

# Vancouver Island Partnership Accord

B E T W E E N

Vancouver Island Regional Caucus

Island Health

First Nations Health Authority



Signed April 28, 2022



First Nations Health Authority  
Health through wellness



island health

## **I. Preamble**

1. This Vancouver Island Partnership Accord (“Accord”) is made in the spirit of partnership and joint commitment to improve the health and wellness outcomes of all First Nations people living in the Vancouver Island region, regardless of Nationhood, status, and location. This is the third version of the Accord amongst the Parties:
  - a) The first Accord was signed on May 14, 2012 to formalize a partnership between the Vancouver Island Regional Caucus/First Nations Health Council and Island Health.
  - b) An addendum to the Accord was reached on July 2, 2014, with the purpose of fully involving the First Nations Health Authority in the implementation of the Accord.
  - c) The 2016 update of the Accord built upon and incorporated the learnings of the Parties and engagement with Vancouver Island First Nations.
  - d) This 2022 update of the Accord reflects the evolving nature of the Parties, adds clarity about collaborative work planning, and streamlines language within the Accord. This version represents an ongoing growth, evolution, and strengthening of the partnership, our shared purposes, and collaborative processes.
2. Vancouver Island is home to 50 First Nations communities that make up three distinct cultural families: Coast Salish, Nuu-chah-nulth and Kwakwaka’wakw. Vancouver Island’s First Nations are diverse, with distinct culture and traditions, cultural knowledge and practice, and languages across the region. First Nations communities are at different stages of development, are different in size and accessibility, have varying capacities to engage, and have adopted varying mixes of western and traditional health care in their wellness strategies.
3. The Parties recognize and respect one another’s mandates: the Vancouver Island Regional Caucus (“Caucus”) composed of the First Nations within Vancouver Island Region; the First Nations Health Authority (“FNHA”) designing, delivering and funding health services for First Nations people and communities on Vancouver Island and province-wide; and, Island Health delivering a full continuum of health services to all Vancouver Island residents including all Indigenous peoples.
4. The Parties acknowledge traditional Coast Salish, Nuu-chah-nulth and Kwakwaka’wakw peoples’ cultural teachings and ways of governing. All three cultural families come from a culture of oral tradition, where fundamental laws, protocols, and ways of being are passed down through regular and special ceremonies. In these ceremonies, leaders, family members, and the greater community share oral history – knowledge of what has come before – prior to any new decisions, agreements, or laws being made. In a similar manner, this Accord builds on several previous provincial and regional foundational First Nations health governance documents:
  - a) [\*Transformative Change Accord: First Nations Health Plan \(2006\)\*](#)
  - b) [\*Tripartite First Nations Health Plan \(2007\)\*](#)
  - c) *Consensus Papers (2011 and 2012)*
  - d) [\*British Columbia Tripartite Framework Agreement on First Nations Health Governance \(2011\)\*](#)
  - e) [\*Health Partnership Accord \(2012\)\*](#)
  - f) [\*Cultural Safety and Humility Declaration of Commitment \(2015\)\*](#)

## II. Purpose

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5. This Accord is a relationship document intended to strengthen partnership and shared decision-making between the Parties towards a shared goal of improving the health outcomes of First Nations on Vancouver Island by creating a more integrated, culturally appropriate, safe, and effective health system.
6. Further to Section I (2), this Accord is intended to recognize and support the varying needs and wellness strategies of First Nations communities.
7. This Accord is intended to define the structure of the relationship of the Parties and direct the development of work plans to support the implementation of shared priorities.

