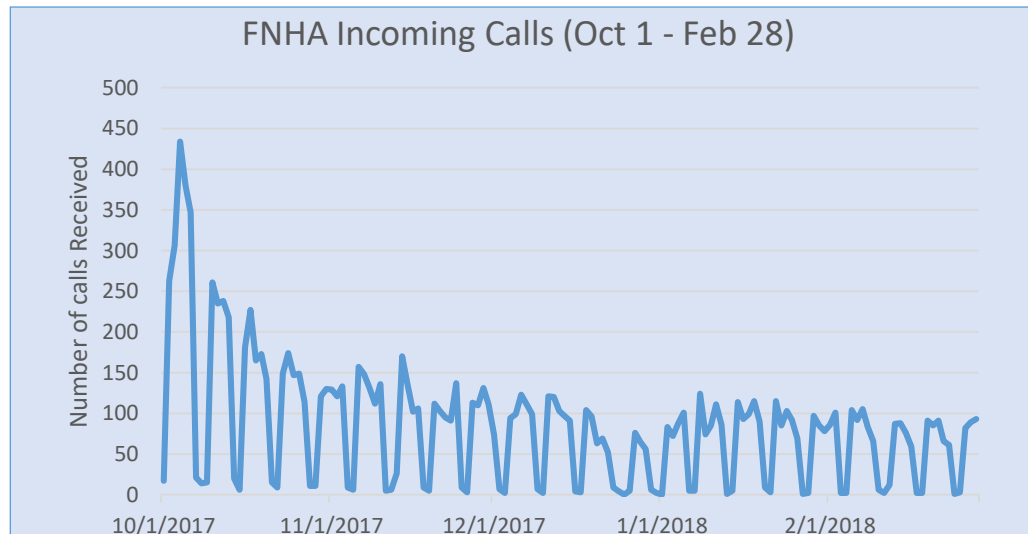
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**Caucus Session
Health Benefits Plan W &
Next Phase in Transformation
April 2018**



PharmaCare Transition – October 1, 2017

- PharmaCare Plan W (Wellness) is a fully paid plan and is the first payer of prescription drug benefits and many over-the-counter products for FNHA clients.
- Approximately 200,000 claims are paid through Plan W every month





Lessons Learned – What We Heard

- Better communications to clients and communities prior to transition
 - Communicate over a longer period of time
 - Greater efforts to reach those away from home
 - Proactive communications plan post-transition
- Better communication and education for Health Care Providers to support clients
- Ensure our Health Benefits Support Line is adequately resourced to support higher call volumes



We are Committed to Doing Better

- Work with our communities as we build new partnerships.
- Solicit input and feedback from community members (and other stakeholders) to develop the benefits plan.
- Communicate sooner and for a longer period of time.
 - The communications roadmap was a good tool for planning and implementation.
 - Develop more and targeted communications with communities and health care providers.
- Develop a network of change champions.



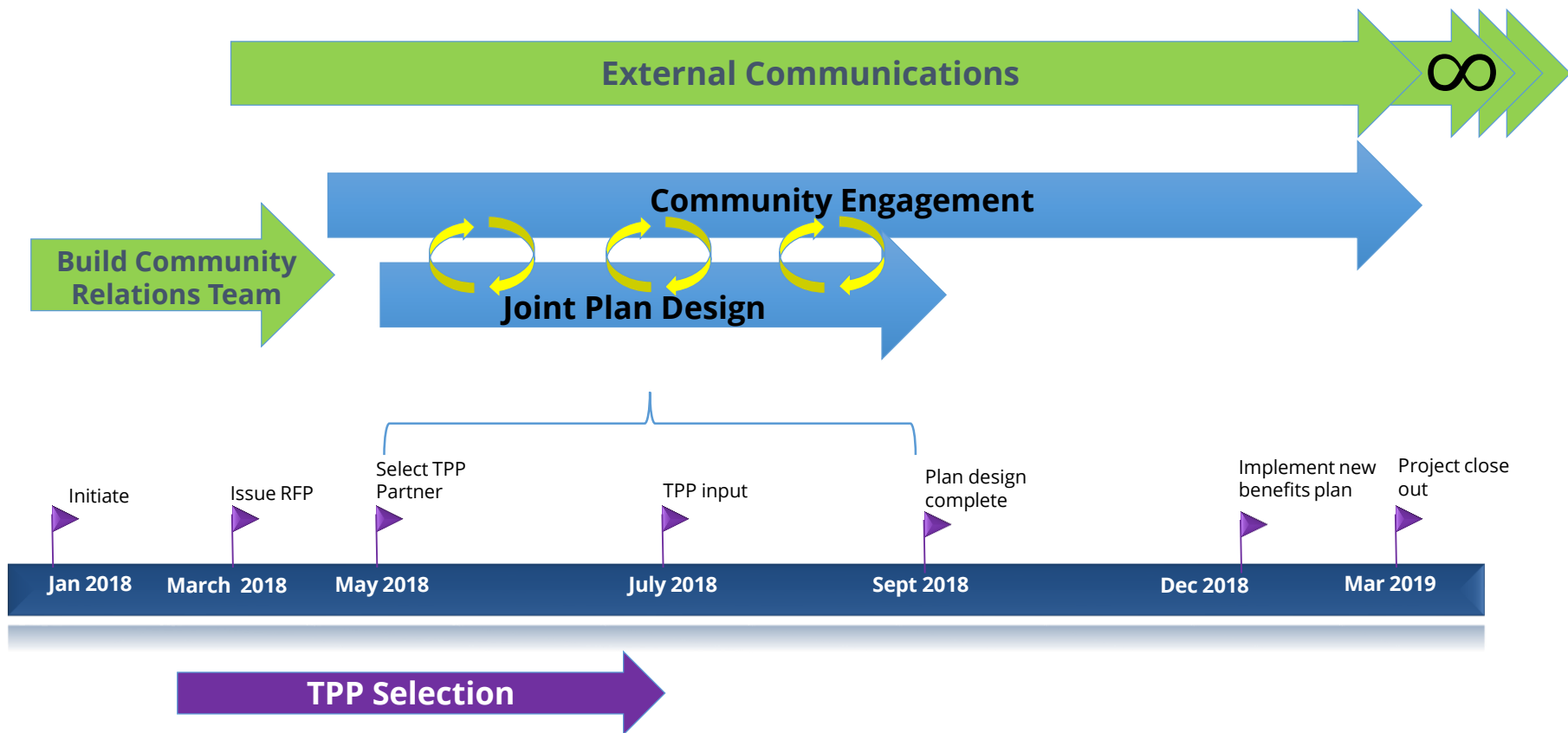
Dental, Vision, and Medical Supplies & Equipment

- Phase II: Transition Dental, Vision and Medical Supplies & Equipment (MS&E) from the federal NIHB program.
- Work with a third party provide to administer these benefits.
- Develop the benefits plan through joint plan design.
- Create the foundation from which to enhance benefits and services into the future.



The Partnership Journey

Build a health benefits plan using a community driven, nation based process.





