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
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

- 2014
- 2015
- 2016
- 2017

Health Canada
FNHA
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:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A)</td>
<td>Nursing increases</td>
</tr>
<tr>
<td>B)</td>
<td>Home Care resources</td>
</tr>
<tr>
<td>C)</td>
<td>Addictions Workers</td>
</tr>
<tr>
<td>D)</td>
<td>Clerks for Nursing support</td>
</tr>
<tr>
<td>E)</td>
<td>Accreditation</td>
</tr>
</tbody>
</table>
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
Health Benefits, Plan Wellness & Next Phase in Transformation
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

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

Gather JUL 2018

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

Involve OCT 2018

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

Validate DEC 2018

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
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

I own my health and wellness journey.
And the FNHA is my health and wellness partner.
And I can be a Health and Wellness Champion!

It starts with ME!

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

VISION:

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

PARTNERS
- Health Authorities
- Educational Institutions
- Professional Associations
- Regulatory bodies

HEALTH & Wellness Services

TRANSFORMING

THE SYSTEM

CULTURAL HUMILITY
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 (43%)
- Traditional healing and wellness approaches as foundation (16%)
- Community ownership through nation-based and Nation rebuilding approaches (13%)
- Facilitate wellness across the continuum, center the needs of children and youth, and move upstream (2%)

First Nations Health Authority
## Preliminary Grouping of 597 Recommendations

<table>
<thead>
<tr>
<th>Programs &amp; Services</th>
<th>Governance</th>
<th>System-Level Health Care</th>
<th>Cultural Safety</th>
<th>HR Development</th>
<th>Information Management</th>
<th>Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Services engaging land in traditional ways</td>
<td>• Alignment with MYHP</td>
<td>• Rural, remote and isolated Nations</td>
<td>• Cultural knowledge exchange between Elders and youth</td>
<td>• Determine training gaps and support staff to gain qualifications</td>
<td>• Evaluation</td>
<td>• Children/ youth and elders affected by violence, trauma, and neglect</td>
</tr>
<tr>
<td>• Addiction services</td>
<td>• Regional governments structures and p’ships</td>
<td>• Address current silo based funding arrangements</td>
<td>• Holistic wellness throughout the life cycle</td>
<td>• Address burn-out and attrition by supporting workers’</td>
<td>• Focus on wellness and social determinants of health data</td>
<td>• Women and their families</td>
</tr>
<tr>
<td>• Trauma informed care</td>
<td>• Develop community capacity to design, deliver, and evaluate services</td>
<td>• Remove barriers that impede cultural integration</td>
<td>• Support accountability to local First Nation communities</td>
<td>• Pool professional dvpt. resources to provide centralized skills-training</td>
<td>• Aboriginal Patient Experience information</td>
<td>• Elders</td>
</tr>
<tr>
<td>• Prevention, intervention, postvention</td>
<td>• Provincial and regional reporting standards on funding</td>
<td>• Developing cross-jurisdictional agreements</td>
<td>• Inclusion of traditional healers, cultural workers, and elders as health professionals</td>
<td>• Supporting the hiring of more First Nation employees</td>
<td>• Integrated case management system</td>
<td>• Two-spirit/ LGBTTQIA</td>
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<tr>
<td>• Support families affected by FASD</td>
<td>• Services engaging land in traditional ways</td>
<td>• Strategies for mental wellness and substance use away from home</td>
<td>• Support accountability to local First Nation communities</td>
<td>• Determine training gaps and support staff to gain qualifications</td>
<td>• Evaluation</td>
<td>• Children/ youth and elders affected by violence, trauma, and neglect</td>
</tr>
<tr>
<td>• Home-based supports for people with complex needs</td>
<td></td>
<td></td>
<td></td>
<td>• Address burn-out and attrition by supporting workers’</td>
<td>• Focus on wellness and social determinants of health data</td>
<td>• Women and their families</td>
</tr>
</tbody>
</table>

**First Nations Health Authority**

[www.fnha.ca](http://www.fnha.ca)
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

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

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

**PROVINCIAL SERVICES**

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

**FNHA SERVICES**

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

**FNHA-FUNDED SERVICES**
Targeted Investments Joint Project Board

Next Steps:

- Policy support
- Service model development
- Operational alignment
- End to End Integration
Mental Health and Wellness Investments 2015-2018

2015–2018
25% INCREASE

Total 2015/16 Mental Health & Wellness Investment
$57 M

Total 2016/17 Mental Health & Wellness Investment
$61 M

Total 2017/18 Mental Health & Wellness Investment
$71.23 M
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?

1. Make the call 1.866.913.0033
   Tell us your story. In calling us first, our staff will help you get the supports and services you need. We will report to any agencies that need to be involved, and help you determine the next steps. If you are eligible for FNHA benefits, this process will start right away.

2. Get help dealing with the system
   Our kids our cultures our futures are worth it
   We will actively support you through the entire process, assess your child’s needs, and work with you to:
   - get help early on
   - develop integrated care plans
   - connect your child and family to needed services
   - remove the stress of navigating service systems
   - support your families as they manage their needs
   - involve relevant partners in your case, and as necessary, quickly address urgent service gaps

3. Find out what health treatment & supports are available under Jordan’s Principle
   Services like education, childcare, recreation, and culture and language are included.
   In health, we will work with partners to provide various health and social services, which may include provision of medical equipment, mental health, speech and physical therapy, and more.

