



ANNEX I

See distribution list

MAY 09 2016

Dear Colleagues:

As you may be aware, on January 26, 2016, the Canadian Human Rights Tribunal ordered Indigenous and Northern Affairs Canada (INAC) to cease discriminatory practices in the provision of services under the First Nations Child and Family Services Program and take measures to redress and prevent it. The Tribunal also ordered the department to cease applying its narrow definition of Jordan's Principle and take measures to immediately implement the full meaning and scope of Jordan's Principle.

The Government of Canada accepts the Tribunal's decision and is committed to reforming the First Nations Child and Family Services Program and addressing the scope of Jordan's Principle to ensure First Nations children are not caught in jurisdictional disputes between federal departments and/or various levels of government in relation to payment for social and health services programming.

As a further step, this June INAC and Health Canada would like to initiate discussions with you and your representatives to assist us in setting the direction of the engagement process to reform the First Nations Child and Family Services Program, and in implementing Jordan's Principle within the health and social services context as described in the Tribunal's decision.

To this end, it would be helpful if you could please identify a lead official, and forward their contact information to Cassandra Lang, Director of Children and Families Directorate at Cassandra.Lang@aadnc-aandc.gc.ca and to Tracey Hazelwood, Senior Policy Analyst at Tracey.Hazelwood@hc-sc.gc.ca.

We look forward to your response and working collaboratively with you on this very important issue.

Sincerely,

Paula Isaak
Assistant Deputy Minister
Indigenous and Northern Affairs Canada

Sony Perron
Senior Assistant Deputy Minister
Health Canada



JUL 06 2016

See distribution list

Dear Colleagues:

Further to our correspondence of May 9, 2016, we would like to thank you for your responses and identification of a lead official to assist in the engagement process to reform the First Nations Child and Family Services Program and Jordan's Principle. We value your commitment to enhance services to First Nations children.

We are pleased to provide you with an update on Jordan's Principle and on the upcoming engagement process. You will find attached a news release that provides further details on the revised application of Jordan's Principle.

Please be aware that the Government will also engage with partners to reform its First Nations Child and Family Services Program and develop an effective long-term implementation plan for Jordan's Principle.

Over the coming months, Health Canada and Indigenous and Northern Affairs Canada will actively engage with provinces and Yukon Territory and First Nations to establish supports that would address gaps in health and social services for First Nation children on reserve with an ongoing disability or who have a discrete, short-term condition.

Regional and Headquarters Executives from both departments will organize follow-up calls with you in the near future to discuss next steps.

If you have not yet had the opportunity to name a lead official, we invite you to forward contact information to Cassandra Lang, Director of Children and Families Directorate, at Cassandra.Lang@aadnc-aadnc.gc.ca or Tracey Hazelwood, Senior Policy Analyst at Tracey.Hazelwood@hc-sc.gc.ca.

This engagement as well as future program reform is dependent on strong partnerships between provinces and Yukon Territory, First Nations, and the federal government.

Your collaboration as we move forward to address the important issue of enhancing services for First Nations children is appreciated.

Sincerely,

Paula Isaak
Assistant Deputy Minister
Education and Social Policy and Programs
Indigenous and Northern Affairs Canada

Sony Perron
Senior Assistant Deputy Minister
First Nations and Inuit Health
Health Canada

ATTACHMENT A

Joint Statement from the Minister of Health and the Minister of Indigenous and Northern Affairs on Responding to Jordan's Principle

July 5, 2016 - Ottawa, ON Health Canada / Indigenous and Northern Affairs Canada

OTTAWA – The Government of Canada has listened to the concerns raised by the Canadian Human Rights Tribunal and our First Nations partners regarding Jordan's Principle. There is no question – we believe children must receive the health care and social services they need, when they need them.

Today, we are responding to these concerns and announcing a new approach to implement Jordan's Principle. This approach will put the needs of children first and ensure that First Nations children living on-reserve receive the health and social services they need in a timely manner.

The Government of Canada has committed up to \$382 million in new funding to provide support to this new approach and broader definition of Jordan's Principle. This funding will be used to enhance service coordination and ensure service access resolution so that children's needs are assessed and responded to quickly.

Engagement is another important part of the new approach to Jordan's Principle. Both Health Canada and Indigenous and Northern Affairs Canada are actively engaging with First Nations, and jurisdictional partners to establish what supports are needed as well as to find ways to enhance service coordination and prevent delays in receiving health care and social services.

Together, we remain fully committed to meeting this vital goal of responding to the needs of First Nations children living on-reserve and honouring the true spirit of Jordan's Principle.

ATTACHMENT B

Fact Sheet: Jordan's Principle - Addressing the Needs of First Nations Children

The Government of Canada's new approach to Jordan's Principle is a child-first approach that addresses in a timely manner the needs of First Nations children living on reserve with a disability or a short-term condition. It ensures all children have access to the health and social services they need, when they need them. The Government of Canada has committed up to \$382 million in funding to this proactive response. Work is starting immediately and Indigenous and Northern Affairs Canada and Health Canada are already applying the broader definition.

The new approach to Jordan's Principle includes the following key components:

- Enhanced Service Coordination
- Service Access Resolution
- Engagement with First Nations and jurisdictional partners on a longer-term approach

Together, these will ensure that the federal government is positioned to meet the goal of immediately responding to the needs of First Nations children living on-reserve while also working to develop the capacity to proactively identify and manage the support and service needs of vulnerable children.

Enhanced Service Coordination

The Service Coordination function addresses critical gaps for First Nations children living on-reserve. It will address health and social service gaps not met by provinces or the Yukon Territory and improve case management functions of existing federal programs. It will also help to manage costs and support a more comprehensive approach to data collection.