ENGAGEMENT PLAN

Inform **APR 2018**



JUL 2018



OCT 2018



DEC 2018

Community Members

- Focus groups
- Events and meetings
- Social media surveys
- Regional Engagement Guide

Political Leadership

- Focus groups
- Events and meetings

Technical Leadership

- Focus groups
- Events and meetings
- Regional Engagement Guide

Health Care Providers

- Focus groups
- Surveys
- Interviews

Community Members

- Focus groups
- Events and meetings
- Social media surveys

Political Leadership

- Focus groups
- Events and meetings

Technical Leadership

- Focus groups
- Events and meetings

Health Care Providers

- Focus groups
- Surveys
- Interviews

Community Members

- Webinars
- Events and meetings

Political Leadership

- Events and meetings

Technical Leadership

- Events and meetings

Health Care Providers

- Communicate via colleges/associations



Next Steps

- Commence general communications regarding CPST Phase 2 and anticipated timelines.
- Develop Regional Engagement Guide, that will be refined as the project progresses.
 - Determine approach and questions to achieve objectives
 - Determine approach/methods to gather answers in a consistent method for analysis
- Develop communications package
 - To introduce CPST Phase 2 and level-set

We welcome your ideas and





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Mental Health & Wellness, Opioid Public Health
Emergency and Jordan's Principle