## III. The Parties

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### Vancouver Island Regional Caucus

8. The Caucus is made up of the Coast Salish, Nuuchahnulth and Kwakwaka'wakw cultural families<sup>1</sup>, who have resided here since time immemorial:

#### Coast Salish

- a) The majority of Coast Salish communities are located between the southern tip of Vancouver Island and Qualicum Beach facing eastward towards the Salish Sea. Two communities are located further north, these being Homalco and Klahoose First Nations, which have their traditional territories off the coast of Campbell River, BC and Bute Inlet.
- b) Their languages include several distinct dialects: Northern Salish (Comox, Pentlatch, Sechelt), Central Salish (Squamish, HUL'QUMI'NUM or Halkomelem), Northern Straits (SENĆOŦEN, Sooke, LEKWUNGEN), and Clallam (or Klallum).
- c) It has always been important for Coast Salish people to 'Work together as One'; this value is commonly known as 'Nuts'amaatstuhw kwthun syaays' and reflects their beliefs around the importance of relationships. Coast Salish worldview also recognizes the interconnectedness and spirit within all living things including the relationship to the land, waterways, ocean and air, as well as all plants and animals.

#### Nuuchahnulth

- d) The Nuučaanuł (Nuuchahnulth), also formerly referred to as the Nootka, translates as "all along the mountains and sea." The ha'hulthi (Chiefly territories) of the Nuučaanuł First Nations, or tribes, stretch along approximately 300 kilometres of the Pacific Coast of Vancouver Island, from Brooks Peninsula in the north to Point-no-Point in the south, and includes inland regions.
- e) Although Nuučaanuł people share traditions, languages and many aspects of culture, they are divided into Chiefly families and Nations. Each Nation includes several local groups governed around a T'ayii Hawił (hereditary Chief), and each live off the resources provided within their ha'houlthee (traditional territory).
- f) Unity: In the Nuučaanuł worldview, it is unnatural, and equivalent to death and destruction, for any person to be isolated from family or community. Relationships are used as a way to strengthen community, through the sharing and observance of teachings. One learns how to behave, to be humble, to take teachings in and outside of family; they learn about their relationship with the

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<sup>1</sup> See [Appendix II](#) for a list of Vancouver Island First Nations

Creator "Naas," all of Nature and the Universe: the power of the ocean, the sun and the moon, all the animals of land and sea and sky.

#### Kwakwaka'wakw

- g) The Kwakwaka'wakw people, also referred to as the Kwak'wala speaking people, live on the Northern coastal area of Vancouver Island and on the coast of the mainland of British Columbia.
  - h) The languages of the Kwakwaka'wakw family are Kwak'wala, Tlatlasikwala, Gut'sa, Lik'wala, and 'Nak'wala. The languages hold a sacredness that is fundamental to identity and ways of being.
  - i) 'NAMWAYUT: WE ARE ALL ONE: The Kwakwaka'wakw people are a very complex and holistic people. Important ways of doing and being are embedded in relationships to each other, the land and how everything and everyone are connected. It is also important to know what village, tribe, family one comes from and what songs, dances, names each individual holds. Teachings are passed down from generation to generation through custom laws, each individual is responsible to share the knowledge they carry.
9. The First Nations in the Vancouver Island region have inherent responsibilities for their citizens regardless of residency, as well as other First Nations and other guests who reside in their ancestral homelands. Similarly, other Indigenous and non-Indigenous peoples who visit or reside in these homelands have a responsibility to respect and acknowledge the traditional territories, laws and customs of the Vancouver Island First Nations.
10. Vancouver Island First Nations have formed the Caucus which provides a forum for the governance and technical leads from the region's First Nations to come together at regular intervals to engage on key health and wellness issues through:
  - a) Sharing information and perspectives as it relates to the work of the First Nations health governance structure;
  - b) Providing guidance on regional health matters;
  - c) Developing, and monitoring progress of, a Regional Health and Wellness Plan ("RHWP");
  - d) Monitoring the progress of the regional Partnership Accord;
  - e) Providing direction and guidance to the Regional Table and Vancouver Island First Nations Health Council ("FNHC") Representatives; and
  - f) Contributing to political advocacy.
11. The Caucus is composed of three sub-regional cultural family caucuses – Coast Salish, Kwakwaka'wakw and Nuuchah-nulth. The three sub-regional cultural family caucuses each appoint one governance representative to serve in complementary roles as: a member of the FNHC; the Chair of the sub-regional cultural family caucus; a Co-Chair of the Caucus; and, a member of the Regional Table.
12. The Regional Table is the working extension of the Caucus and in addition to the three sub-regional cultural family governance representatives includes the three regional representatives from the First Nations Health Directors Association ("FNHDA"). Roles and responsibilities of the Regional Table include:
  - a) Develop and implement agreements and arrangements with Island Health;
  - b) Engage with key stakeholders, organizations and government agencies, as appropriate;
  - c) Collaborate with the FNHC, FNHDA, FNHA, and Island Health to implement the regional health and wellness plan;