How it will work

Health Canada will administer Funding Arrangements with First Nations organizations to hire a regional Service Coordinator that will:

- assess needs
- facilitate early intervention
- develop integrated care plans
- connect the child and family to needed services
- remove the stress of navigating service systems
- support families as they manage their needs
- involve Jordan's Principle focal points, as necessary, to expediently address immediate service gaps.



ATLANTIC FIRST NATIONS
HEALTH PARTNERSHIP



Public Health and Primary Care Committee Update

Health Directors Meeting

July 5-6, 2016



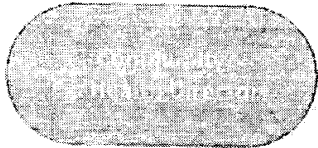
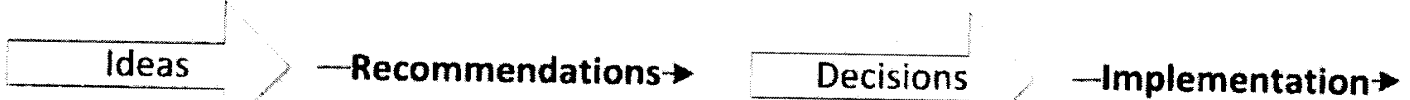
ATLANTIC FIRST NATIONS
HEALTH PARTNERSHIP

Atlantic First Nations Health Partnership: Process and Structures

July 2016

Partnership Purpose:
To improve the health and wellbeing of Atlantic First Nations through participation of First Nations in the planning, management, and delivery of programs and services funded or delivered by FNIHB Atlantic.

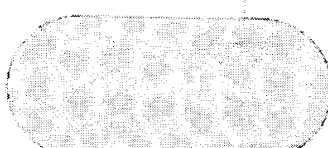
Partnership Scope:
- Allocate new contribution funding \$50K+
- Develop or influence plans and policies



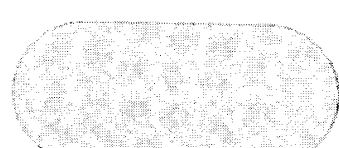
- UNBI Buctouche
- UNBI Matlawanti
- UNBI Eel Ground
- UNBI Eel River Bar
- UNBI Fort Folly
- UNBI Indian Island
- UNBI Kingsclear
- UNBI Oromocto
- UNBI Pabineau
- UNBI Melepenagiag
- UNBI St. Mary's
- UNBI Woodstock
- UNBI Elsipogtog
- MAWIW Esgenoopetitj
- MAWIW Tobique
- MAWIW Acadia
- MAWIW Potlotek
- MAWIW Eskasoni
- UNSI Membertou
- UNSI Wagmatcook
- UNSI Waycobah
- UNSI Annapolis Valley
- UNSI Paqtnkek
- CMM Sipekne'katik
- CMM Bear River
- CMM Glooscap
- CMM Millbrook
- MCPEI Pictou Landing
- MCPEI Abegweit
- MCPEI Lennox Island
- Lab. FNs Miawpukek
- Lab. FNs Sheshatshiu



- Mental Wellness**
- Committee Voting Members:**
UNBI - Shelly Trami
MAWIW - Laurie Nicholas
UNSI - Sally Johnson
CMM - Jyllian Cress
MCPEI - Tammy Arsenault
Lab. FNs - Jack Penashue
"Partnership" Chiefs - Chief C. Paul
FNIHB - Patrick Small Legs-Nagge (CC)
- Non-Insured Health Benefits**
- Committee Voting Members:**
UNBI - Peter Birney
MAWIW - Amy Schofield-Morris
UNSI - Sally Johnson (CC)
CMM - Lorraine Etter
MCPEI - Michelle McClean
Lab. FNs - Mary Pia Benuen
"Partnership" Chiefs - Ross Perley
FNIHB - Rachel McDearmid (CC)
- Public Health & Primary Care**
- Committee Voting Members:**
UNBI - Marie Levi
MAWIW - Eva Sock
UNSI - Bev Madill
CMM - Jyllian Cress (CC)
MCPEI - Roseanne Sark
Lab. FNs - Vacant
"Partnership" Chiefs - Chief Ramjattan



- "Partnership" Voting Members:**
UNBI - Chief Candara Paul
MAWIW - Chief Ross Perley
CMM - Chief Andrea Paul
MCPEI - Chief Matilda Ramjattan
Lab. FNs - Chief Eugene Hart
FNIHB - Debra Keays-White
- "Partnership" Non-Voting Members:**
AFN Regional Vice Chiefs (2)
Vice Chief Morely Googoo (NS-NL)
& Vice Chief Roger Augustine (NB-PEI)
APC Co-Chairs (2)
Chief Bob Gloade &
Chief George Ginnish
Indigenous & Northern Affairs Canada
Chris McDevell or Rory O'Connor
Partnership Committees Co-Chairs (6)
Note CC designation in left column
Elders (2)
Christine Gabriel & Doreen Jenkins
- "Partnership" Observers:**
PTO Health Technicians (6)
UNBI Peter Birney, MAWIW Laurie Nicholas, MCPEI Roseanne Sark, UNSI Sally Johnson, CMM Jyllian Cress, Lab. FNs Jack Penashue
Atl. Health Directors Co-Chairs (2):
Mi'kmaq Maliseet Atl. Youth Council
Grand Chief



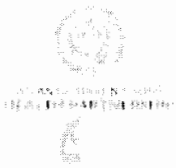
- Allocating FNIHB Contribution Funding to FNs
- Taking action on Chiefs Health Priorities
- Joint development of new Strategies
- Joint development of Regional Policies
- Raising Regional Needs at National Level