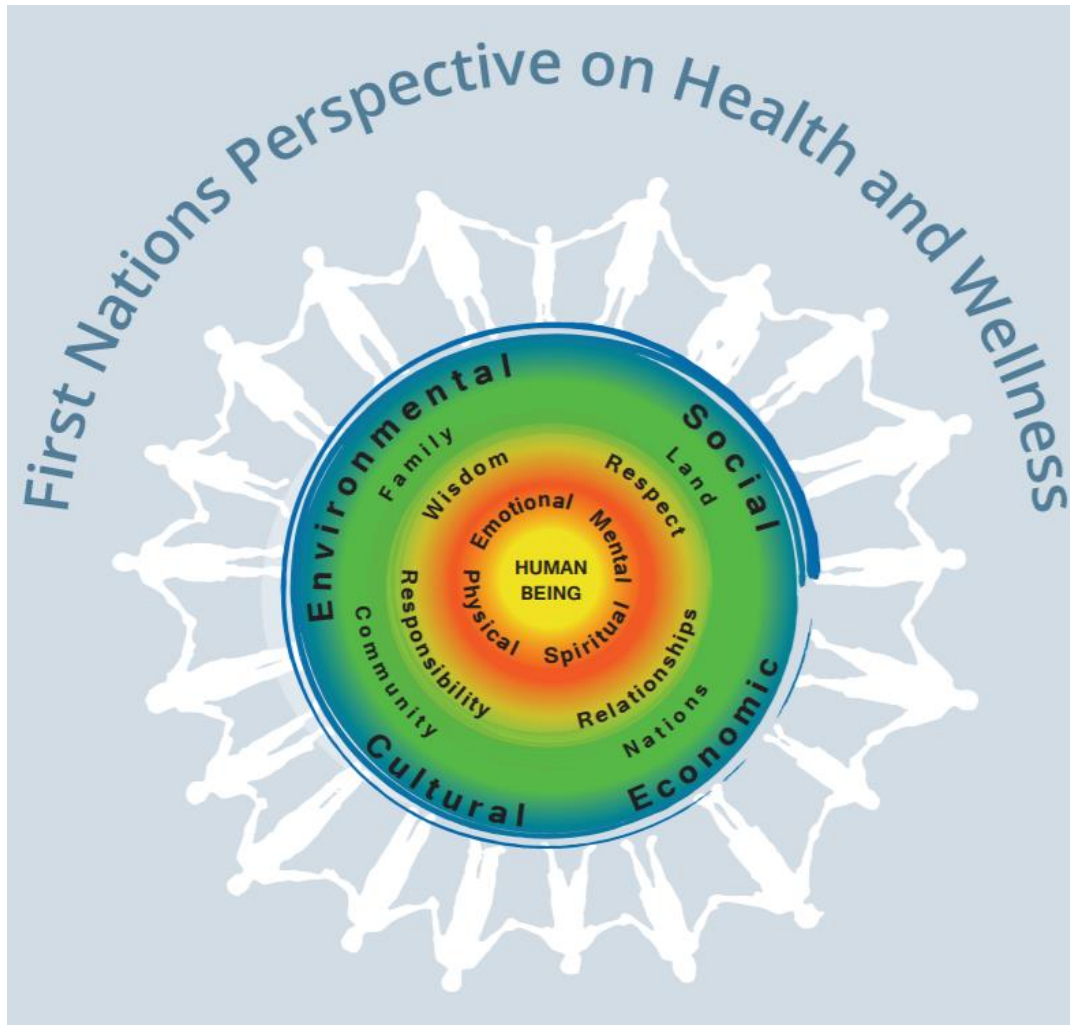
Norther Regional Caucus
April 10, 2018

Sonia Isaac-Mann,
Vice President – Programs & Services



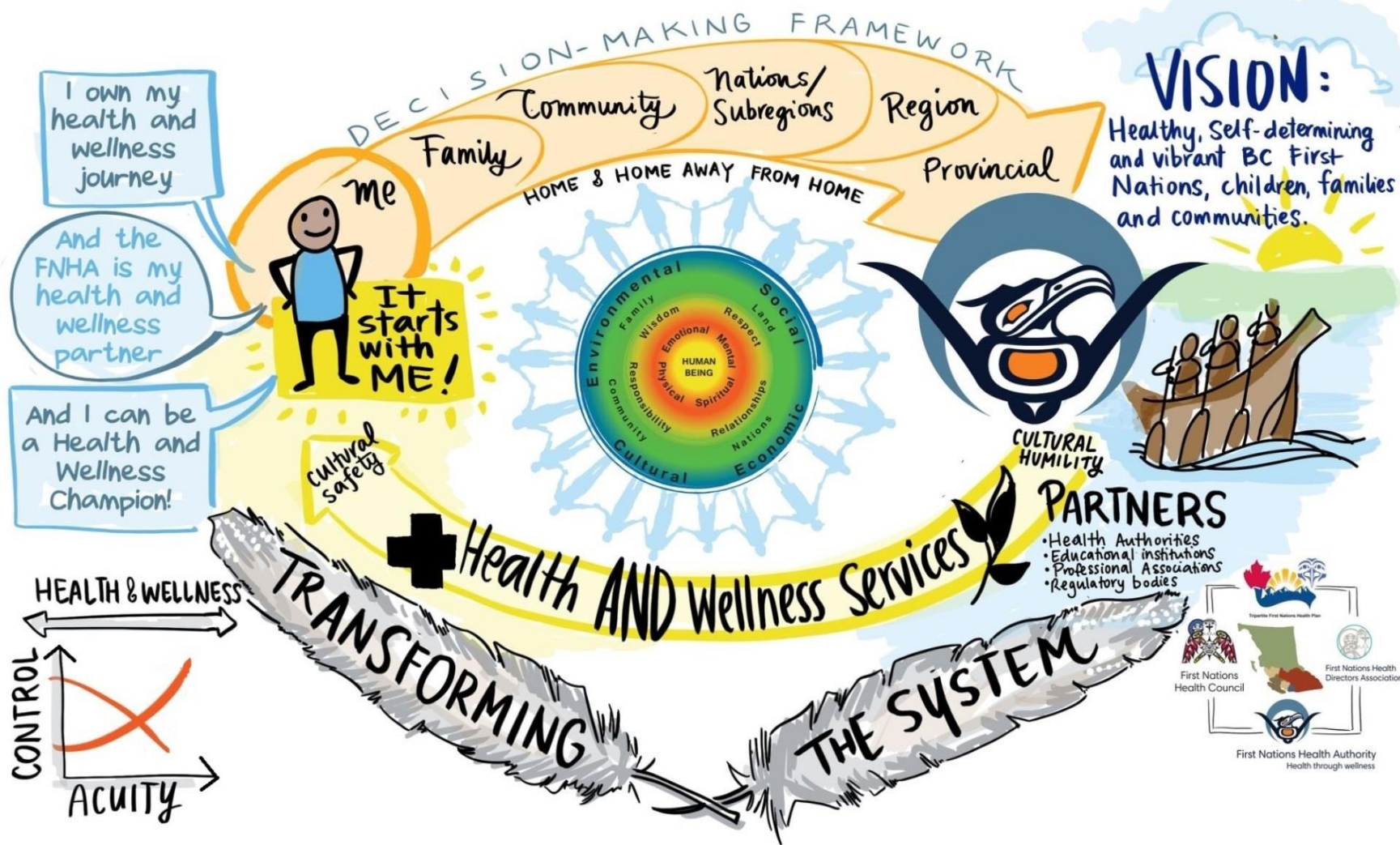
Mental Health and Wellness

- Opportunity to demonstrate progress and share knowledge on wise and promising practices
- Discuss FNHA Mental Health and Wellness Policy, Framework and key opportunities moving forward



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).

Ecosystem of Health and Wellness





Policy Statement on Mental Health and Wellness

*The FNHA through its relationships and partnerships will assure that all First Nations people have access to a culturally-safe, comprehensive, coordinated **continuum of mental health and wellness approaches** that affirms, enables and restores the mental health and wellness of our people, and which contributes to Reconciliation and Nation rebuilding.*

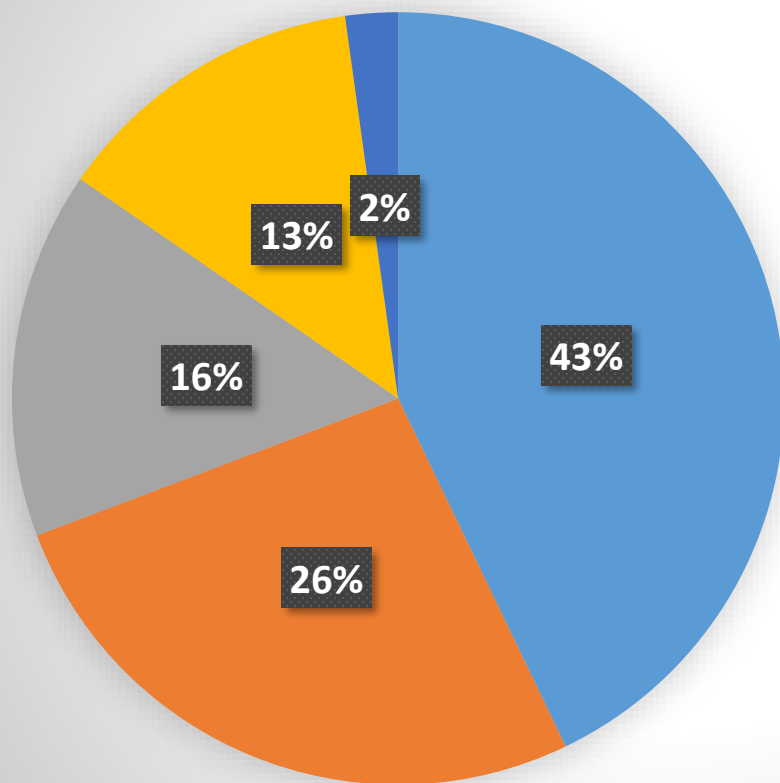
When services are needed, a full continuum is equitably available and includes:

- culture and traditional healing;
- promotion, prevention, capacity-building, education;
- early identification and intervention;
- wrap-around supports, including aftercare;
- harm reduction;
- crisis response;
- trauma-specific services;
- withdrawal management/detox;
- trauma-informed **in-patient** and out-patient treatment/services;
- coordination of care and care planning



What we heard?

Priority Mental Health and Wellness Direction (n= 91, all regions)



- Increased access to and quality of services
- Traditional healing and wellness approaches as foundation
- Community ownership through nation-based and Nation rebuilding approaches
- Facilitate wellness across the continuum, center the needs of children and youth, and move upstream



Preliminary Grouping of 597 Recommendations

Programs & Services	Governance	System-Level Health Care	Cultural Safety	HR Development	Information Management	Populations
<ul style="list-style-type: none"> Services engaging land in traditional ways Addiction services Trauma informed care Prevention, intervention, postvention Support families affected by FASD Home-based supports for people with complex needs 	<ul style="list-style-type: none"> Alignment with MYHP Regional governance structures and p'ships Develop community capacity to design, deliver, and evaluate services Provincial and regional reporting standards on funding 	<ul style="list-style-type: none"> Rural, remote and isolated Nations Address current silo based funding arrangements Remove barriers that impede cultural integration Developing cross-jurisdictional agreements Strategies for mental wellness and substance use away from home 	<ul style="list-style-type: none"> Cultural knowledge exchange between Elders and youth Holistic wellness throughout the life cycle Support accountability to local First Nation communities Inclusion of traditional healers, cultural workers, and elders as health professionals 	<ul style="list-style-type: none"> Determine training gaps and support staff to gain qualifications Address burn-out and attrition by supporting workers' Pool professional dvpt. resources to provide centralized skills-training Supporting the hiring of more First Nation employees 	<ul style="list-style-type: none"> Evaluation Focus on wellness and social determinants of health data Aboriginal Patient Experience information Integrated case management system 	<ul style="list-style-type: none"> Children/youth and elders affected by violence, trauma, and neglect Women and their families Elders Two-spirit/LGBTQIA



Mental Health and Wellness Framework

- The MHW Service Framework project aims to support the implementation of the FNHA Policy on Mental Health and Wellness.
- Based on previous engagement and priority setting by Nations, communities, families and regions, co-create a Mental Health and Wellness Service Framework, as well as an Implementation Manual and Communications Plan.
- Designed to guide the implementation of a phased approach to develop and strengthen regional mental health and wellness infrastructure.



Past, Present, Future

IRS RHSP	Brighter Futures	Health actions investments	Building Healthy Communities	NAYSPS (7 ASCIRT teams)
Counselling via Health Benefits	Jordan's Principle	KUU-US Crisis Line	Joint Project Board Investments	Roots of Trauma Training
Regional Crisis Response Protocols	Provincial Opioid Action Plan	Compassion, Inclusion Engagement	HR Investment (Addictions, Crisis)	Mandatory Cultural Safety Training
Support for sexual trauma	Comprehensive Provincial Crisis Response	Prevention and early intervention initiatives	Trauma Treatment	Training Centre of Excellence
	Withdrawal Management and After Care	Expand land-based healing approaches	E-mental health Enhancements	



Mental Health and Wellness Action Plan Priority Initiatives

Provincial
Services

**ENGAGING THE
BROADER SYSTEM AND
ADVOCATING FOR FIRST
NATIONS INTERESTS
TO RECEIVE CULTURALLY
SAFE SERVICES**

FNHA Services

**ENSURING FIRST
NATIONS PEOPLE
RECEIVE CULTURALLY
SAFE AND QUALITY CARE
FROM FNHA-DELIVERED
SERVICES**

FNHA-Funded
Services

**PROMOTING QUALITY
AND CULTURAL
SAFETY THROUGH
FNHA-FUNDED AND
SUPPORTED
COMMUNITY
SERVICES**



Targeted Investments Joint Project Board

Next Steps:

- Policy support
- Service model development
- Operational alignment
- End to End Integration



Regional Projects

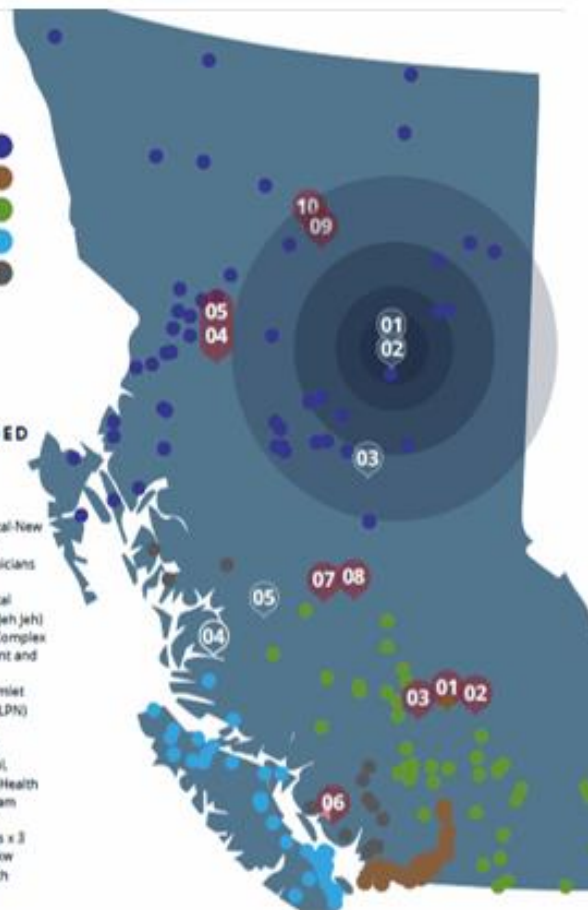
- North
- Fraser Salish
- Interior
- Vancouver Island
- Vancouver Coastal



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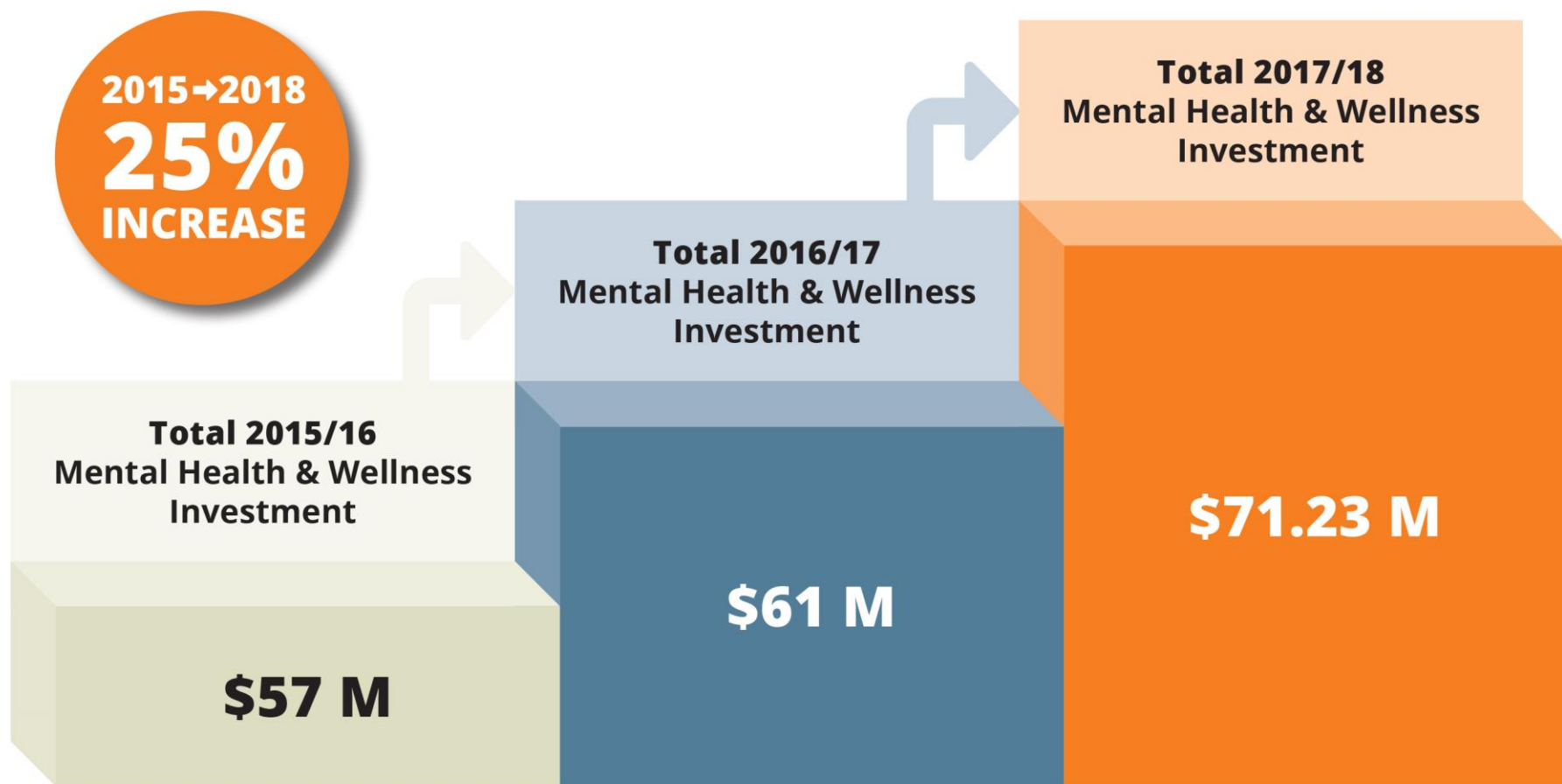
NUMBER OF NEW PROJECTS FUNDED

- | | | |
|---|---|---|
| • Carrier Sekani Family Services Primary Care Expansion Project | • Fraser Salish Wellness System Navigators | • Vancouver Coastal-New Regional MWSU Services and Clinicians |
| • Northern Nurse Practitioner Project | • Fraser Salish Youth Suicide RPP Coordinator | • Vancouver Coastal We are Related (Jah Jah) Circle of Care - Complex Care Management and |
| • Northern Primary Health Care Teamlet | • Fraser Salish Riverstone Home/Mobile Detox and Daytox Expansion | • Coast Salish Teamlet (Hul'qum'num LPN) |
| • Northern MWSU Mobile Support Teams | • Shuswap Carrier Chilcotin Community Mobile Treatment Program | • Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Team |
| • Primary Health Care at Sto:lo Nation Health | • Interior Nations Mental Health Clinicians and Nurse Practitioners | • Nurse Navigators x 3
1. Kwakwaka'wakw
2. Nuu-chah-nulth
3. Coast Salish |
| • Primary Health Care at Seabird Island | | |





Mental Health and Wellness Investments 2015-2018



FNHA Child and Youth Health and Wellness (CYHW) Systems Navigation – Implementing Jordan's Principle





Why Did FNHA Need a Framework for JP?

