



FNHA INTERIOR REGION

MAY 2019 | BI-ANNUAL REPORT



INTERIOR REGION

First Nations Health Authority

"we will respectfully work together,
collaborating for the betterment of the
health, safety, survival, dignity and
well- being of all our peoples"

Interior Nations Declaration of Unity - February 24, 2010



INTERIOR REGION
First Nations Health Authority

**HEALTHY, SELF-DETERMINING AND
VIBRANT BC FIRST NATION
CHILDREN, FAMILIES AND
COMMUNITIES**



**"We own what we grow, do,
and create. No one to blame
anymore"**



Rick Alec, Tw'kw'aylaxw First Nation - Addiction
Mental Health Worker

Front Cover: Sheldon Louis, Artist

UNITING FOR A RESILIENT FUTURE

INTRODUCTION

In 2010, the seven Nations of the Interior gathered and signed a Unity Declaration, collectively affirming to work together for “the betterment of the health, safety, survival, dignity and well-being of our peoples”. The First Nation Health Authority (FNHA) Interior Region team upholds this commitment as one of the key standards for our success.

Since this time, our Nation’s leadership and the FNHA Interior Region team have addressed increasingly complex health and wellness challenges head-on.

Dominant, western healthcare institutions persist, struggling to fully recognize and empower Nation’s to secure their own visions for health and wellness services on their own territories. Based on the findings of the 2018 National Report of the First Nations Regional Health Survey (Phase 3), access to quality and culturally relevant health care available to First Nations communities does not adequately meet the needs of First Nations people. Lack of available resources, inadequate coverage by Non-Insured Health Benefits (NIHB), and cultural inappropriateness are cited as barriers to receiving health care for First Nations adults. 1 in 10 First Nations adults reported requiring health care in the previous 12 months but did not receive all the care they needed, and more than 1 in 5 First Nations adults reported not having a primary health-care provider, compared to 15.8% among the general population.

An increase in climate change affects the whole of the Interior, with some of the worst wildfires and flood seasons on record happening in the past two years and the opioid crisis is having deep impacts on First Nation communities. Despite these ongoing impacts of historical trauma experienced from colonization, Nations continue to stand together, through perseverance, strong leadership and knowledge to address these impactful events.



The FNHA Interior team is dedicated to supporting community-based, Nation-driven approaches, which set the groundwork for providing a closer-to-home approach that supports Nations rebuilding. We have witnessed unprecedented growth and opportunities, and continue to take a long-term outlook that prioritizes self-determining First Nations with healthy communities and peoples. As with all our work, we place culture, community values and traditional wellness at the heart of health planning, striking the delicate balance of engaging our traditional ways, alongside those of the contemporary world. We are tenacious at promoting a ‘wrap-around approach’ to health service design and delivery, and continue to partner with Nation’s and communities as they decide how their health services are determined. As always, the Interior Region Nation Executive, the Nation Coordinators and our technical tables continue to be central to the success of our all our work as well.

As we gather for another FNHA Interior Region Caucus, there is an opportunity to reflect back on the achievements made over the last year. From the implementation of new funds, including \$6 million from Red Cross for wildfire support, the \$2 million annual sustainable funding for elders care and preparedness, to evaluating our Nation Shared Services, accessing new funds for Primary Care Network (PCN), and renewing and refreshing agreements and work plans, the last year has proven to be both expansive and dynamic. It is also a time when we can collectively share and vision out our next steps forward, how we can be working together to meet the needs and continue to heal and thrive as communities and Nations.

"WE CONTINUE TO STAND STRONG AND UNITED AS PARTNERS, RECOGNIZING THAT ALL INTERIOR NATIONS ARE RESILIENT, WITH THRIVING COMMUNITIES, PEOPLE AND TRADITIONS."

BRINGING DECISION-MAKING BACK CLOSER TO HOME: RESPECTING FIRST NATIONS GOVERNMENT



For too long a colonial, top-down model of health care service delivery has been forced onto First Nations, with little to no attention to the inherent rights or specific needs of Nations. The Nations and FNHA Interior Region team is committed to challenge the systems, and demand an equitable, Nation-based approach to healthcare grounded in local needs and realities. From a wide range of community engagement efforts to the administration of funding and programming, we are continuously ensuring ways to apply better practices and looking to increase resources and health services for Nations so we can exceed health outcomes.

All of this work culminates into empowering Nations toward the Nation-Rebuilding process and enabling access to resources that could of went into other partners instead, reaffirming the Unity Declarations commitment to:

“ establish and maintain a desired level of capacity in the areas of health research, health career development, health service delivery (including traditional practices), information management and governance (health planning, administration, policy/ program design and implementation and...), in order to achieve their individual and collective Nation visions. ”

The continued direction by leadership at Caucus is to provide human and financial resources closer to home, with the end goal of supporting culturally safe and effective services to our people by our people.

In setting the ground to further this work in the last term, the Interior Region team took on the , **REGIONAL HEALTH WORK PLAN REFRESH** which creates strategic direction as identified by the Nations to monitor our work as the Regional team.

The interim RHWP was developed in 2014 and informed through the following review and

engagement with Interior Nations:

- Review of existing Nation plans
- Identify Nation priorities through Nation Health Assemblies held in 2014
- Support the Community Engagement Hubs to do further engagement to gather and refine the priorities and profiles of each of their respective Nations

The Regional Health Work Plan refresh updates this document and identifies strategic priorities in programs and service delivery, the organizational function of FNHA, and the activities of governance and partnerships within the Interior Region. The key objectives of the refresh include:

- Affirm the Interior region’s mission and goals
- Align the region’s goals and objectives with the mission
- Renew the RHWP core goals to improve clarity and provide strategic guidance for regional planning
- Improve accountability by enabling progress towards the Interior region mission and goals to be more easily measured

The renewed RHWP includes strategic priorities in programs and service delivery, the organizational function of FNHA, and the activities of governance and partnerships within the Interior region. Approval of the Interior Region Health and Wellness Plan Refresh is being sought from Interior Nations at the May 14-15, 2019, Interior Region Caucus.