Approved Health Partnership Items for 2016-17

	HP Proposed Items for 2016-17	Funding Approved at May 1
1. Healthy Child Development		
a.	Autism Support Training (AHSOR)	40,000
b.	Handwriting Without Tears (AHSOR)	20,000
c.	Seeds of Empathy Program (AHSOR)	20,000
d.	Professional Development and Networking session (AHSOR)	75,000
e.	Development of video vignettes of community success regarding children and youth engagement in the health program (AHSOR)	40,000
f.	Identify the health services available and gaps for Atlantic First Nation special needs children (AHSOR)	40,000
g.	Promote, Protect and Support Breastfeeding (MCH)	20,000
h.	Aboriginal Parenting Program (MCH)	30,000
i.	Training Session for 120 community based staff in Healthy Child Development Programs (CPNP, MCH, FASD, COHI, AHSOR)	75,000
j.	Adaptation and Training on a brief intervention and screening tool to assess for substance use during pregnancy (FASD)	45,000
*	FASD program Funding for 9 Additional FNs (ongoing)	93,000
Total Healthy Child Development		498,000
2. Healthy Living/Aboriginal Diabetes Initiative		
a.	Food Security Projects and Initiatives (ADI)	87,500
b.	Physical Activity Projects and Initiatives (ADI)	87,500
c.	CDPM Certified Training to community based workers (ADI)	100,000
d.	Development of an exercise in pregnancy resource/tool kit (ADI)	25,000
e.	Diabetes Self-Management Journey (ADI)	100,000
f.	CDPM/ADI Education workshop for community health workers	65,000
Total Healthy Living/ADI		465,000
3. Community Health Nursing		
a.	Annual Nursing Prof Dev and Networking Session (CHPI/IP)	80,000
b.	NSAT Training (CHPI/IP)	18,000
c.	Nursing Policy Project Updates (CHPI/IP)	35,000
Total Community Health Nursing		133,000

	HP Proposed Items for 2016-17	Funding Approved at May 1
4. Primary Care/Home & Community Care		
a.	Mental Health First Aid for CHN's (HCC)	45,000
b.	Mental Health First Aid for CCA's (HCC)	45,000
c.	Certified Foot Care Training (HCC)	25,000
d.	Chronic Disease Self-Management for HCN's (HCC)	50,000
e.	Elder Care Working Group (HCC)	10,000
f.	ADI/CDPM Education Workshop (HCC)	35,000
Total Primary Care/HCC		210,000
5. Communicable Disease Control		
a.	First Nations submit funding proposals to support community level projects that meet community needs and fall within the program	372,634
	Blood Borne Disease & Sexually Transmitted Infection (\$115,000);	
	Infection Prevention & Control (\$28,000);	
	Respiratory Infection (\$10,000);	
	Vaccine Preventable Disease (\$108,000); and	
	Communicable Disease Emergencies (\$50,000).	
b.	CDC "101" Capacity Building with community health nurses and health directors (NS in 2016-17, NB in 2017-18) (\$50,000)	
Total CDC		372,634
Total PHPC Committee		1,678,634

1,217,000



2016-17 PH&PCC Work Plan - Desired Results

1. FNs engagement in FNIHB Atlantic's individual Program Work Plans
2. Communication and collaboration among Partnership Committees
3. Report on the status of FNIHB-AANDC collaboration on emergency planning
4. Planned roll out of national Chronic Disease Prevention & Management Framework and the ADI Strategic Plan
5. Strengthened implementation and progress tracking on the Child & Youth Strategic Action Plan
6. FN awareness of the FN&I Home and Community Care – 10 year Plan
7. FNs supported with the Infection Prevention and Control Cleaning Practice Modules for Health Facilities.
8. First Nation engagement on the potential use of accredited labs for bacteria testing of drinking water
9. Strengthened engagement with FNs and Provs as it relates to PH&PC Programs
10. Enhanced awareness of harm reduction activities in Atlantic FNs
11. Awareness of the TRC Calls to Action related to Public Health and Primary Care
12. Enhanced youth involvement in the planning of health programs
13. Performance measurement framework for Healthy Child programs – starting with FASD Program
14. Understanding health service gaps facing FN children with disabilities
15. Tools for FN health workers to build skills and knowledge to meet core public health competencies
- 16-20. Recommended regional FNs capacity development investments and other regional initiatives in Public Health & Primary Care.



New Developments in Jordan's Principle

- The federal approach to Jordan's Principle is changing and details are being worked out regarding the implementation of the new approach.
- In the meantime, if you have a First Nation child in your community that has a disability or a discrete condition that requires services or supports that cannot be addressed within existing authorities, regional focal points will work with partners to help find a resolution.
- To reach a federal JP Focal Point in the Atlantic Region, please call and you will be connected:
 - For FNIHB call (902) 426-6201 or 1-866-225-0709
 - For INAC call (902) 661-6346 or (902) 661-6204 or 1-800-567-9604



Health Director Ideas for PHPC Committee in 2017-18

- Build on last year's process
 - PHPC solicited ideas at October 2015 HD meeting
 - Response to ideas shared at February 2016 HD meeting
 - Start soliciting ideas earlier this year – HDs are start of cycle
- Process
 - Review last year's ideas
 - Add new ideas with post-it notes
 - Use dots to vote for the idea(s) that are most important to you
- Ideas can relate to:
 - Capacity/project type funding proposals that PHPC would recommend to the Health Partnership
 - Work Plan ideas for the Committee



Questions/Comments/Ideas

First Nations Co-Chair	Name: [REDACTED] Email: [REDACTED]
FNIHB Co-Chair	Name: [REDACTED] Email: [REDACTED]
Confederacy of Mainland Mi'kmaq (CMM)	Name: [REDACTED] Email: [REDACTED]
MAWIW	Name: [REDACTED] Email: [REDACTED]
Mi'kmaq Confederacy of PEI (MCPEI)	Name: [REDACTED] Email: [REDACTED]
Newfoundland	Name: Email:
Labrador	Name: Email:
Union of New Brunswick Indians (UNBI)	Name: [REDACTED] Email: [REDACTED]
Union of Nova Scotia Indians (UNSI)	Name: [REDACTED] Email: [REDACTED]
Chiefs of the Atlantic First Nations Health Partnership	Name: [REDACTED] Email: [REDACTED]