- Although FNHA has existing processes and infrastructure that facilitate the implementation of JP in British Columbia, FNHA needed to determine, define and/or understand:
 - ✓ Overarching strategic intent and direction
 - ✓ Current and future FNHA business processes
 - ✓ FNHA Roles and responsibilities
 - ✓ FNHA Governance and oversight
 - ✓ External partner roles and responsibilities
 - ✓ External partner pathways and/or business processes
 - ✓ Data strategy



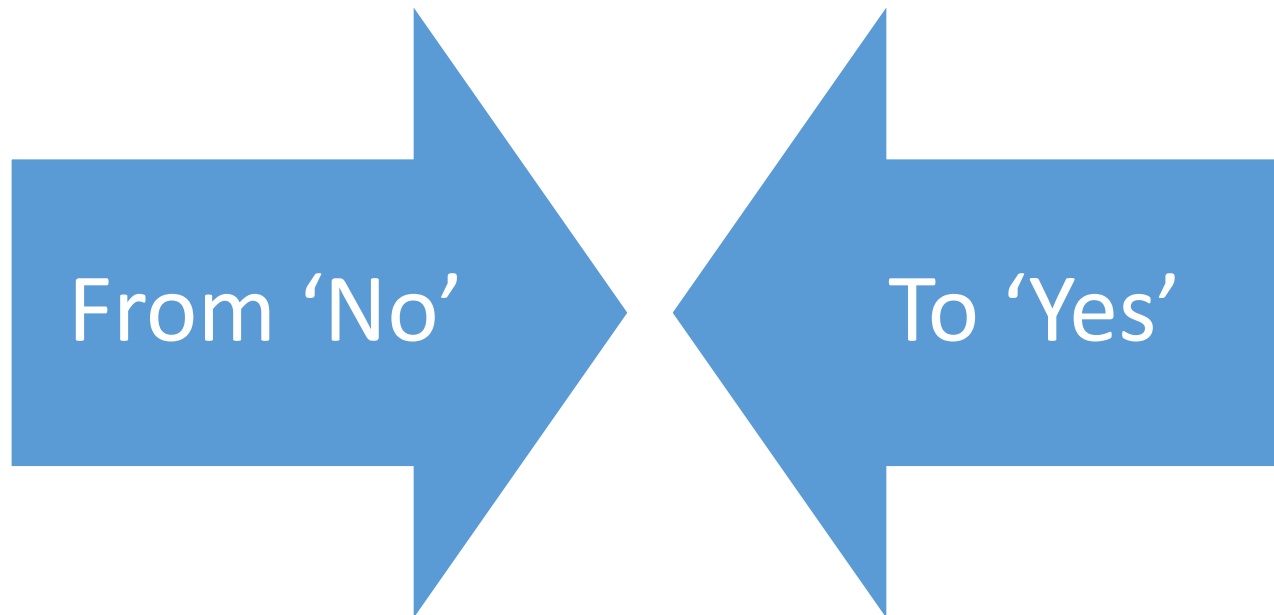
What is the Focus of the Framework?

- The Framework that was developed explains:
 - ✓ How Jordan's Principle is being operationalized within the FNHA. It defines:
 - The scope, focus and objectives of the FNHA's role in JP (e.g., prevention and escalation).
 - Functions within the FNHA that will have JP or case coordination responsibilities.
 - What organizational unit(s) will have responsibility for outreach, case coordination/management, escalation of cases, and management of actual JP cases.
 - Goals for FNHA JP performance management.
 - Pathways to FNHA's external partners.
 - Implementation goals



What Has Changed?

The Canadian Human Rights Tribunal decisions require Canada to ensure substantive equality – the achievement of true equality – in the provision of services to the child, to ensure culturally appropriate services and to safeguard the best interests of the child.





How to Make a Jordan's Principle Claim?





How do we Process a Jordan's Principle Claim?

- Kinwa Bluesky, Jordan's Principle Consultant, directs incoming enquiries to regional Child and Youth Health and Wellness (CYHW) Systems Navigators who will do an intake with parents, caregivers, etc.
- CYHW Systems Navigators then send claims to Kinwa Bluesky and Michelle DeGroot, ED, for review and approval within 12-48 hrs. of receiving all appropriate information.
- CYHW Systems Navigators work with families, organizations, Nations, etc. to help the child or youth access services. Sometimes it is a group claim and the Navigators work with a community or Nation.



Current Jordan's Principle Statistics (03/29/18)

Number of Individual Child and Youth Claims: 265

Total funding projected to spend: \$578,751.35

Total individual claims :

On-reserve: 90

Off-reserve: 146

Unknown: 36

Number of Group Claims: 39

Approved: 34/39 (5 pending documentation)

Total dollar of approved: \$8,385,114.03



Overdose/Opioid Public Health Emergency for First Nations

A FRAMEWORK FOR ACTION

SUPPORT PEOPLE ON THEIR HEALING JOURNEY

- Focus on aftercare by: increasing consistency of services that support healing from trauma; proactively removing impediments to access; and supporting consistent pathways and linkages across service providers. Examine gaps in treatment centres in Fraser and Vancouver Coastal regions.
- Develop and resource comprehensive pain management approaches which include non-pharmacological options.
- Long-term: Build and enhance social and emotional resilience and connection with culture (i.e. access to counseling, Elders and cultural activities, health promotion activities).

CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS

- Access to injectable opioid agonist therapy (hydromorphone).
- Indigenous specific treatment beds.
- Ensure wrap-around support (cultural, counselling, other) for all treatment options.
- Expand mobile treatment/detox options.
- Improve follow-up after overdose and discharge.
- Expand telehealth options.
- Increase OAT services in community and rural settings.
- Expand substance use and pain management supports in primary care settings.
- Expand cultural based (including on-the-land) treatment options.

KEEP PEOPLE SAFER WHEN USING

- Prevent diversion from prescribed opioids to tainted street drugs.
- Increase number of and usage of Safe Consumption Sites.
- Implement drug checking opportunities.
- Public Education about risk.

PREVENT PEOPLE WHO OVERDOSE FROM DYING

- Access to naloxone & knowledge of how to administer.
- Reduce stigma and mitigate risk for people using alone.
- Improve community-911 linkage.
- Increase awareness of Good Samaritan Drug Overdose Act.
- Ensure services are culturally safe and trauma-informed.