- d) Carry out work directed by the Caucus; and
- e) Plan the engagement with First Nations in the region.

### First Nations Health Authority

13. FNHA is the first and only province-wide First Nations health authority in Canada and is one of four component entities of the First Nations health governance structure established by BC First Nations leadership, the other three entities being:
- a) The First Nations Health Council, which advocates for First Nations health and wellness priorities, supports health systems transformation and builds partnerships to make progress on the social determinants of health;
  - b) The First Nations Health Directors Association, composed of Health Directors and managers working in First Nations communities. Supports professional development for Health Directors and managers. Provides critical grassroots knowledge and technical advice to the FNHC and FNHA on research, policy, program planning and design as well as the implementation of the Health Plans; and
  - c) The Tripartite Committee on First Nations Health (“TCFNH”) is the forum for coordinating and aligning programming and planning efforts between the FNHA, BC Regional and Provincial Health Authorities, BC Ministry of Health and Health Canada partners.
14. FNHA’s Vision is “Healthy, self-determining, and vibrant BC First Nations children, families, and communities.” The FNHA is governed by a 9-member Board of Directors responsible for overseeing the mandate of the organization which is to:
- a) Plan, design, manage, deliver and fund the delivery of First Nations Health Programs in British Columbia;
  - b) Receive federal, provincial and other health funding for or to support the planning, design, management and delivery of First Nations Health Programs and to carry out other health and wellness related functions;
  - c) Collaborate with the BC Ministry of Health and BC Health Authorities to coordinate and integrate their respective health programs and services to achieve better health outcomes for First Nations in British Columbia;
  - d) Incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into the First Nations Health Programs, recognizing that these may be reflected differently in different regions of BC;
  - e) Be constituted with good governance, accountability, transparency and openness standards;
  - f) Establish standards for First Nations Health Programs that meet or exceed generally accepted standards;
  - g) Collect and maintain clinical information and patient records and develop protocols with the BC Ministry of Health and the BC Health Authorities for sharing of patient records and patient information, consistent with law;
  - h) Over time, modify and redesign health programs and services that replace Federal Health Programs through a collaborative and transparent process with BC First Nations to better meet health and wellness needs;
  - i) Design and implement mechanisms to engage BC First Nations with regard to community

interests and health care needs;