APC Regional Health Directors Meeting
Crowne Plaza - Moncton
2016-07-05-06



VOTING MEMBERS

PRESENT		REGRETS	
Abegweit Health Center	[REDACTED]	Acadia Health Center	[REDACTED]
Annapolis Valley Health Center	[REDACTED]	Bouctouche	[REDACTED]
Bear River Health Center	[REDACTED]	Esgenoopetitj	[REDACTED]
Eel Ground Health Center	[REDACTED]	Fort Folly Health Center	[REDACTED]
Eel River Bar Health Center	[REDACTED]	Indian Island Health Center	[REDACTED]
Elsipogtog Health Center	[REDACTED]	Kingsclear Health Center	[REDACTED]
Eskasoni Health Center	[REDACTED]	Lennox Island Health Center	[REDACTED]
Glooscap Health Center	[REDACTED]	Listuguj Health Center	[REDACTED]
Membertou Health Center	[REDACTED]	Madawaska Health Center	[REDACTED]
Metepenagiag Health Center	[REDACTED]	Micmac Nation of Gaspé	[REDACTED]
Miawpukek Health Center	[REDACTED]	Mushuau Innu Health Center	[REDACTED]
Micmac Nation of Gespegiag	[REDACTED]	Pabineau Health Center	[REDACTED]
Millbrook Health Center	[REDACTED]	Sheshatshiu Innu Health Centre	[REDACTED]
Oromocto Health Center	[REDACTED]		
Paqtnkek Health Center	[REDACTED]		
Pictou Landing Health Center	[REDACTED]		
Potlotek Health Center	[REDACTED]		
Sipekne'katik Health Center	[REDACTED]		
St. Mary's Health Center	[REDACTED]		
Tobique Health Center	[REDACTED]		
Wagmatcook Health Center	[REDACTED]		
Waycobah Health Center	[REDACTED]		
Woodstock Health Center	[REDACTED]		

NON-VOTING MEMBERS

PRESENT		REGRETS	
HEALTH TECHS			
CMM	[REDACTED]	Labrador	[REDACTED]
MAWIW	[REDACTED]		
MCPEI	[REDACTED]		
UNBI	[REDACTED]		
UNSI	[REDACTED]		
COMMITTEE CO-CHAIRS			
PHPC Co-Chair	[REDACTED]	St. Mary's First Nation (HP Co-Chair)	[REDACTED]
NIHB Committee Co-Chair	[REDACTED]	MW Committee Co-Chair	[REDACTED]
TREATMENT CENTRE LEADS			
Rising Sun Treatment Centre	[REDACTED]	NADACA	[REDACTED]
Mi'kmaw Lodge Treatment Centre	[REDACTED]	Eagle's Nest Recovery House	[REDACTED]
Wolastoqewiyik Treatment Centre	[REDACTED]	Lone Eagle Treatment Centre	[REDACTED]
		Charles J Andrew Treatment Centre	[REDACTED]
SECRETARIAT SUPPORT		GUESTS AND PRESENTERS	
APC	[REDACTED]	Presenter	[REDACTED]
APC	[REDACTED]	Presenter	[REDACTED]
APC	[REDACTED]	FNIHB	[REDACTED]
APC	[REDACTED]	FNIHB (PHPC Co-Chair)	[REDACTED]
APC	[REDACTED]	FNIHB (NIHB Co-Chair)	[REDACTED]
		FNIHB (MW Co-Chair)	[REDACTED]
		FNIHB	[REDACTED]
		FNIHB	[REDACTED]
		Presenter	[REDACTED]
		Presenter	[REDACTED]

DRAFT MINUTES

AGENDA ITEM	NOTES	ACTION ITEMS
<p>Welcome, Opening Prayer</p> <p>██████████ ██████████</p>	<p>Vanessa Nevin welcomed the group to the meeting. ██████████ ██████████ provided an opening prayer.</p>	
<p>1. Review and Approval of Agenda</p> <p>██████████</p>	<p>The draft agenda was reviewed by the assembled Health Directors. It was noted ██████████ was unable to make this meeting and so ██████████ would Chair this meeting. It was also noted that AFN Vice ██████████ was unable to make this meeting, though he would be able to commit to the October meeting.</p> <p>The agenda was amended to accommodate these considerations.</p> <p>MOTION ██████████ moved to accept the agenda SECONDED ██████████ seconded the motion IN FAVOUR All OPPOSED None DECISION The agenda was accepted.</p>	<p>ACTION ITEM 1a: ██████████ to distribute information regarding the AFN-NIHB Review engagement sessions via email.</p>
<p>2. Review and Approval of Previous Minutes</p> <p>██████████</p>	<p>The action items of the February 2016 Health Director's meeting were reviewed.</p> <p>REVIEW AND APPROVAL OF AGENDA</p> <p>2a ██████████ to request a presentation from AANDC on Assisted Living for the next Health Directors' meeting.</p> <p style="text-align: center;">COMPLETED</p> <p>2b APC (██████████) to draft a letter to FNIHB from the APC Co-Chairs (██████████) advocating for wage parity, particularly in terms of certifications, for Treatment Centre</p>	<p>ACTION ITEM 2a: ██████████ to continue with action item 2b regarding "Wage Parity" from the February 2016 Health Directors</p>