“The Interior Region Health and Wellness plan refresh is about carrying out one of our governance functions; setting strategic direction and monitoring progress towards our envisioned outcomes.”

Gwen Phillips ,Ktunaxa Nation Representative-
Interior FNHC Representative

We are also currently seeking approval of the **INTERIOR REGION PARTNERSHIP ACCORD (PA)** at the Interior Region Spring Caucus. The first Interior Region PA was signed in 2012 by the seven Interior Region Nations and Interior Health (IH), and was witnessed by the First Nations Health Authority (FNHA). At the Interior Region Caucus Session, in November 2018, additional revisions were proposed prior to Interior Nations and IH re-signing of the PA. Amendments in the Objectives, Action Plan and Commitment sections included additional actions for the partners to increase visibility of and access to relevant, timely and appropriate First Nations data and through critical analysis, inform program planning and service delivery and to identify the human and financial resources required to implement the Accord and its workplan. As a gesture of commitments to these actions, Interior Nations and IH will collectively sign the new Partnership Accord in June 2019 and hold a ceremony at the fall 2019 Interior Region Caucus Session.

WHAT WE HAVE HEARD AT INTERIOR NATION ASSEMBLIES

Through the FNHA Interior Region teams Governance Terms of Reference there are processes in place to uphold an engagement pathway where Nation representatives provide direction, advice, share concerns and discuss strategic directions. Over the last ten years the FNHA Interior Region have modeled - time and time again - an innate capacity to foster and maintain relationships both throughout Nations and with external partners. By coming together and collectively asserting our needs and demands we have showcased the power in coordinated numbers, both in being heard and ensuring equitable outcomes. From these engagements we have been acting on a number of the concerns that we have heard.

Originally, **JORDAN'S PRINCIPLE** was created to ensure First Nations children and youth with unmet needs access appropriate level of services in a timely manner. This is of particular importance as First Nation community health services continue to deal with day to day crisis, systemic racism and inequity when it comes to being provided timely health care service in the mainstream system.



As of January 15 2019, there was a one-month transition period for decision making of health related Jordan's Principle submissions, whereby FNHA is no longer a part of decision-making and this work will be transferred to BC Jordan's Principle Indigenous Services Canada (ISC) team. Throughout the Mental Wellness Forum event and various Nation Assemblies, Jordan's Principle was the number one concern raised. Feedback was collected from participants, and weighed heavy on Jordan's Principle funding and addressing addictions. The concerns raised about Jordan's Principle funding pointed to ISC's implementation of increased barriers that produce longer wait times for responses, increased paperwork and invasive information collection. We have documented a number of concerns including:

- Decisions communicated from ISC HQ have often been denied on the rationale of not having enough substantive equality information, supporting documentation or they are beyond the normative standard. Substantive equality information meaning: proof of historical discrimination that has impacted the child's well-being. Supporting documentation meaning a referral from a professional that the family may not have access to. Normative Standard meaning this services is not accessible to every child in Canada.
- Equality and how it is assessed.

- Disgruntled communities. CYHSN are constantly fielding calls from communities on their group submission but they are unable to respond.
- Delays in decisions: FNHA made decision within 7 days, now with transition to ISC, some communities have waited up to 2 months.
- ISC is asking bands for confidential information (child's name/birth date).

FNHA continues to invest in providing facilitation and assistance to Jordan's Principle applicants throughout the region. We believe that these shared responses are our best defense at accessing resources as well as key strategic resource for being heard and negotiating with ISC. First Nations Health Authority (FNHA) Child and Youth Health Systems Navigators (CYHSN) positions have been extended to March 31, 2020, yet due to the changes, many troubling issues and denials have still taken place.

The Ministry of Health (MoH) continues to pursue the vision of primary care transformation through the development of **PRIMARY CARE NETWORKS** (PCNs). MoH has identified the target of 15 PCNs to be developed in 2018/19, 25 in 2019/20 and 35 in 2020/21 (cumulative total). Hardwiring First Nation communities for Primary Care Network planning is of high strategic importance for Nations, particularly due to opportunities for sustainability.

The challenge faced by Nations is in securing the funding that enables community voices to be informed, represented and contributing to these processes and developments. There is a fundamental inequity in infrastructure that supports equal partnership of First Nation in PCN planning and implementation. Many governmental institutions have huge teams that can support their participation (e.g. finance, policy, data, change management, primary care specialists, admin support). First Nations do not have the luxury of such expansive teams and are operating with minimal staff whom are attempting to participate as 'equal partners' in PCN planning off the side of their desks. This systematically prevents First Nations from the same meaningful participation as their other partners at the table. The existing inequality in supports available to First Nations' participation in PCN planning is compounded by PCN resource allocation, which is being flowed through the Divisions and RHAs, who are using the funding to hire contracted staff to



further support the work. This is resulting in the organizations with the most resources to support their work, maintaining and even enhancing the status quo in PCN planning.

To begin addressing these issues, the FNHA has approved one-time funding to support the Nations to be active in Primary Care Network planning as partners at the table. Funding has yet to be distributed, but is anticipated shortly. The FNHA Interior team continues to pursue sustainable funding from MoH through submission of a decision sheet to support engagement work. Some Nations (Ktunaxa) are working with their local PCN to secure additional resources, as appropriate.