- j) Enhance collaboration among First Nations Health Providers and other health providers to address economies of scale service delivery issues to improve efficiencies and access to health care; and
  - k) Carry out research and policy development in the area of First Nations health and wellness.
15. The FNHA Vancouver Island Regional Office supports regional partnership development and provides technical support to Vancouver Island First Nations, including:
- a) Supports all regional efforts in communication, collaboration, engagement, planning, service delivery, and reporting;
  - b) Provides technical support for communicating regional First Nation issues, priorities, and successes;
  - c) Coordinates the alignment of and communication across Regional Caucuses, sub-Regional Caucuses, Regional Tables, and First Nations;
  - d) Provides technical support to the work of the Regional Caucus and Regional Table, and supports collaboration with regional FNHC and FNHDA representatives;
  - e) Facilitates the involvement of Island Health and other regional partners in regional First Nation health processes, plans, and priorities;
  - f) Provides technical leadership to the development of the Regional Health and Wellness Plan and regional health initiatives; and
  - g) Provides coordination supports for traditional and ceremonial work to ensure health systems transformation within the region is done in a culturally respectful way.
16. Since the creation of FNHA, regional offices continue to evolve in order to bring decision-making and service delivery closer to community, align with processes led by regional First Nations leadership, and develop integrated models of service including FNHA, communities and Regional Health Authorities. The FNHA Regional office strives to meet each Nation where they are at, and allow for adaptive and flexible responses to doing the work, leaving no Nation behind.
17. Along with the FNHC and FNHDA, the FNHA's work is guided by the 7 Directives established as standards by BC First Nations leadership:
- Directive #1: Community-Driven, Nation-Based
  - Directive #2: Increase First Nations' Decision-making and Control
  - Directive #3: Improve Services
  - Directive #4: Foster Meaningful Collaboration and Partnership
  - Directive #5: Develop Human and Economic Capacity
  - Directive #6: Be Without Prejudice to First Nations' Interests
  - Directive #7: Function at a High Operational Level

## Island Health

- 18. Island Health is responsible for delivering a full continuum of quality health services to meet the needs of the population of Vancouver Island.
- 19. Pursuant to the Transformative Change Accord: First Nations Health Plan (2006), the Province, including regional health authorities has responsibility for providing all aspects of health services to all residents of

British Columbia, including Status First Nations living on and off-reserve. It is with this responsibility that Island Health acknowledges the need to partner with First Nations in the region that it serves to support culturally safe and effective delivery of health services to them.

20. Island Health is governed by a provincial government-appointed Board that works with the executive team to establish Island Health’s vision, purpose and values and ensures patients receive the best care possible within an affordable, sustainable healthcare system. Island Health’s President/CEO has overall responsibility for delivery of health programs and services in the Vancouver Island Region in accordance with the Island Health Board’s strategic vision and the Ministry of Health’s Mandate Letters.
21. Island Health acknowledges that the delivery of quality health services to meet the needs of the population of Vancouver Island, including culturally safe and humble care for First Nations people, is an organization-wide responsibility and is committed to supporting its staff and medical staff to provide culturally safe and effective delivery of health services to First Nations people.
22. Island Health’s Indigenous Health portfolio collaborates with Indigenous partners and communities as well as Island Health leadership, staff, and medical staff to ensure that Indigenous peoples within the Island Health service region receive culturally appropriate and safe services to maintain and improve health outcomes. The Indigenous Health Program’s primary mandate is to build partnerships and services for Indigenous peoples and help shape Island Health’s services and policies.
23. In November 2011, Vision and Values for Island Health were established. Island Health’s vision is for “Excellent health and care for everyone, everywhere, every time”. With a purpose to provide superior health care through innovation, teaching and research and a commitment to quality and safety – creating healthier, stronger communities and a better quality of life for those we touch.
24. Island Health’s vision is reflected in the organization’s values – C.A.R.E.  

Courage:	to do the right thing- to change, innovate and grow.
Aspire:	to the highest degree of quality and safety.
Respect:	to value each individual and bring trust to every relationship.
Empathy:	to give the kind of care we would want for our loved ones.

## **IV. Guiding Principles**

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### Reciprocal Accountability

25. Reciprocal accountability is a way of working together that replaces vertical accountability with a more horizontal approach that emphasizes collaboration and collective action. Reciprocal Accountability builds relationships at each level of the health system – from political to service delivery – which focus on ways to accelerate improvement in First Nations health and wellness.
26. The outcome of reciprocal accountability enables a broad, enduring and evolving partnership focused on the integration and improvement of health and wellness services accessed by BC First Nations.
27. The actions of the Parties under this Accord will be based on reciprocal accountability:
  - a) The Parties will each deploy available assets, authorities, capacities and resources within their part of the health system to support the work under this Accord;
  - b) The Parties will support one another to uphold and enrich respective mandates;
  - c) The Parties will commit to being responsive, transparent, collaborative and diligent in advancing common priorities and striving for creative problem-solving as a means to overcome challenges;
  - d) The Parties will uphold individual and collective commitments under this Accord in a way that