AGENDA ITEM	NOTES	ACTION ITEMS
	<p>workers. [REDACTED] will Cc the National First Nations Health Technicians Network when this letter is sent.</p> <p>IN PROGRESS</p> <p>DRAFT HEALTH DIRECTORS TERMS OF REFERENCE</p> <p>4a [REDACTED] to re-draft the conflict management section of the Terms of Reference, minding the Health Directors' input for less restrictive language, and re-distribute for approval.</p> <p>IN PROGRESS</p> <p>APC HEALTH DEPARTMENT UPDATE</p> <p>5a APC to request for the June Health Directors Meeting a presentation from INAC on their priorities around the Social Determinants of Health.</p> <p>COMPLETED</p> <p>5b APC to request for the June Health Directors Meeting a presentation from Regional Chief [REDACTED] on the Truth and Reconciliation Commission's Calls to Action that relate to Health Care.</p> <p>COMPLETED</p> <p>5c APC to investigate holding the MMAYC/Health Conference during the October Reading Week of 2016.</p> <p>COMPLETED</p> <p>5d Jarvis Googoo to raise the lack of First Nations representation on the New Brunswick Heart and Stroke Foundation at his next NS/PEI Board meeting.</p> <p>COMPLETED</p> <p>5e Thomas Hill to recirculate the FNIHB org-chart, contact list, and committee representation documents.</p> <p>COMPLETED</p> <p>5f APC [REDACTED] to investigate who represents the Atlantic on national committees and circulate the lists and updates to the Health Directors/ Health Techs.</p> <p>IN PROGRESS</p>	<p>Meeting noting this item is dealing with two separate matters: Wage Parity for Treatment Centre workers, and recognition of accreditation of Health Managers.</p>

AGENDA ITEM	NOTES	ACTION ITEMS
	<p>FNIHB PARTNERSHIP FACILITATION DIRECTORATE</p> <p>7a [REDACTED] to provide via APC clarification to the Health Directors on how to ensure transparency and confidentiality as the community focus teams engage in their work. IN PROGRESS</p> <p>7b With the help of APC, [REDACTED] to seek proper First Nations Health Director/Treatment Centre Lead participation on the Community Focus Teams Oversight Committee, clearly outlining the obligations of membership on this committee. IN PROGRESS</p> <p>7c [REDACTED] to take the Health Directors' suggestion for a newsletter rolling up and summarizing results back to the office for consideration. COMPLETED</p> <p>NIHB COMMITTEE UPDATE</p> <p>8a [REDACTED] to ask if Family Violence funding can be extended into April. COMPLETED</p> <p>8b [REDACTED] to check on the time line for the Family Violence support funding to get distributed. COMPLETED</p> <p>PHPC COMMITTEE UPDATE</p> <p>11a Health Partnership Coordinator to circulate [REDACTED] [REDACTED]'s notes to the Health Directors and Health Techs. COMPLETED</p> <p>MOTION [REDACTED] moves to accept the minutes as presented</p> <p>SECONDED [REDACTED] seconds the motion</p> <p>IN FAVOUR All</p> <p>OPPOSED None</p>	<p>ACTION ITEM 2a: APC to seek clarification on the particular engagement referenced in the FNIHB response to ACTION ITEM 8a: [REDACTED] spoke to each health technician re their funding and we confirmed time lines for the [REDACTED] we did with each tribal council."</p>

AGENDA ITEM	NOTES	ACTION ITEMS
	<p>DECISION The minutes were accepted.</p>	
<p>3. Review of “Renewing the Atlantic Chiefs’ Health Priority Setting 2016 Summary Report”</p> <p>Horizons</p>	<p>Horizons consulting presented on the work they have done toward renewing the Atlantic Chiefs’ priorities on Health.</p> <p>The assembled Health Directors provided feedback noting this work should be aware of articles 22 to 24 of the UN Declaration of the Rights of indigenous Peoples, the social determinants of health, and a deficit of input from traditional knowledge keepers.</p> <p>They also cautioned awareness of the difference between “generational” and “inter-generational” trauma.</p> <p>The Health Directors also heavily emphasized the need for an authentic partnership with other stake-holders as well as the need to have First Nations culture as the foundation from which these priorities are built.</p> <p>The Health Directors also noted their strong relationships with Provincial partners and advocated for their inclusion as a factor when developing new priorities.</p>	<p>ACTION ITEM 3a: Horizons to develop the Health Directors feedback into a one-page summary to be given to the Health Partnership in August, 2016.</p>
BREAK		
<p>4. Nomination of Health Director Co-Chair and Selection</p> <p>Vanessa Nevin</p>	<p>██████████ volunteered to take on the vacant Health Director Co-Chair position. She was accepted by acclamation and will join ██████████ (Sheshatshiu Innu First Nation) as the Co-Chair for the Health Directors meetings.</p>	
<p>5. APC Director of Health Update</p> <p>Vanessa Nevin</p>	<p>██████████ led the group through her Department Update including information on</p> <ul style="list-style-type: none"> • The most recent Health Partnership Meeting Newfoundland. • Increasing First Nations Control Models • Aboriginal Health and Human Resources Initiative 	<p>ACTION ITEM 5a: ██████████ /APC to negotiate with FNIHB to ensure Future cash-flow funding is consistently available for mid-June Health Directors’ Meetings.</p>