Another main concern has been in regards to **FNHA HEALTH BENEFITS**. The Community Relations Team (CRT) is a permanent addition to the FNHA Health Benefits department. Currently the team is travelling throughout the region to engage First Nation communities and Nations to provide information related to the transition of Vision, Dental and Medical Supplies and Equipment of Non-Insured Health Benefits (NIHB).

In addition to focus groups, the CRT has more engagement activities planned, including town hall meetings and team-led events. Health Directors also have the opportunity to complete a survey to provide their feedback. Engagement opportunities will continue and improvements to FNHA's Health Benefits program will be an ongoing process. Since joining FNHA in July 2018, the Interior Community Relations Representative has focused on the following:

- 53 individual case issues in the Interior have been brought forward. With 47 resolved, there are some cases which require more information from the individual client or it is outside the scope of FNHA Health Benefits. Most cases are escalated to the central Health Benefits Team to assist in resolving. Often, it is a matter of clarifying the claims process and understanding what is covered. At times, the issue is not covered under First Nations Health Benefits.
- Ongoing update to seven Nations in our region, through Assembly presentations, Focus Groups and community visits

- Focus Group facilitation at Okanagan Indian Band, Kelowna Friendship Society; Westbank First Nation; Cayoose Creek; Three Corner Health Services Society; Xaxlip; Nlakapamux; Splitsin; Ktunaxa; Tk'emlups, with a reach to 40 + communities in our region

We have heard common themes of concerns. Our central Health Benefits team is working to address these concerns:

- Out of pocket expense for Medication, Vision and Dental
- Pharmacies do not understand Plan W changes – our clients met with “not covered”
- Diabetes medication coverage/ supplies
- Support for client's family while in hospital
- Mental Health counselling needs/ lists of providers
- Process for Medical Equipment and Supplies coverage
- Medical Transportation not sufficient

Not every situation falls under the FNHA Health Benefits plan; there are benefits under HIBC for which FNHA covers MSP payment for eligible clients. We continually welcome your feedback.

The Interior Region hosted a **MENTAL WELLNESS FORUM** in Kamloops, BC on April 15-17, 2019, for community service providers across the seven nations within the region. In total there were 117 registered participants and the forum was attended by health administration staff, counsellors, drug and alcohol workers, family support workers, social development workers, youth workers, health directors and leaders. The objectives of this three-day event focused on providing a platform to support healthy communities and Nations by enhancing knowledge of current promising, culturally safe and trauma informed Mental Wellness practices. There were many concerns about FNHA's new treatment centre Adult Referral application package.

Nations continue to voice their concern in regards to accessing and retaining Nurse Practitioners in community. There are two main streams of Nurse Practitioner work currently happening in the Interior Region.

"SHARED SERVICES WITHIN THE INTERIOR PROVIDE AN OPPORTUNITY FOR PROFESSIONAL HEALTH PRACTITIONERS TO INCORPORATE INTEGRATE TRADITIONAL INDIGENOUS KNOWLEDGE TO PROVIDE A HOLISTIC APPROACH TO OUR INDIGENOUS COMMUNITIES' HEALTH AND WELL-BEING."

Charlene Belleau, Nation Rep, FNHC

One is a NP enhancement (focused on increasing number of NPs) and the other a NP stabilization (focused on ensuring the NPs from the **NP4BC** program are adequately resourced.) Key issues associated with existing NP4BC positions that have been identified by the Nations and the FNHA/IH Nurse Practitioner Working Group include:

- Funding shortages insufficient for position overhead
- Inadequate administrative support
- Geography
- Absence of electronic medical records
- Coverage
- Housing.

For new NP positions secured through PCNs, there is an overhead of \$75,000 per 1.0FTE NP; however, there are no additional funds to cover the stabilization costs of the existing NP4BC NPs. A key action item for the coming term will be to advocate for resources in partnership with IHA.

ENHANCING RESOURCES FOR NATION REBUILDING

Over the past three years, Interior Nations have worked with the FNHA Interior Region team to develop and implement a **NATION SHARED SERVICES** (NSS) approach with great success. The purpose of the Nation Shared Services model is to deliver, administer and govern wellness services closer to home as defined by the Nation. The model is in line with the FNHA's Primary Care ++ vision of further integrating health services, but differs in that it places greater responsibilities within Nation's governance and management structures and plan priorities, with a Regional team as support.

This term NSS partnerships have been strengthened as we work to complete an NSS review. The Nations are currently working with the NSS Project Manager on a gap analysis of NSS in their Nation. The final reports will vary according to Nation need; however, one of the future outcomes of the project will be a NSS Regional Investment Plan, which will provide a

clear path forward, while enhancing current services for the communities that we serve.

Alongside these efforts, an in-person meeting was held December 2018, at the request of the Nation's Community Engagement Coordinators, who expressed interest in opportunities to support each other in their NSS work. These engagements reaffirm the need to work collectively to develop innovative and strategic approaches.

The FNHA Interior Region team recognizes that our collective capacity as Nations together enables us to pursue a wide range of health statistics and data to better inform Nation decision-making which is another major contribution to the work. In the last term we secured the **HEALTH SYSTEMS MATRIX** (HSM) 2008/09 – 2014/15 data on Primary Care Utilization and Chronic Conditions, which will enable Nation's to develop business cases for future planning cases and informed planning. In this data we have been able to assert that higher rates of many chronic conditions were observed among First



Nations compared to non-First Nations. The chronic conditions with the greatest difference of rates in various age groups were heart failure, stroke, dialysis, rheumatoid, arthritis and epilepsy as stated in the First Nations Health Status and Health Services Utilization 2008/2009 and 2013/14 Summary of Key Findings within the Interior Region. These findings will enhance the capacities within Nations to strategically plan and address health issues within their Nations.