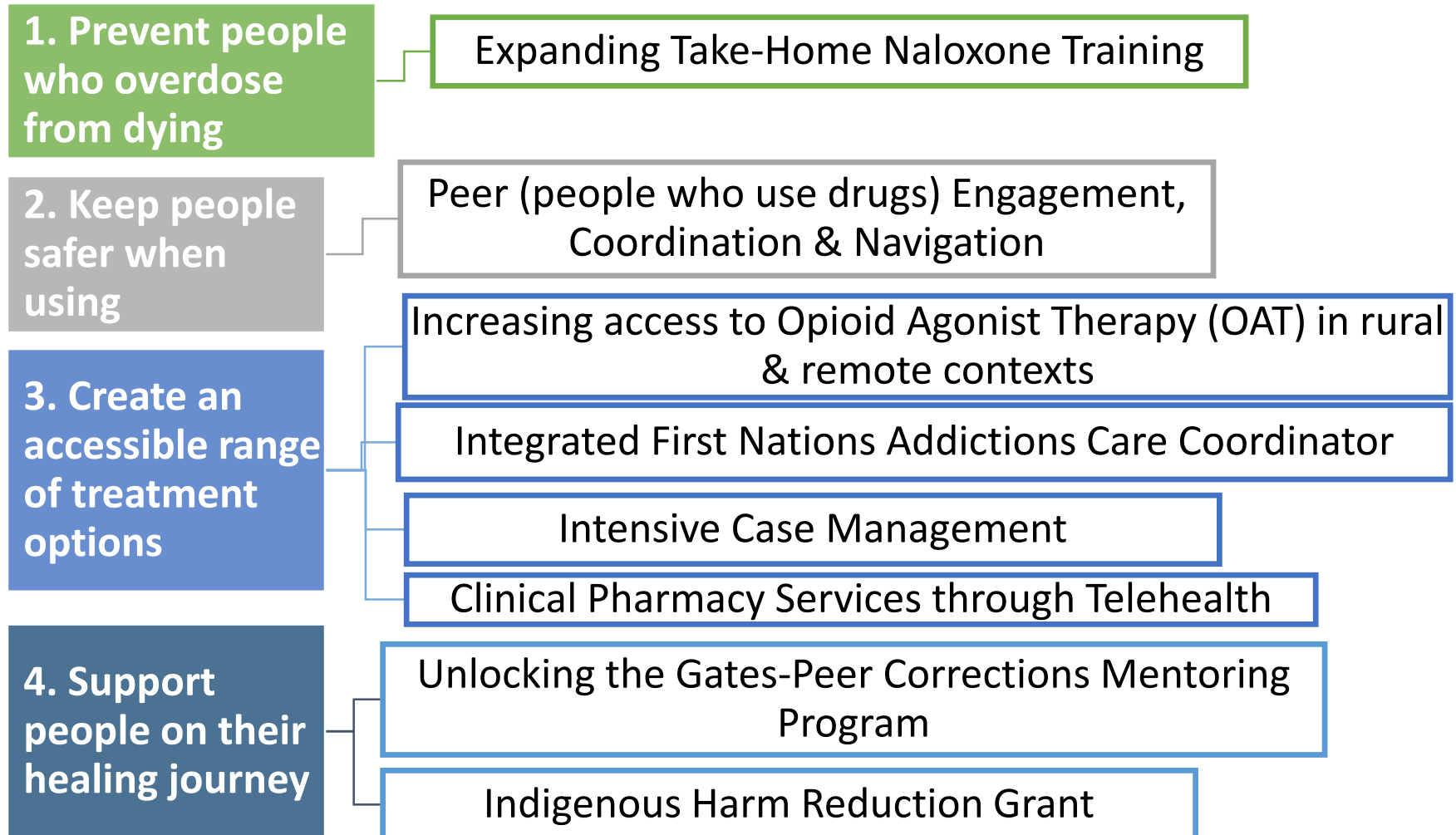


Number of Deaths by Health Authority, *First Nations*
Jan 1 2015 – Dec 31 2017 (Status First Nations)

Health Authority	# of Status FN Deaths
	2015-2017 (58 – 104 – 148)
Northern Health	25
Vancouver Coastal Health	137
Vancouver Island Health	48
Interior Health	62
Fraser Health	55
BC total	327



FNHA's Overdose/Opioid Response



+ Funding for Communications, Data/Surveillance and Project Manager



Immediate Actions

- Harm reduction grants for First Nations and Indigenous organizations
- Expansion of naloxone training for First Nations communities;
- Information campaigns on risks to target populations
- Peer engagement, coordination and navigation supports;
- Increasing access to Opioid Agonist Therapy in rural and remote communities;
- Intensive case management teams; integrated First Nations addictions care coordination; and
- Clinical telehealth pharmacy services to support healthy medication use in First Nations communities, among others.



FIRST NATIONS OPIOID PUBLIC HEALTH EMERGENCY INVESTMENTS IN BC

\$20 MILLION OVER 3 YEARS

INCLUDING

\$2.4 MILLION IN HARM
REDUCTION GRANTS
IN YEAR ONE

In August 2017, the FNHA and provincial partners released preliminary data that showed overrepresentation of First Nations peoples in the overdose public health emergency in BC. A subsequent patient journey mapping session illustrates that intergenerational trauma and racism continue to be barriers for First Nations accessing mental health and treatment services.

A \$20 million dollar investment over three-years will support First Nations communities and Indigenous Peoples in BC to address the ongoing impacts of the opioid public health emergency. The FNHA investment plan will support frontline service providers and First Nations communities to continue effective work already underway, and develop new community-driven approaches and solutions.

Investments will fall within the four goals areas of the FNHA's *Framework for Action on Responding to the Overdose/Opioid Public Health Emergency for First Nations*:

- PREVENT PEOPLE WHO OVERDOSE FROM DYING;
- KEEP PEOPLE SAFER WHEN USING;
- CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS; AND
- SUPPORT PEOPLE ON THEIR HEALING JOURNEY.

INVESTMENTS

PREVENT PEOPLE WHO OVERDOSE FROM DYING

NALOXONE TRAINING EXPANSION

KEEP PEOPLE SAFE WHEN USING

PEER ENGAGEMENT,
COORDINATION AND
NAVIGATION

- Compassion, Inclusion and Engagement (CIE)
- Peer Coordinators
- Harm reduction awareness campaigns

SUPPORT PEOPLE ON THEIR HEALING JOURNEY

INDIGENOUS HARM REDUCTION GRANTS

CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS

INCREASING ACCESS TO OPIOID AGONIST THERAPY (OAT) IN RURAL AND REMOTE FIRST NATIONS CONTEXTS

- Treatment Centres
- Community Health and Nursing Stations

INTENSIVE CASE MANAGEMENT TEAMS

55 INDIGENOUS HARM REDUCTION PROJECTS FUNDED

\$2.4 million of the funds will support Community-Driven, Nation-Based innovative and culturally relevant responses to the Opioid Public Health Emergency, both on- and off-reserve through FNHA Indigenous Harm Reduction grants.

55 harm reduction projects support a range of non-judgmental approaches and strategies to enhance the knowledge, skills, resources, and supports for individuals, their families, and communities to make informed decisions to be safer and healthier.