4. Referrals & assessments
   Our staff may refer you to a specialist to assess need and eligibility for treatment and/or equipment benefits. If your child is included under either Ministry of Children and Family Development or Ministry of Health mandates, we will work towards getting you treatment or necessary equipment benefits.
   A Health Benefit Advisor will look into which FNHA benefits apply and what Jordan’s Principle federal funding is available.
   If FNHA is the first point of contact, we will engage with Health Canada on your behalf.

5. Get treatment & support
   Necessary equipment may be provided by federal/ provincial government, or a contract service provider.
   We will work towards meeting established client service delivery standards for your child. Once treatment and support are underway, we will follow up.

www.fnha.ca/jordansprinciple
jordansprinciple.ca
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)

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Number of Individual Child and Youth Claims:</strong></td>
<td>265</td>
</tr>
<tr>
<td><strong>Total funding projected to spend:</strong></td>
<td>$578,751.35</td>
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<tr>
<td><strong>Total individual claims:</strong></td>
<td></td>
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<tr>
<td>On-reserve:</td>
<td>90</td>
</tr>
<tr>
<td>Off-reserve:</td>
<td>146</td>
</tr>
<tr>
<td>Unknown:</td>
<td>36</td>
</tr>
<tr>
<td><strong>Number of Group Claims:</strong></td>
<td>39</td>
</tr>
<tr>
<td>Approved:</td>
<td>34/39 (5 pending documentation)</td>
</tr>
<tr>
<td>Total dollar of approved:</td>
<td>$8,385,114.03</td>
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</table>
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 counselling, 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)**

<table>
<thead>
<tr>
<th>Health Authority</th>
<th># of Status FN Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Health</td>
<td>25</td>
</tr>
<tr>
<td>Vancouver Coastal Health</td>
<td>137</td>
</tr>
<tr>
<td>Vancouver Island Health</td>
<td>48</td>
</tr>
<tr>
<td>Interior Health</td>
<td>62</td>
</tr>
<tr>
<td>Fraser Health</td>
<td>55</td>
</tr>
<tr>
<td><strong>BC total</strong></td>
<td><strong>327</strong></td>
</tr>
</tbody>
</table>
FNHA’s Overdose/Opioid Response

1. Prevent people who overdose from dying
   - Expanding Take-Home Naloxone Training

2. Keep people safer when using
   - Peer (people who use drugs) Engagement, Coordination & Navigation

3. Create an accessible range of treatment options
   - Increasing access to Opioid Agonist Therapy (OAT) in rural & remote contexts
   - Integrated First Nations Addictions Care Coordinator
   - Intensive Case Management
   - Clinical Pharmacy Services through Telehealth

4. Support people on their healing journey
   - Unlocking the Gates-Peer Corrections Mentoring Program
   - Indigenous Harm Reduction Grant

+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.
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 safe when using;
- Create an accessible range of treatment options; and
- Support people on their healing journey.

In total, $20 million will be invested over three years, with $2.4 million allocated in the first year.

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.
First Nations Health Authority

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

STIGMA
DISCRIMINATION
SHAME
ABUSE
POVERTY
COLONIZATION

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

“Just gave up on my doc. Now I use alcohol and meds for pain.”

“Rehabilitation is where I make new life choices.”

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

“Stigma hides addiction.”

“Scare tactics don’t work. Bring in peers to talk about the whole picture – not just demonize drugs.”

“People think you’re just lazy, can’t control your own life.”

“Peer support is what works.”

“The hospital pushed me out the door.”

“If I could stay clean, for two weeks on my own, I wouldn’t need detox.”

NEGATIVE EXPERIENCES WITH THE SYSTEM

CORRECTIONS
RULES
WAIT

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.”

“I need community and belonging.”

POSITIVE EXPERIENCES WITH THE SYSTEM

“Positive experiences - that is why I’m here.”

“Empowerment is the key.”

“I had one person believe in me - that is why I’m here.”

“Need to be able to talk about your problems.”

“Need a safe space to heal and pray in my own way.”

COMMUNITY
RESPECT
STRENGTH
RESILIENCE
CULTURE

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 whole picture – not just demonize drugs.”

“People think you’re just lazy, can’t control your own life.”

“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

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.”

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.”

SUBSTANCE USE TREATMENT JOURNEY MAP: What do Indigenous Peers Experience?
Provincial Operations Coordination Structure
FNHA Internal Governance - At a Glance

CEO/COO
Overall organization-wide leadership; Representative on Health Sector Oversight Committee and Health Sector Leadership Council

Co-Executive Leads
(Sonia Isaac-Mann and Dr. Shannon McDonald)
Leads, coordinates and oversees all FNHA opioid response activities

Overdose Emergency Response Secretariat
Overall opioid response briefing coordination
Representative on Overdose Emergency Response Centre

Senior Overdose Response Team (bi-monthly)
(Chairs: Sonia Isaac-Mann, Dr. Shannon McDonald)
Monitors overall FNHA opioid response, including new/ongoing initiatives and regional responses

Opioid Regional Response Executives
Liaises with respective RHA Executive Leads; Ensure coordinated regional planning and implementation; Works with Regional Offices to ensure opioid response is included on agenda for all partnership accord meetings

Opioid Response Implementation Team
Provides leadership on implementation of overdose response initiatives, including $20M in new funding

Opioid Communications & Social Marketing Team
Responsible for implementation all opioid related First Nations communications and social marking initiatives

Opioid Data & Surveillance Working Group
Monitor all opioid related First Nations data; Synthesize information to influence & provide guidance to opioid related initiatives; Report on trends & updates
Thank you