keeps pace with the evolving environment and expectations of one another; and

- e) The Parties will communicate in a timely and effective manner about potential risks or impediments to the implementation of this Accord.
28. The Parties will undertake a process of continuous review, renewal and sharing of lessons learned in health care programs and services delivery and explore capacity development opportunities.
29. The Parties recognize that reciprocal accountability looks different at each level of the health system and requires adaptability in its application regionally, sub-regionally and locally.

### Anti-Racism, Reconciliation, Cultural Safety and Humility

30. The Parties adhere to the foundational work done in the areas of Anti-Racism (In Plain Sight: Addressing Indigenous Specific Racism and Discrimination in BC Healthcare, 2020) and Reconciliation (Truth and Reconciliation Report, 2015) and are committed to addressing the ongoing legacy of colonization and improving cultural safety and humility for Vancouver Island First Nations.
31. The Parties commit to ongoing improvement of services to ensure they are more culturally safe, as outlined in the Island Health Cultural Safety and Humility Declaration of Commitment (2015) and FNHA Anti-Racism, Cultural Safety & Humility Framework (2021).

## V. Implementing the Accord

32. The Parties will develop a Partnership Accord joint work plan by identifying shared strategic priorities based on priority areas directed by regional First Nations leadership through existing engagement pathways, and as articulated in the Regional Health and Wellness Plan.
33. The joint work plan will be co-developed to advance the implementation of commitments outlined under this Accord and will include, but not be limited to, objectives, actions, timelines, accountabilities and performance indicators.
34. As noted in Section VII (42), reporting on progress of the joint work plan will take place annually.
35. The joint work plan will be reviewed and updated as the RHWP is refreshed with revised regional priorities.
36. The joint work plan will be enriched by content of Vancouver Island First Nation community health and wellness plans.
37. The Parties will work in collaboration across respective organizational departments, as appropriate, including, but not limited to, the areas of policy and planning, health services, communication and public relations, information management, research and evaluation and knowledge exchange.
38. The Parties commit to coordinating community engagement activities and utilizing existing Regional Caucus engagement pathways as a basis for engaging with Vancouver Island First Nations.

## VI. Structure of the Relationship

### Partnership Accord Steering Committee

39. The Partnership Accord Steering Committee (PASC) will serve as a senior and influential forum for partnership, collaboration, and joint efforts on First Nations health priorities, policies, investments, programs and services in the Vancouver Island region. The PASC will:
- a) Oversee and direct the development, implementation and evaluation of this Accord and related work plan;



- b) Ensure the adoption of agreed First Nations' health priorities into Island Health organizational work plans;
- c) Provide a forum for the Partners to develop a mutual understanding of the problems, strengths and issues supporting a population health approach; and, understand each other's cultures, strategic priorities, ways of working, points of view, priorities, points of leverage and limitations;
- d) Monitor outcomes of population health approaches that are jointly implemented and evaluated with the Coast Salish, Kwakwaka'wakw and Nuu-chah-nulth Cultural Families to evaluate progress on closing the health disparity gap between First Nations people and non-Indigenous Vancouver Island residents.