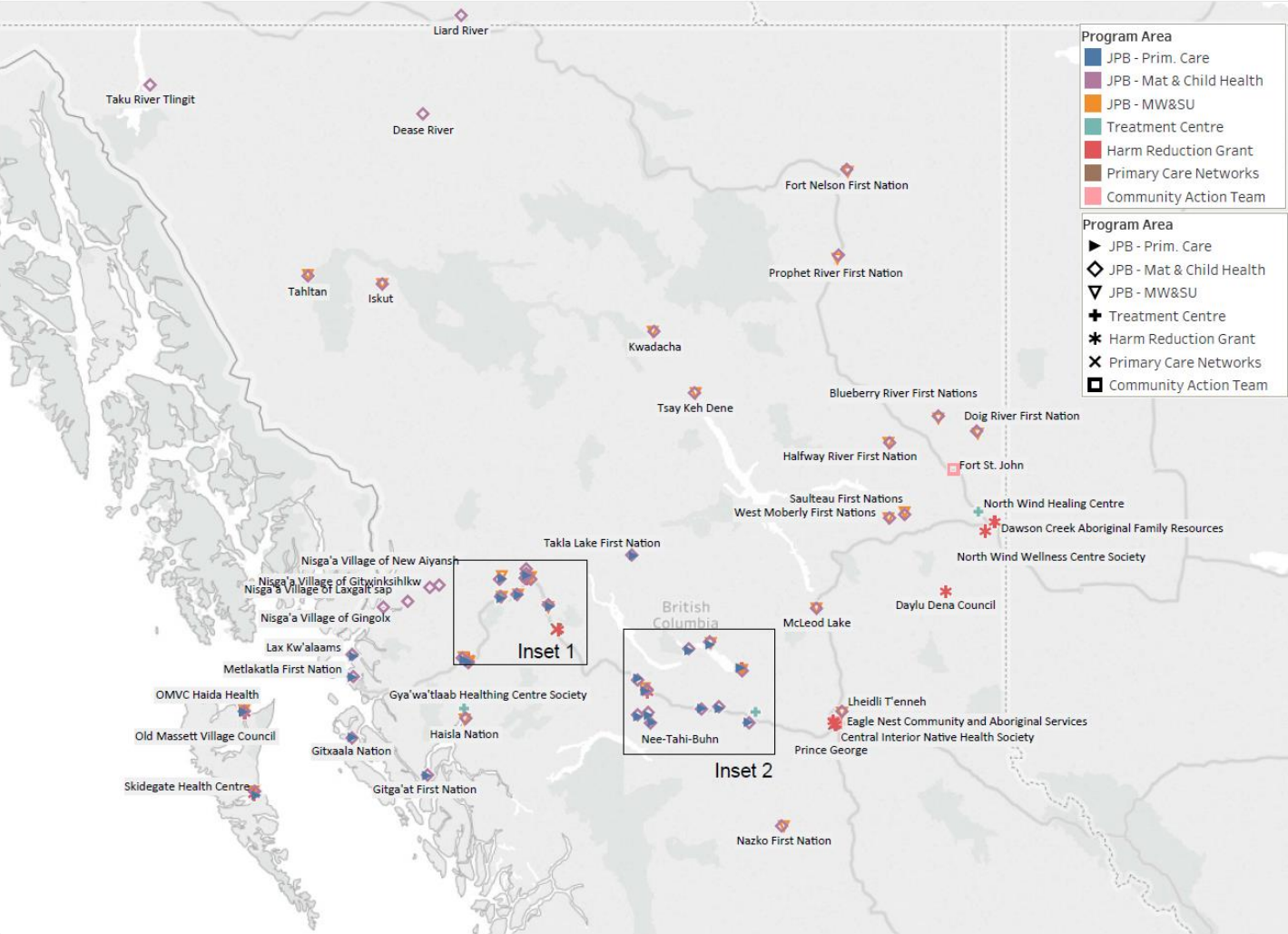


HARM REDUCTION GRANT DISTRIBUTION

VANCOUVER ISLAND	13	\$476,037
INTERIOR	12	\$563,846
VANCOUVER COASTAL	10	\$450,000
NORTHERN	13	\$650,000
FRASER	7	\$270,081
TOTAL GRANTS/INVESTMENTS	55	\$2,409,883



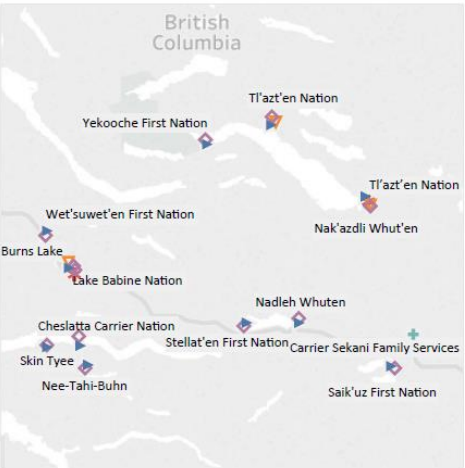
Location of JPB, Harm Reduction Grants, and Provincial MH&A Sites, Northern Region



Inset 1



Inset 2



JPB, Joint Project Board; Mat & Child Health, Maternal and Child Health; MW&SU, Mental Wellness & Substance Use; Prim. Care, Primary Care. Note: Latitude and longitude coordinates are based on location of band office and are jittered to ensure marks are not plotted directly on top of each other.

Indigenous Peer Journey Map

PEERS FEEL ISOLATED, SHAMED and SILENCED BY the PEOPLE THEY NEED to HELP THEM

"There was a 30-day restriction on communication at the 12 step program. I got kicked out for lending a mom my phone to call her kids."

"Addiction does not discriminate, but treatments do. Privilege gets you treatment."

"If their rules don't work for you, you're suddenly 'non-compliant'."

"I just gave up on my doc. Now I use alcohol and meds for pain."

"When they take your kids, it removes your reason to live."

"The hospital pushed me out the door."

"If I could stay clean for two weeks on my own, I wouldn't NEED detox."

WHAT MATTERS

EDUCATION

THE KIDS

"Teach them about Indigenous identity, culture...how to set boundaries and how to communicate."

"Scare tactics don't work. Bring in peers to talk about the the whole picture - not just demonize drugs."

"We need to teach them about civic duty, about being in a community."

"I wish I had learned life skills in school instead of calculus."

PROVIDERS

"I feel like they don't understand ADHD and addiction."

"There should be mandatory education on mental health for providers."

THE PUBLIC

"Peers can challenge the 'It can never happen to me' mindset."

NEGATIVE EXPERIENCES WITH THE SYSTEM

CORRECTIONS

rules
wait

"For a week, someone I knew died every day."

Lost
Rejected
Invisible

WHAT MATTERS

EMPOWERMENT

PEERS AS TEACHERS

"Let us pass on the gift of lessons learned."

PEERS AS EXPERTS

"We can design treatment that works for us."

AS INDIVIDUALS

"I proved everybody wrong - I got better."

"I needed to learn how to write cheques, how to grocery shop..."

AS A COMMUNITY

"We need to be together to heal."

PEERS are TREATED AS EQUALS and EXPERTS in THEIR OWN CARE and WELL-BEING

"I was sick and dirty, but the (detox) nurses would rub my feet and help me."

"The nurse said - give me a week. I can get you coverage for your meds. That changed everything."

"It was the first time someone had asked 'What do you need?'"

"Part of my recovery was learning my triggers."

"We know ourselves better than anyone else."

one connection

one person

POSITIVE EXPERIENCES WITH THE SYSTEM

"I had one person believe in me - that is why I'm here."

"Healing is a process...It takes time."

"I need a safe space to heal and pray in my own way."

WHAT MATTERS
CHANGE

THE CONVERSATION

"We need to decriminalize the action if we're going to humanize the person."