This last term we have also had the evaluation of **JOINT PROJECT BOARD** statistics, enabling Nations to have a deeper and more critical understanding of health service consultations. These findings include trends in NSS from 2016 /17 to 2017/18, and are proving what we have always known, that our approaches are working. Some key highlights of the report include:

- Overall, the proportions of NSS funded positions have increased or been maintained across every health care professional group from 2016/17 fiscal year to 2017/18 fiscal year
- Interior Region is close to having fully staffed NSS with only three positions remaining
- Total Client visits increased by 77% in 2017/18
- Most common barriers reported on were recruitment and retention, infrastructure and funding conditions
- Improvements in service accessibility identified were; services to which can be easily identified, understood and navigated, overall accessibility of services, geographic proximity, flexibility of services, timeliness of services

The bottom line is that we are three years into this work, and recognize that these resources are still not enough to bridge the gap of First Nations health and wellness needs. This stated, we are making headway and know we will get there, but we must work together.

“We have to get ready for increased demands on our service providers. Somehow we need to be ahead of the curve and keep looking at these issues”

Chief Patrick Michele, Kanaka Bar





INTERIOR REGION TIME LINE

THE PROGRESSION TO COMPREHENSIVE NATION SHARED SERVICES

Community Engagement
Communication
Collaboration
and Planning

Joint Project Board Providing registered health professionals to support a Nation Shared Service Model

Health Actions
Highly flexible funds to support Primary Care & Public Health, Mental Wellness & Substance Use, Maternal and Child Health, Traditional Wellness

Primary Care and Mental Wellness Investment
Mental Wellness & Substance Use
Primary Care and Traditional Wellness

Integration and Infrastructure
JPB End-to-end Integration Project Review

Capacity and Readiness
MW Interim Measures, Overdose/Opioid Response, Elders Preparation

Nation Based Approaches
Land-based Healing
Mental Wellness
Disaster Recovery

COMPREHENSIVE NATION SHARED SERVICES

2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

Unity Declaration signed, Feb. 2010
FNHA Interior Region consisted of **one staff member**—Community Development Liaison, Aug. 2010

Interior Partnership Accord signed, Nov. 14, 2012

Establishment of the Interior Region Team, Nov. 2013

Interior Region Technicians Table established, March 2014
Interim Regional Health & Wellness Plan, June 2014
Partnership Accord Leadership Table TOR, July 2014
Interior Region Health Governance Entities Terms of Reference, March 18, 2014

Interior Region Aboriginal Wellness Committee established, Sept. 2015
Nation Shared Services, ongoing - confirmed 2015 Caucus

CEO to CEO protocol signed with IH and FNHA, April 12, 2017

Regional Envelope endorsed, Feb. 2018
Phase One Regionalization
• Nursing, June 2018
• EPHS, Sept. 2018

Phase One Regionalization
• Headstart Jan. 8, 2019

Interior Region Nation Plans:

● SYILX NATION Health Plan, 2010

Community Engagement Hubs Established:

- KTUNAXA NATION
- MERRITT AREA
- OKANAGAN NATION ALLIANCE
- SECWEPEMC
- TSILHQOT'IN
- LYTTON AREA
- FRASER CANYON
- NORTHERN ST'ÁT'IMC
- CARRIER CHILCOTIN TRIBAL COUNCIL

● NORTHERN ST'AT'IMC Interim Health Plan: Creating Health Systems Reform in the Northern St'at'imc Territory, 2015-19

● TSILHQOT'IN NATION Health & Wellness Plan Moving Forward Together—Tsilhqot'in Sutsel Deni Jinlin Lha Yudit'ih, 2016

● DĀKELH DENÉ NATION Health & Wellness Plan, 2016/2017

● NLAKA-PAMUX NATION Health & Wellness Plan, 2018

● SECWEPEMC NATION Caucus 2018/2019 Strategic Plan

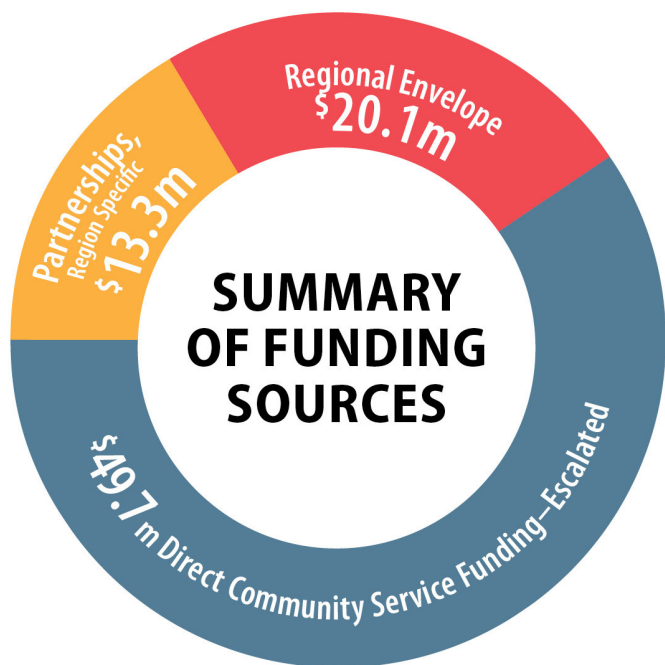
● KTUNAXA NATION Health & Wellness Plan 2018-2020

The acquisition and distribution of funding to support health and wellness capacity and infrastructure is the key driver that facilitates the continued success of Nation Shared Services (NSS) and all the work that is carried out through the FNHA and Nations.