AGENDA ITEM	NOTES	ACTION ITEMS
	<p>(AHHRI)</p> <ul style="list-style-type: none"> • Mental Health and Addictions • Health Conference • APC Multi-Year Health Plan • The TRC Calls to Action • IRS Cultural Support Sessions • Elder Care Working Group • Mi'kmaq Maliseet Atlantic Youth Council (MMAYC) as well as the MMAYC Conference • Staffing at APC. <p>██████████ volunteered to take over ██████████ vacating position on the First Nations Control Models Working Group.</p> <p>██████████ volunteered to sit on the Health Conference Planning Committee</p> <p>The Health Directors suggested "Our Innovations in Health; Celebrating our Successes" as a theme for the 2016 Health Conference.</p>	<p>ACTION ITEM 5b: APC to send out to the Health Directors a listing of Mental Health and Addictions Working Group Membership.</p>
<p>6. New Mental Wellness Funding</p> <p><i>Patrick Small Legs-Nagge</i></p>	<p>██████████ presented on the recent National announcement regarding new Mental Wellness Funding. This funding includes existing Mental Health Crisis Response Teams, 32 possible new Mental Wellness Teams, Capacity Building/Training and Support for Crisis Hot-Lines.</p> <p>There were good conversations clarifying the funding and how it would be allocated.</p> <p>It was noted there will be a planning committee that will help to develop these new mental wellness teams.</p>	
<p>7. PHPC Committee Update</p>	<p>██████████ and ██████████ presented the Public Health</p>	

AY 2

AGENDA ITEM	NOTES	ACTION ITEMS
<p>██████████ ██████████ ██████████</p>	<p>and Primary Care Committee's report to the Health Directors. The Health Directors were also polled for input on training priorities for the coming year based on the initial brainstorming received during the October 2015 Health Directors' Meeting.</p> <p>This presentation also included an update on the policies around safe drinking water for First Nations from ██████████ ██████████</p>	
<p>8. Mental Wellness Committee Update ██████████</p>	<p>██████████ reintroduced the subject of the new Mental Wellness Team funding and fielded comments and questions on the presentation from day 1.</p> <p>There were good discussions that advocated for inclusive planning with existing initiatives that also address mental wellness priorities, including national initiative like Access Open Minds.</p> <p>The assembled Health Directors expressed their intention to meet provincially to help derive feedback on this item.</p>	<p>ACTION ITEM 9a: FNIHB to send to the Health Directors the synopses on the eleven Mental Wellness Teams created for the meeting in Whitehorse at the end of April 2016.</p> <p>ACTION ITEM 9b: ██████████ and ██████████ to develop summary/guideline information to assist the Health Directors in developing feedback on the implementation of the new Mental Wellness Team Funding.</p> <p>ACTION ITEM 9c: Health Directors to forward feedback on the process for implementing the new Mental Wellness Team Funding to ██████████ ██████████ ██████████ and ██████████ within two weeks.</p> <p>ACTION ITEM 9d: APC to work with</p>

AGENDA ITEM	NOTES	ACTION ITEMS
		<p>the Health Directors to help facilitate provincial meetings as necessary.</p> <p>ACTION ITEM 9e: Health Directors to review the two scenarios outlined on pages 9 and 10 of the Thunder Bird Partnership's proposal and forward their input to FNIHB by July 14th, 2016.</p>
BREAK		
<p>9. Mental Health and Addictions Strategy Implementation</p> <p><i>Janet Rhymes</i></p>	<p>██████████ presented the update on the Mental Health and Addictions Strategy Implementation. This presentation largely revolved around the status and work of the Mental Wellness Working Groups, specifically the capacity and training working group.</p> <p>It was noted the Working groups, who had been postponed due to lack of available funding, can now be scheduled.</p> <p>The Health Directors noted the importance of scheduling the training sessions at times when treatment centre workers are able to attend, and not in the middle of a treatment cycle.</p>	<p>ACTION ITEM 10a: APC to work with ██████████ and the Health Directors/Treatment Centre Leads to reschedule the meetings for the four Mental Wellness Working Groups now that funding has been secured.</p> <p>ACTION ITEM 10b: Health Directors and Treatment Centre Leads to send feedback on the Thunderbird Partnership Training Schedule to ██████████ and ██████████</p>
<p>10. NIHB Committee Update</p> <p><i>Sally Johnson</i> <i>Rachel McDearmid</i></p>	<p>██████████ and ██████████ updated the Health Directors on the recent work by the NIHB committee. This item also included an update on the AFN-NIHB Joint review.</p>	
LUNCH		
<p>11. Disabilities Update</p> <p><i>Wendell Nicholas</i></p>	<p>██████████ presented on the current approaches to assisting First Nations with disabilities, the connection disabilities have toward Mental Wellne</p>	

AGENDA ITEM	NOTES	ACTION ITEMS
	<p>He established the difficulty dealing with chronic conditions and that prevention is key. He noted disabilities occur within First Nations communities at twice the rate of the Canadian average.</p> <p>██████████ to hold talking circles in the fall of 2016 and to find funding to bring one person with a disability to the APC Health conference in November 2016.</p>	
<p>12. Strength in Numbers</p> <p>Elaine Alison</p>	<p>██████████ presented on the Strength in Numbers project detailing the project's inception with the Cape Breton communities and its subsequent expansion into the remaining Nova Scotia communities.</p> <p>The presentation explained the need for and benefits of strong project governance, especially with projects that cross jurisdictions (such as between First Nations and/or the provincial government).</p>	
<p>13. Health Status Report</p> <p>Glenda Rosborough</p>	<p>██████████ presented on the Atlantic First Nations Health Status Report. She detailed the background, its evolution, and some of its contents. She noted FNIHB's intention to update the Health Status Reporting Framework and Indicators to make it more useful to First Nations. FNIHB would also like to explore a way to increase collaboration with First Nations in the drafting of this report through a facilitated engagement session in the fall of 2016.</p> <p>██████████ noted any Health Directors interested in attending this session are welcome and FNIHB can fund their travel.</p> <p>██████████ also acknowledged the request to have the Health Status Report brought to the Health Partnership before being released.</p>	<p>ACTION ITEM 13a: ██████████ ██████████ to investigate the ability to correct typos in the Health Status Report.</p> <p>ACTION ITEM 13b: ██████████ ██████████ to send a call to the Health Partnership, Committees and Health Directors to forward the names of any First Nations photographers to FNIHB so that more Atlantic-specific photos can be used in the production of the Health Status Report.</p>