### PASC Composition

40. The membership of the Partnership Accord Steering Committee will be described in the PASC terms of reference, and will include representation for the following areas:

- a) FNHC
  - i. Members of the Vancouver Island Regional Caucus who have been appointed as FNHC representatives for the Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw cultural families;
- b) FNHA
  - i. 2 senior executive positions consisting of the Chief Executive Officer and the Chief Operating Officer or a Vice President; and
  - ii. The Vice President, Regional Operations, Vancouver Island Region.
- c) Island Health
  - i. 3 Senior executive positions consisting of the Chief Executive Officer; the Vice President Medicine, Quality and Chief Medical Executive; and the Vice President of Indigenous Health, Diversity, Equity and Inclusion.
- d) Members of the First Nations Health Directors Association who have been appointed as representatives for the Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw cultural families, in a non-voting capacity;
- e) Ex-officio members as appointed by PASC;
- f) Senior staff of Island Health and the FNHA in a non-voting capacity, as appointed by PASC; and
- g) Island Health and FNHA leadership responsible for secretariat duties related to PASC, in a non-voting capacity.
- h) The PASC will meet two times per year to carry out objectives as listed in Section VI (39).
- i) Ad hoc PASC meetings may be called at the discretion of, and as agreed by the Parties.
- j) PASC meetings will coincide with Regional Caucus.

41. The CEO of the FNHA and the CEO of Island Health will appoint a joint Partnership Accord Executive Committee (PAEC) that will oversee the development of the joint work plan and provide senior level support for its implementation.

- a) The PAEC includes senior and executive leadership of the FNHA and Island Health.
- b) It also includes members of the First Nations Health Directors Association who have been

appointed as representatives for the Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw cultural families, in a non-voting capacity.

- c) Island Health and FNHA staff providing advisory and/or secretariat duties may attend, in a non-voting capacity.
- d) The PAEC provides regular operational oversight, problem-solving, and direction to the Partnership Accord work plan and oversees implementation of the direction provided by the PASC.
- e) Project specific working groups will be established as required.
- f) The PAEC provides recommendations to PASC related to the implementation of the PA and related work plan.

## **VII. Monitoring and Evaluation**

- 42. The Parties will uphold a strong commitment to monitoring and reporting on progress to Vancouver Island First Nations and each Party's governance structure. An annual report on progress against the Partnership Accord joint work plan will be prepared by the PASC and presented to the Caucus.
- 43. Island health, FNHA, and the Caucus will undertake evaluations related to the implementation of this Accord. These evaluations will align and contribute to the tripartite process for evaluation, reporting and storytelling.

## **VIII. Nature of the Accord**

- 44. Nothing in this Accord shall be construed so as to abrogate or derogate from the protection provided for existing First Nations or treaty rights of the First Nations people of Vancouver Island. Rather, this Vancouver Island Partnership Accord addresses the commitment to collaboration between the three parties.
- 45. Notwithstanding anything else to the contrary in the Accord, the Parties agree that this Accord is intended to be a general statement of goals but is not intended to create, and does not create, legally binding obligations on the parties, nor is it enforceable against either of the parties in any court of law or otherwise.

## **IX. Review and Amendment**

- 46. The Accord will be reviewed within a minimum of three (3) years from date of signing.
- 47. This Accord may be amended in writing signed by duly authorized representatives of each of the Parties.
- 48. An amendment to this Accord takes effect on a date agreed to by the Parties to the amendment, but if no date is agreed to, on the date that the last Party required to consent to the amendment gives its consent.
- 49. As a living document, this Accord may be amended as needed to maintain the validity of the document or to further develop/define the process (see Guiding Principles & Appendix I – Dispute Resolution).

# Vancouver Island Partnership Accord

Between:

Vancouver Island Regional Caucus

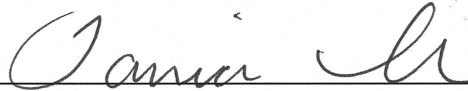
Island Health

First Nations Health Authority

## SIGNATURES

Vancouver Island Partnership Accord signed on April 28<sup>th</sup>, 2022

### For Vancouver Island Regional Caucus:



Tania Dick - Kwakwaka'wakw

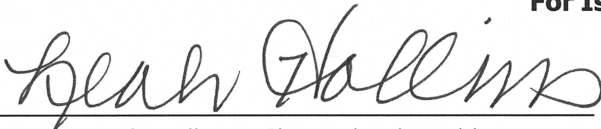


Les Doiron - Nuuchahnulth

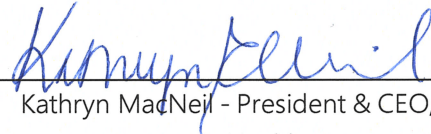


TELAXTEN (Paul Sam) - Coast Salish

### For Island Health:



Leah Hollins – Chair, Island Health  
Board of Directors



Kathryn MacNeil - President & CEO, Island  
Health

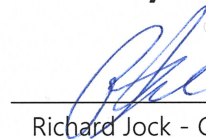


for Dawn Thomas - Vice President, Indigenous Health &  
Diversity, Equity and Inclusion

### For First Nations Health Authority:



Colleen Erickson - Chair, First Nations Health  
Authority Board of Directors



Richard Jock - CEO, First Nations Health Authority



Brennan MacDonald – Vice President, Regional  
Operations, Vancouver Island Region  
First Nations Health Authority



## **Appendix I - Dispute Resolution Process**

The Parties are committed to working collaboratively to develop harmonious working relationships and to prevent, or alternatively, to minimize disputes.

To that end, the Parties will:

- Establish clear lines of communication and articulate their expectations about the interpretation of this Agreement; and,
- Seek to address anticipated disputes in the most expeditious and cost-effective manner possible.

The Parties nevertheless acknowledge that disputes may arise and agree that they will strive to resolve any such disputes in a non-adversarial, collaborative and informal atmosphere.

If a dispute arises, the Parties to that dispute shall each nominate a representative who shall promptly and diligently make all reasonable, good faith efforts to resolve the dispute. Where a dispute is between fewer than all of the Parties, those Parties involved in the dispute will inform the other Party and may ask the other Party to assist them in attempting to resolve the dispute.

Nothing prevents the Parties, at any stage of a dispute, from agreeing to refer the dispute to mediation on such terms as they may agree. In the event that a dispute is referred to mediation, the Parties will share equally in the fees and expenses of the mediator and will otherwise bear their own costs of participation in the mediation.

All information exchanged during this dispute resolution process shall be regarded as confidential by the Parties and their representatives.

## Appendix II – Vancouver Island First Nation Communities

Coast Salish	Nuu-Chah-Nulth	Kwakwaka'wakw
1. Beecher Bay (Scia'new)	1. Ahousaht	1. Kwakiutl (Kwagu'l)
2. Cowichan Tribes	2. Ditidaht	2. Mamalilikulla (Mamalilikala)
3. Esquimalt	3. Ehattesaht	3. 'Namgis
4. Halalt	4. Hesquiaht	4. Tlowitsis (Lawit'sis)
5. Homalco	5. Hupacasath	5. Da'naxda'xw
6. Klahoose	6. Huu-ay-aht	6. Dzawada'enuxw
7. Lake Cowichan	7. Ka:'yu:'k't'h'/Che:k'tles7et'h'	7. Kwikwasut'inuxw Haxwa'mis
8. Lyackson	8. Mowachaht/Muchalaht	8. Gwawae'nuxw
9. Malahat	9. Nuchatlaht	9. Gwa'sala-'Nakwaxda'xw
10. Snaw-naw-as	10. Pacheedaht	10. Gwa't'sinuxw
11. Pauquachin	11. Tla-o-qui-aht	11. Tlat'lasikwala
12. Penelakut	12. Toquaht	12. Wei Wai Kum
13. Qualicum	13. Tseshaht	13. We Wai Kai
14. Snuneymuxw	14. Uchucklesaht	14. Kwixa
15. Songhees	15. YuułuꞀiꞀꞀath	15. K'omoks
16. Stz'uminus	Makah (Recognized as a Nuu-Chah-Nulth Nation, but not a member of the Family Caucus or Regional Caucus)	
17. T'Sou-ke		
18. Tsartlip		
19. Tsawout		
20. Tseycum		