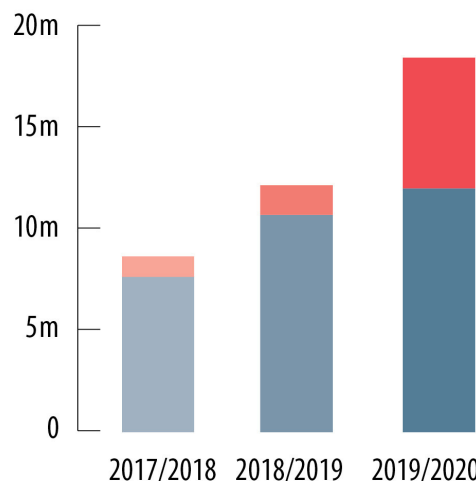
Over the last four years we have seen **DIRECT COMMUNITY SERVICE FUNDING** expand by \$7.4 million. By coming together and working collectively to demand these funds, Interior Nations are accessing a much broader and deeper set of funds than if they were working as separate entities.

The **REGIONAL ENVELOPE** continues to grow and diversify, bringing together one-time opportunities with consistent funding streams. The 2018/19 fiscal year has seen the continuation of funding from Health Actions (\$1.341m), Community Engagement (\$1.172m), Harm Reduction Grants (\$.6 m), MMIWG (\$.1 m) and Joint Project Board (\$3.384m).

New funding amounts already distributed to the 7 Nations in the first 3 quarters of 2018/19 has included End-to-end (\$534K), 1-time Elders Enhancement (\$1.1m), and Overdose/Opioid (\$1.932m over 2 years).



TOTAL REGIONAL ENVELOPE AND PARTNERSHIPS 2017/18 – 2019/20



	FNHA	Region Specific Partnerships	Total
2017/2018	\$7,670,385m	\$1,008,000m	= \$8,678,385
2018/2019	\$10,721,385m	\$1,459,500m	= \$12,180,885
2019/2020	\$12,025,885m	\$6,452,000m	= \$18,477,885

Direct Community Service Funding

- Primary Healthcare
- Supplementary Health Benefits
- Health Infrastructure Support

Partnerships, Region Specific

- Supportive Recovery Beds (IH) \$0.8m
- Elders Enhancement (IH) \$2.0m
- Elders Enhancement 1-time (FNHA) . \$1.1m
- Wildfire Recovery (Red Cross) \$6.0m
- Jordan's Principle—
Group requests 2018/19 via FNHA . . \$2.8m
- MW Training—Wildfire (MoH) \$0.4m
- 1-Time PCN Engagement/Planning
(FNHA) \$0.2m

Regional Envelope

- Joint Project Board \$3.4m
- Health Actions \$1.3m
- Community Engagement \$1.2m
- Governance \$0.5m
- Overdose/opioid \$1.9m
- Traditional Wellness \$0.5m
- MW Interim Measures \$0.8m
- MMIWG \$0.1m
- Land-based Healing \$3.5m
- Mental Wellness
(tripartite: FNHC, BC, Canada) \$6.9m

THE ACQUISITION AND DISTRIBUTION OF FUNDING TO SUPPORT HEALTH AND WELLNESS CAPACITY AND INFRASTRUCTURE IS THE KEY DRIVER THAT FACILITATES THE CONTINUED SUCCESS OF NATION SHARED SERVICES

During the final quarter of 2018/19, the regional team and 7 Nations have planned for investments utilizing funding from the **TRIPARTITE MENTAL WELLNESS MOU** (\$6.9m over 2 yrs), as well as Indigenous Treatment and Land Based Healing (\$3.45m over 3 yrs).

On July 26, 2018, the Government of Canada, the Province of BC and the FNHC signed a tripartite agreement to improve mental health and wellness services. The goal is to design a new and more flexible approach for funding Mental Wellness services. Each partner is contributing \$10 million over the next two years. There have been five successful applications funded to date, and we have seen a wide range of uses:

Ktunaxa: Implementation of Holistic, Innovative and Integrated Mental Wellness Services

Nlaka'pamux: Training for members in Aboriginal Focusing Oriented Therapy and Complex Trauma and Exploring Indigenous Tools for Living to support implementation of community mental health and wellness plans.

Secwepemc: Focusing on the Secwepemc Way of Well-Being to return to traditional and cultural practices and set a foundation for healing.

Syilx: Moving forward a Nation-Based Mental Wellness Model based on Syilx Culture and ways of healing and increased coordination of quality access to current services

Tsilhqot'in: Collaboration on enhanced delivery of holistic mental health and wellness and traditional healing services to support wrap around care.

Additionally, the Interior Region has recently received confirmation from the **CANADIAN RED CROSS** of the intent to provide 2 years of funding (\$5.985m total) supports for the 28 Interior Region communities affected by the 2017 wildfires, which will have a wide range of impacts. Similarly, to the 6 months of resources administered by FNHA (provided by MoH) during fiscal year 2017/18, FNHA will administer the contributions to Nations and communities from the Red Cross funding. In addition to direct community support, each of the 7 Nations will receive funding to support a Nation-based Emergency Mental Health and Wellness Manager position, continuing to build capacity at the Nation-level.

During 2018/19 fiscal year, the region also supported two main activities related to furthering the supports for survivors, family members and those affected by the issue of MMIWG. Support was provided to the Ktunaxa Nation, who hosted the Grandmothers' Gathering in March 2019. The gathering brought together grandmothers from all 7 Nations to follow up on the important work from the Grandmothers Declaration. The Declaration states that "the safety, well-being and identity of children and families is a priority".

Additionally, the region began the process of developing the foundational supports and regional approach to supporting survivors and family members across the region. The goal of this work is to ensure that survivors, family members and those affected by the issue of MMIWG have access to an appropriate level of mental wellness support services; and ensure those survivors, family members and those affected by the issue of MMIWG can safely address mental wellness issues related to the impacts of MMIWG.