AGENDA ITEM	NOTES	ACTION ITEMS
BREAK		
<p>14. INAC Social Determinants of Health</p> <p>Rory O'Connor</p>	<p>[REDACTED] presented to the Health Directors on INAC's approach to addressing the social determinants of health via specific programs, (Housing and Infrastructure; Social Development; Educations; Economic Development) as well as the Integrated Community Approach which includes identifying best practices in doing business, such as partnerships with other departments like Health Canada and Economic and Social Development Canada.</p> <p>This presentation also touched on Jordan's Principle.</p> <p>The Health Directors advised that INAC and Health Canada plan to integrate the RHS/IRS workers from the sun-setting (in 2018) IRS programs into the Family Violence prevention programs, as these workers have spent many years building a great deal of capacity and healthy, productive relationships with the communities they serve.</p> <p>The Health Directors were advised to contact [REDACTED] Manager, Strategic Policy and Planning with INAC (Atlantic Region) should they have questions regarding Jordan's Principle or the Resolution Support process.</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	
<p>15. INAC Assisted Living</p> <p>Bentley [REDACTED]</p>	<p>[REDACTED] phoned in from Ottawa to present an overview on the INAC Assisted Living program. He listed the Key Components, examples of Current Challenges and INAC's plans towards improving the Assisted Living Program.</p>	

AGENDA ITEM	NOTES	ACTION ITEMS
	<p>It was clarified that the funding for this program came from the Region who should be contacted for any questions regarding how the funding flows and what happens to unspent funds. Joe Behar was also noted as the best person to speak to regarding these items.</p> <p>It was also clarified that the proposal process for projects are solicited regionally, acknowledging the regional office's evaluation of project merit. Projects then move to the National office for final review.</p>	<p>ACTION ITEM 15a: Health Partnership Coordinator to email [REDACTED] contact information to the Health Directors.</p>
Closing	Roseanne Sark closed the meeting with a prayer.	

HEALTH PARTNERSHIP MEETING TIMELINE (2016-17)

NOTE: Partnership Policy Group meetings occur 4 weeks after a Cycle ends to discuss improvements to the process.

		MEETING	DATE
MEETING CYCLE 1	HALIFAX	Health Directors*	Feb. 10 & 11, 2016
		Public Health & Primary Care Committee	May 4 & 5, 2016
		Mental Wellness Committee	May 11 & 12, 2016
		Non-Insured Health Benefits Committee	May 18 & 19, 2016
		First Nations Caucus (In Miawpukek)	June 7, 2016 (6:00 pm)
		Health Partnership (In Miawpukek)	June 8 & 9, 2016
		Committee Coordination Group Meeting (In Gander)	June 10, 2016 (10 am)
MEETING CYCLE 2	HALIFAX	Health Directors*	July 5 & 6, 2016
		Public Health & Primary Care Committee	Aug 31 & Sept 1, 2016
		Mental Wellness Committee	Sept 7 & 8, 2016
		Non-Insured Health Benefits Committee	Sept 14 & 15, 2016
		First Nations Caucus	Sept 20, 2016 (1 pm)
		Health Partnership	Sept 21 & 22, 2016
		Committee Coordination Group Meeting	Oct 5, 2016 (10 am)
MEETING CYCLE 3	MONCTON	Health Directors*	Oct 26 & 27, 2016
		Public Health & Primary Care Committee	Nov 30 & Dec 1, 2016
		Mental Wellness Committee	Dec 7 & 8, 2016
		Non-Insured Health Benefits Committee	Jan 4 & 5, 2016
		First Nations Caucus	Jan 17, 2017 (1 pm)
		Health Partnership	Jan 18 & 19, 2017
		Committee Coordination Group Meeting	Jan 25, 2017 (10 am)

* Health Directors meetings are always located in Moncton.

10

**Atlantic All Chiefs Meeting- Health Update on July 7, 2016
Notes and Items for Follow Up/Action by FNIHB**

FNIHB Staff in Attendance:

[REDACTED]

[REDACTED]

Items Included in Health Update:

1. FNIHB Operational Plan Update- presented by [REDACTED]
2. Mental Wellness Update- presented by [REDACTED]
3. Water Testing- presented by [REDACTED]
4. FN Control Models Update- presented by [REDACTED] (on behalf of Chief [REDACTED] and [REDACTED]).

Notes:

1. FNIHB Operational Plan Update

[REDACTED] gave an update on FNIHB Atlantic's operational plan and highlights for 2016-17. At the end of the presentation [REDACTED] gave an update on the new approach to JP (supported by \$382K in national funding which was announced on the evening of July 5th). No comments or questions were raised about JP.

[REDACTED] (Eskasoni) provided some commentary on the state of mental health and addictions among FN in the Atlantic. He referred to recent instances where Eskasoni had provided assistance to other communities in crisis at Eskasoni's cost. [REDACTED] then asked if the new funds would finally support crisis services that Eskasoni had long been paying for on its own. [REDACTED] indicated that [REDACTED] would provide more information on the new funds as part of his presentation.

[REDACTED] (Eel River Bar) raised an issue he was asked to bring to [REDACTED] attention. Dentists are refusing to provide services to FN clients due to the length of time it takes for them to be paid by NIHB. [REDACTED] noted that the issue has been previously raised and the Health Partnership's NIHB Committee is aware of it. He also noted it was an issue for FN across the country and that it would be looked at more closely as part of the National Joint Review process that is underway.

[REDACTED] then expressed her frustration with how long the issue has been going on. She asked that it be expedited for resolution. [REDACTED] thanked [REDACTED] and [REDACTED] for bringing the issue to FNIHB Atlantic's attention again and committed to raising it with [REDACTED] and the FNIHB Atlantic Director of NIHB. [REDACTED] closed the conversation by commenting that Chiefs should bring the issue directly to the attention of the Prime Minister.