THE SYSTEM

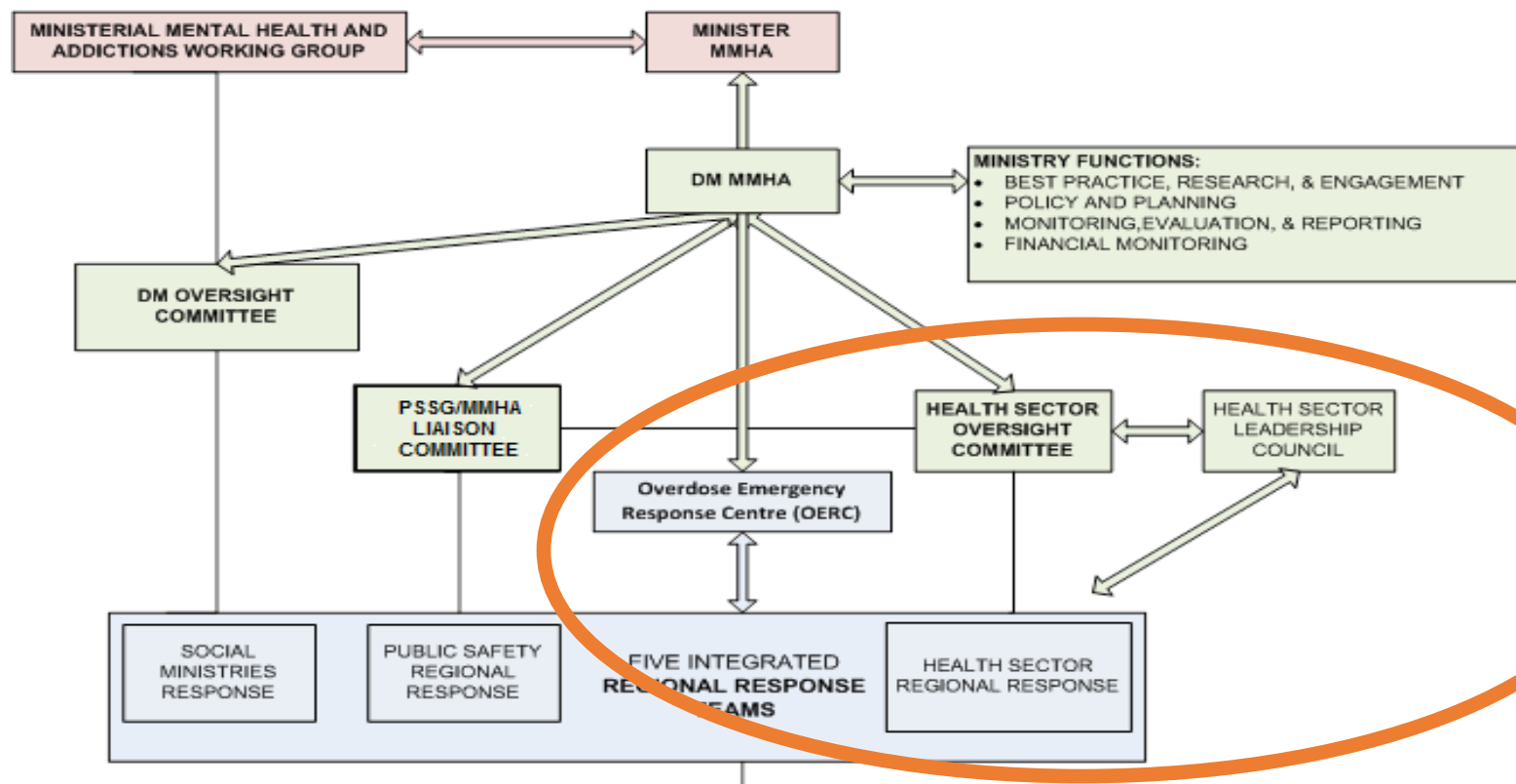
"Homelessness is the first thing that they need to tackle...housing and food."

"Criminalization keeps people in the system."

COMMUNITY
RESPECT
STRENGTH
RESILIENCE
CULTURE

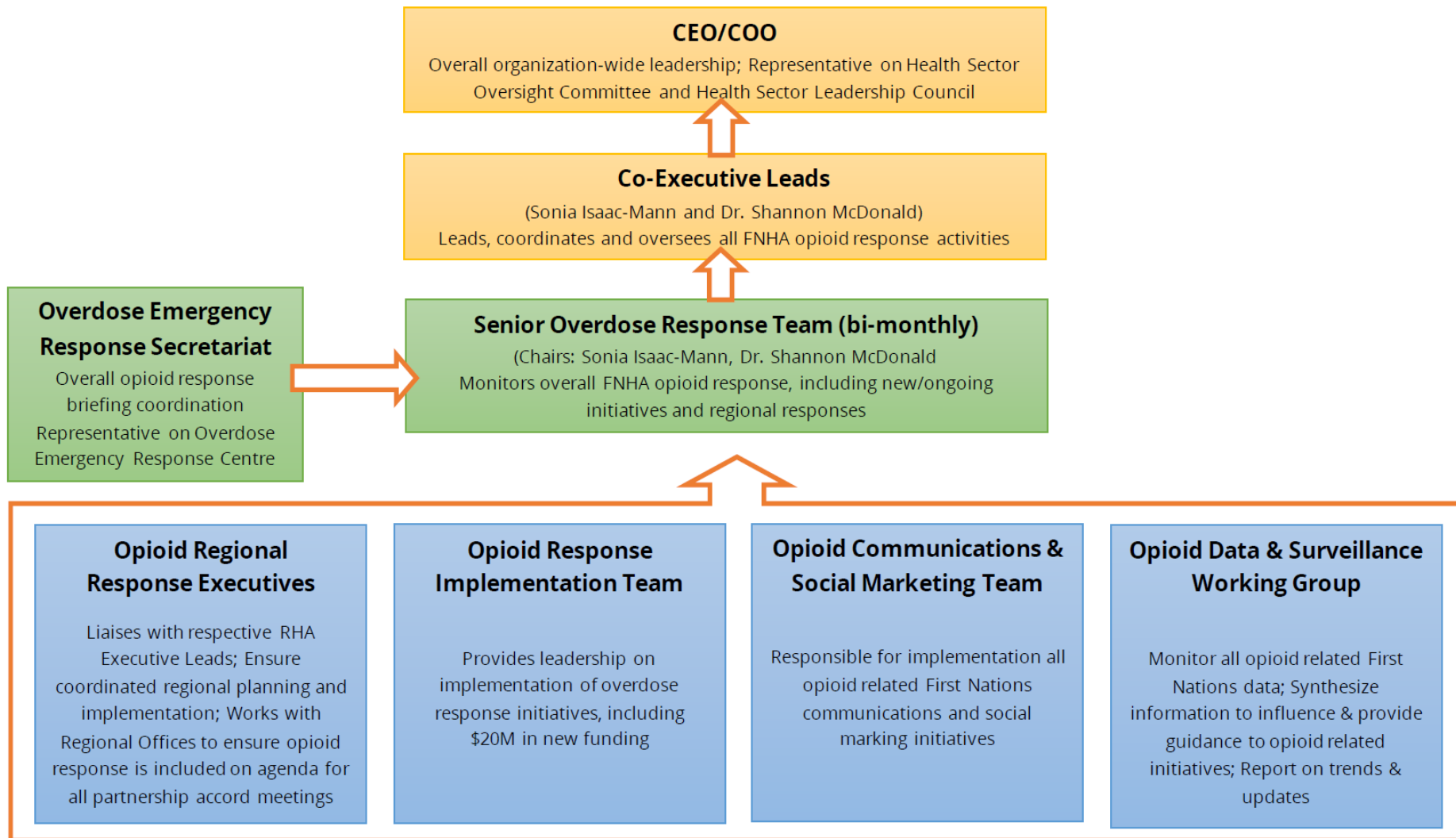


Provincial Operations Coordination Structure





FNHA Internal Governance – At a Glance





Thank you