VOICE OF THE PEOPLE AT THE TABLE

FNHA supports First Nation community voices at all levels of decision-making and negotiation, ensuring that health services for Nations throughout the Interior are improved with the input of the Nations, and that appropriate and sufficient funding is accessed to support this input. These services and networks would not have the same traction or success if it was not for the direction, guidance, and knowledge of the Nation's leadership and community.

There are 5 active Primary Care Network **COLLABORATIVE SERVICES COMMITTEE** (CSCs) in the Interior Region. Once a CSC is ready, they submit an Expression of Interest to MoH, and if approved the CSC receives \$150,000 to begin immediate and intensive primary care planning for 120[1] days. Once the 120-day planning cycle has been completed, the CSC will submit a Service Plan to MoH for consideration, which will outline how access to primary care will be increased at a local level. Funding will be based on identified community needs in the Service Plan, as approved by MoH. To date, due to strong advocacy, the First Nations Health Authority has had an opportunity to review Service Plans prior to submission for MoH approval. Beginning at the same time, an 18-month planning cycle will examine how other specialized services and community-based services will work within the PCN.

Since the PCN process began, one Interior First Nations community, the Penticton Indian Band, has

completed the PCN planning process with the local Collaborative Steering Committee (CSC) and has received a sustainable 1.0FTE NP position to be based out of the PIB Health Centre. A key action item is for PIB to be used a case study for lessons learned, and to identify further issues with the PCN model being used to address the NP enhancement need. Possible upcoming benefits of actively participating in this process include:

- Primary care access directly in community – either from an NP or a GP, moving towards Nation Shared Services/Community Health Centers as “Patient Medical Homes”
- Improved integration and connectivity with community and specialized services (e.g.: mental wellness supports, psychiatry, pain management)
- Improved discharge planning and transitions of care
- Enhancement of First Nation designed positions and outreach – e.g. Aboriginal Patient Navigators in hospital settings, Elders in residence, etc.
- Innovative solutions to address First Nation specific gaps- e.g. mobile options, virtual care
- Opportunity to advocate for special projects like the Williams Lake Aboriginal Wellness Centre
- Strengthening relationships with Interior Health staff and community physicians
- Improved culturally safe care
- First Nations interests are imbedded in planning, design and evaluation of the PCNs

With these benefits noted we recognize that full participation of First Nation representatives in these processes remains a challenge as First Nations do not have the same infrastructure as other partners at the table currently and with equitable resources to participate and this could make a direct beneficial impact in our communities that is being missed.

These CSCs began active Service Planning on February 1st to June 1st, 2019 and include:

1. Southern Okanagan Similkameen (Penticton, Osoyoos, Upper and Lower Similkameen)
2. Central Interior (Ulkatcho, Williams Lake, Esketemc, Stswecem'c Xgat'tem, Xat'süll, Canim Lake, High Bar, Xeni-Gwet'in, Tsi Del del, Esdilagh, Yunesit'in, Tl'esqox, Tl'etinqox-tin)
3. Kootenay Boundary (Syilx and Ktunaxa)
4. East Kootenay (Aq'am, Tobacco Plains, Lower Kootenay, Askis'q'nuk, Little Shuswap)
5. Central Okanagan (Westbank First Nation)

[1] Originally 90 days in wave 1 planning, an additional 30 days was added for wave 2 planning.



BUILDING CAPACITY & ENHANCING SERVICES

SUPPORTING THE NATIONS AND COMMUNITIES WE WORK FOR

The end goal of all the work that we do is to support the Nations and communities that we work for toward determining their own health and wellness systems.


DYNAMIC RESPONSES TO COMPLEX CHALLENGES

Addressing the root issues of a wide range of crisis' that the Nation's face is critical if we are to make a holistic transition from trauma to wellness. A regional crisis approach for the Nations continues to include:

- Wildfire, Flooding & Emergency Response
- Opioid Crisis
- Crisis Response supports

"THEREFORE BE IT RESOLVED that Interior Nations declare a State of Emergency and Call to Action due to the unprecedented flooding and wildfire impacts to our lands;" Interior Region Caucus Meeting, 2018

The effects of climate change are particularly challenging for First Nation communities. Displacement from home communities and temporary shelter in urban environments lacked cultural safety and appropriate levels of response services. Ongoing, there are challenging issues in recovery due to strong connections to the land including cultural disruption, impacts to traditional plant medicines/roots, Indigenous food security, economic impacts, stress on families & elders, workforce, and increased substance use. All this in face of the fact that fire seasons increasingly start earlier and last longer are the new normal. This makes it urgent for FNHA – as well as partners and Nations – to identify lessons from the wildfires of 2017 and 2018, and to plan and prepare for the future.



The FNHA Interior Region team continues to respond to the invisibility of First Nations in the emergency response landscape by stepping in to facilitate essential relationships as well as advocating for First Nations interests. These roles continued into the recovery phase.

We have identified emergency preparedness as a priority. FNHA, Federal and Provincial Government are taking direct action related to the **EMERGENCY MANAGEMENT RESOLUTION** passed at the last Caucus Session, providing the opportunity for Leadership to advocate for additional supports required. Following this, IRNE had suggested hosting an Emergency Management Forum in the spring of 2019. IRNE representatives identified the following outcomes:

- Identify processes and provide information to Nations on how to be prepared (the basics)
- Identify those communities/Nations willing to assist and support other communities/Nations
- Present opportunity of tripartite agreements and identify enablers to those agreements
- Provide opportunities for Nations and communities to expand their capacity to respond to emergencies.
- Prepare a checklist and package of emergency management resources to support Nations to hold their own Nation based planning meetings.

It was noted that FNHA can provide support within matters aligning under the scope of health of Nations, however it will be important to include other emergency management partners in the process.

"DEMONSTRATE A STRONG AND HEALTHY COMMUNITY."

Grandmother's Declaration, 2018

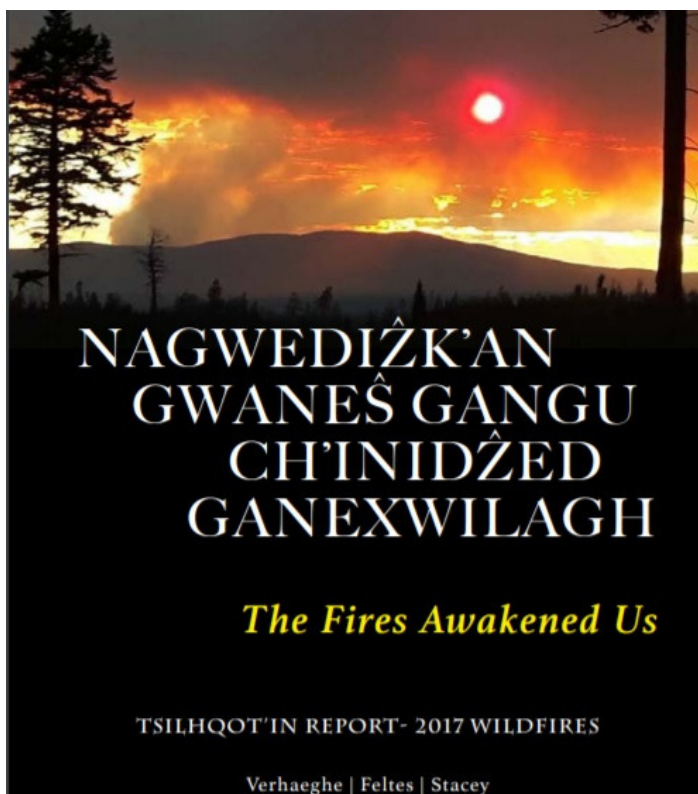
The First Nations Health Authority, Interior Region Report on Wildfires 2018 Update, *With Us, Not for Us* continues to examine the impacts the floods and wildfires have on the Interior Nations and informs how the First Nations Health Authority (FNHA) and external partners can better respond to the challenges of climate-related disasters and Indigenous health and wellness. A preliminary report was also prepared by the Interior Region in response to the 2017 wildfire season.

The 2018 report documents the key areas of concern, impacts experienced by the Interior Nations, and further acknowledges the cumulative and long-standing effects the floods and wildfires from 2017 & 2018 years have had on Nations and communities. A key realization is that community recovery will require time, appropriate levels of resources and sustainable funding to properly address all phases of community re-stabilization, recovery and preparedness for future emergencies.

Progress from this report includes:

- In response to community concerns regarding the current wildfire funding allocation approach, an Indigenous working group was developed and is currently working on the development of a wildfire recovery framework. The goal is that wildfire recovery supports will be automatic and allocations will be provided in a timely manner.
- In response to enhanced community leadership roles and collaboration, a full day session on emergency management and strategic planning with Nation Chiefs is impending for Spring 2019
- In response to capacity building and support at the Nation level, Ministry of Health emergency management support for impacted communities: \$360k
- In response to partners providing long-term sustainable emergency management, mental wellness and traditional wellness supports, Red Cross providing \$6M over 2 years for 28 impacted wildfire communities.

We are also witness to Nation's taking their own lead in addressing the issues of wildfire that their communities face. The T̓silhqot'in National Government (TNG), Indigenous Services Canada and the B.C. government announced the release of a comprehensive wildfire report, setting out findings and calls to action on emergency management practices.



The report, **The Fires Awakened Us (Nagwediz̓k'an Gwaneŝ Gangu Chinidžed Ganexwilagh)**, was completed as a key milestone and provides a thorough analysis of the 2017 wildfire season and highlights the jurisdictional, cultural and environmental issues experienced by the Tŝilhqot'in Nation during the 2017 wildfires, as well as 33 calls to action to address these pressing issues. The report is available at http://www.tsilhqotin.ca/Portals/0/PDFs/2019_TheFiresAwakenedUs.pdf

The continued need for an **opioid response** to the current crisis is propelling Nations and communities to double down tackling this crisis. It was clear at the Nations assembly that there are many losses in our nations and it has had a heart wrenching ripple effect. The concerns raised about addictions mainly focused on:

- Limited access to treatment centres and detox and the lengthy wait times for services,
- Limited access to non-NNADAP treatment services,
- Gap in service between detox and treatment, and
- Underfunded mental health and addictions positions in communities.

Participants voiced need for more education and access to useable data, methadone, suboxone and OAT services in communities. Some participants noted that some communities suffer more from other issues such as crystal meth addiction, not opioid and want focus and support as well.

From government offices to the streets the FNHA Interior team is coordinating a dynamic opioid crisis response. Over the last term we have provided ongoing support and engagement with Nations to implement intensive case management and peer support opioid response funding, created plans to allocate funds, and supported evaluation process that aligns with how Nations allocate their funding or disperse the funds. This is being carried out alongside continued support with harm reduction grants to ensure successful implementation, with currently 12 grants being distributed and another 39 on their way. Nations are approaching this work differently, some from a Nation perspective, others are resourcing communities directly without Nation oversight.

REGIONALIZATION – A SMALLER FOOTPRINT AT FNHA HEAD OFFICE

FNHA's Interior Region team is dedicated to ensuring that regionalized capacity building within the Nations that we serve is at the center of the work we do.

Grounding this work, the Environmental Health Officers (EHO) and Nursing teams have been aligned with the Nation Shared Services Approach. Over the last term we saw the **transfer of both the FNHA Environmental Public Health Services team and the Aboriginal Headstart Advisor to the Interior**, cultivating greater awareness of and capacity for the Interior Region Nations. Each Nation has at least one Environmental Health Officer assigned to support at a community level and works collaboratively with both community leadership and staff to ensure service delivery is responsive to needs. Annual planning and reporting sessions support accountability of the program to First Nations.

To illustrate what impact these teams are already having, in October a 19-year old advisory was lifted from a Tŝilhqot'in community on a small community water supply system that did not previously receive ISC funding support. The EHO worked closely with the community to ensure the advisory was lifted in a way that was sustainable and would provide long-term safe drinking water. Increased sampling and in-home treatment review has been a priority in one Secwepemc community with the goal of reducing impacts of intensive agriculture. We offer support for this increased sampling and risk assessment for any community wishing to further develop their drinking water source protection plans.

Recognizing the important role that community capacity plays in ensuring safe drinking water, FNHA continues to support Community-Based Water Monitors in their sampling activities. To recognize the contributions that these individuals bring to their communities, they will be recognized with vests, recognition cards, and in-community events as appropriate based on community desire. FNHA is also meeting with the First Nations Operators Water Network (BC FNOWN), a collaborative group of drinking water treatment system operators from around the province. This conversation will guide the best way that FNHA can support these staff in their work toward the joint goal of safe drinking water.

PREPARING THE PATH FOR THE JOURNEY AHEAD

COMMITTED TO WORK TOGETHER



As we look forward - to the coming term, the next year, and future generations - we recognize an evolving ability to make substantial progress at enhancing the way health and wellness services are provided throughout the Interior, all the while securing future opportunities for the Interior Nations. We continue to find better ways and practices to support and co-develop the health and wellness needs that exist in communities and throughout Nations. We are committed to continuing to doing the work together to get there. We know this as other regions have begun to look towards us, with our governance process, mechanisms to get resources closer to home, and support Nation rebuilding as defined by each unique Nation as a model for what can be possible versus having other health service agencies doing it for us.

In the coming term this work will include development of recommendations to resolve the barriers to implementation by developing a strategic direction and providing recommendations for strengthening relationships and service enablers. We will remain grounded in our core principles, tenants and mandates articulated in the Unity Declaration and the Seven Directives, along with our unique indigenous ways, all the while seizing on innovating our practices to ensure that we are effective, efficient and meaningful to all of those communities and Nations that we serve.

As progression is made at enhancing and enriching health and wellness throughout all Interior Nations, we continue to grapple with realizing sustainable health and wellness goals for communities.

The pervasive and increasingly regular impacts of climate change are beginning to become recognized. Science says that fire seasons that start earlier and last longer are the new normal. The impacts of wildfires on Indigenous people are holistic: physical, mental, emotional, and spiritual. Displacement and possible loss of homes and community buildings are

only part of the picture. There is also loss of traditional harvesting and way of life which leads to economic impacts and increased food insecurity. Loss of connection to the land and sharing of traditional practices makes the impacts cultural. When such large areas burn, these impacts reverberate for years. Our response must be respectful, informed, holistic, dynamic and impactful.

The institutional and financial challenges in asserting the need for contribution, guidance and leadership into all health and wellness services persist. As does the need to constantly find ways to interpret government policy in ways that are meaningful and impactful to the communities that we serve. And this does not even account for the disruption and trauma that continues to be experienced on the ground and in the communities throughout our Nations, the loss of so many and so much continues.

PRIORITIES THIS COMING QUARTER

At the same time we are experiencing major advances toward actualizing much of the Unity Declarations.

There is continued progression of accessing land-based healing funding which has been a key priority by our nations over the past few years. This overarching initiative will enhance and expand culturally-based, culturally-safe and trauma-informed healing and treatment care for Indigenous people living on and off reserve. The need for cultural and group/family (as opposed to just biomedical and individual-oriented) services has been articulated by BC First Nations.

“We all have creation stories. It is really important that we bring our creation stories back to the children”

Marilyn Baptise, Xeni Gwet'in

FNHA Resources



We are looking toward supporting Nations in planning and support when required for the Mental Wellness (MW) Tripartite Funding applications and on the land initiatives. We continue to support our Nations and communities with the opportunity of being a voice at Primary Care Network tables and other partnered projects with Ministry of Health. We are advocating for freshnet mental and traditional wellness funding for 2017/2018 and wildfire resources for 2019.

We will also see increased capital request to address clear gaps in services and capacity, for those that have not received their first health centre and others requesting renovation. We will continue to advocate for more specialized supports to support our communities to have access to:

- Youth treatment
- Supported recovery
- Community detox services
- Aftercare
- Traditional healing

We will continue to be fervent at accessing the resources that provincial and federal government has identified, as well as demanding that First Nations have a direct voice at decision-making tables. As with everything we do, we demand that health and wellness services be **'With Us, Not for Us'**.



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Dental Claims
Toll Free #: 1-888-321-5003

INDIAN AND RESIDENTIAL SCHOOL MENTAL HEALTH SUPPORTS PROGRAM

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KUU-US

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INTERIOR REGION

First Nations Health Authority

DĀKELH DENÉ, KTUNAXA, NLAKA'PAMUX, SECWEPEMC, ST'ÁT'IMC, SYILX, TSILHQOT'IN

The Interior Nations' priorities focus on improving health programs and services, bringing financial resources and decision-making closer to home and strengthening, maintaining and aligning capacity with communities and Nations through a system that is deeply rooted in the values, principles and cultures of the 7 Nations of the Interior.



**Status-quo will prevail if we
don't work together"**



Kukpi7 Wayne Christian – Splotsin First Nations