2. Mental Wellness Update

█████ gave a presentation on the Mental Wellness Committee's progress towards implementation of the regional strategic action plan and plans for 2016-17. Then he shared information on the new interim mental wellness funds as well as a summary of next steps (as per input received at the June 24th special Health Partnership + Mental Wellness Committee meeting and at the July 5-6th HDs meeting).

No questions were raised, however in regards to █████ comments on the state of mental health and addictions among Atlantic FN █████ mentioned that he and the Chief of Cross Lake were planning to table a resolution at the AFN's upcoming Annual General Assembly (July 12-14th).

3. Water Testing

█████ gave a presentation on drinking water (deck entitled "*First Nations Quality Monitoring of Drinking Water in the Atlantic Region*"), which included reference to the AFN's December 2015 resolution calling for the repeal of the *Safe Drinking Water for First Nations Act*.

Chief █████ raised the question as to "why" accredited provincial labs have to be used, referencing FN right to self-determination and the good work the CBWMs are doing.

█████ responded that now there is an opportunity to raise questions regarding what is an accredited lab, the possibility of the CBWMs doing testing (i.e. since new regulations were being developed).

4. FN Control Models Update

█████ gave an update on the FN Control Models WG 's research to identify existing and potential FN health governance models. No comments or questions were raised.

Following the presentation, █████ raised concerns about genetically modified food being grown on or near FN lands and lack of labeling indicating when food has been genetically modified. She further asked why Health Canada was approving GMO without consulting FN and asked if Chiefs would support her in writing a letter to Health Canada. Chiefs indicated they needed more information/ basic understanding about the issue before they could decide what should be done.

APC suggested that perhaps a presentation could be arranged on the subject for a future meeting.

Items for Follow Up/Action By FNIHB:

- █████ to give █████ and █████ (new acting NIHB Director) a heads up that the issue of dentists not serving FN clients was raised again by Chiefs and that Chiefs may bring the issue directly to the Prime Minister's attention.
- █████ to follow up with the relevant unit/division within Health Canada to get more information on GMO (*Perhaps as a start some basic awareness raising information could be provided at the September Health Partnership meeting?*)



First Nations & Inuit Health Branch
1505 Barrington Street, Suite 1515
Halifax, NS B3J 3Y6

Your file / Votre référence
Our file / Notre référence

August 4, 2016

Fax: Atlantic First Nations Chiefs

New Federal Child First Initiative

Further to [redacted] presentation at the Atlantic All Chiefs Forum on July 7th, I am writing to summarize and supplement his remarks for the information of all Atlantic First Nations Chiefs.

On July 5th, the Ministers of Health and Indigenous and Northern Affairs released a joint statement announcing that the Government of Canada has committed up to \$382 million (over three years) to further support First Nation children living on reserve with an ongoing disability affecting their activities of daily living, as well as those who have a short term issue for which there is a critical need for health or social supports. This funding will be used to enhance service coordination and ensure service access resolution so that the needs of children living on-reserve are assessed and responded to quickly.

The goal is to ensure that a child living on reserve with a disability or short term condition benefits from similar services that are available to children with similar needs living off reserve. Examples of services that might be included are, speech therapy, physical therapy, occupational therapy, respite care and required medical supplies and equipment. Examples of social supports that might be required include meal programs, meal planning and preparation for children with special dietary needs, day programs for the child, attendant services, short term respite care, and minor home adaptations related to accessibility (e.g. levered door handles, bathroom support bars).

The objective is to leverage early intervention and coordination of services supported by both the federal and provincial governments. To this end, we are reaching out to officials in provincial health and social services departments. In the coming months, we hope to meet with provincial officials to discuss how we can work together with First Nations to address the needs of these children.

../2

This Child First Initiative is intended be implemented in collaboration with First Nations. A key component of this Initiative is the introduction of an enhanced service coordination function. Administered by selected First Nations organizations (with funding from Health Canada), service coordinators will:

- Assess needs;
- Facilitate early intervention;
- Develop integrated care plans;
- Connect the child and family to needed services;
- Remove the stress of navigating service systems;
- Support families as they manage their needs; and
- Involve the regional Government of Canada employed Focal Point, as necessary, to expediently address service gaps.

Another key component of this Initiative is the service access resolution and management function. When service coordination attempts do not resolve issues or identify needs that are not met through existing programs, support will be provided and paid for through a central fund administered by Health Canada. This will provide the ability to intervene and prevent a disruption or delay in supports and services for a child.

Immediately after the July 5th federal announcement, we met with Atlantic Health Directors to inform them of this new Initiative, and the following day we met with Atlantic First Nations Chiefs to share the same. The implementation plan for this Initiative is taking shape. As more information becomes available, we will endeavour to share it promptly. Certainly, upcoming meetings of the Atlantic First Nations Health Partnership (Sep 21-22) and the Innu Roundtable (Oct 6) will be an excellent opportunity to further discuss implementation in our region. A key discussion point will be the administration of the service coordination function which we aim to have funded and operating by January.

Recently, our Home and Community Care Program contacted the nurse in each community to identify clients who may require further supports that are presently not available. We are now working to address identified unmet needs.

If a family with a disabled child has been unable to resolve a service need at the community level, they are invited to contact the Focal Points located at our office or the regional INAC office, or reach us through INAC's toll free national enquiries line.

Health Canada – ATL
Toll Free 1-866-225-0709
Fax (902)426-1300

INAC – ATL
Toll Free 1-800-567-9604
Fax (902)661-6237

**INAC public enquiries referral
telephone line:**
Toll Free 1-800-567-9604 or
Email: InfoPubs@aadnc-
aadnc.gc.ca

More information, including the federal announcement and a Fact Sheet, may be found on INAC's website at: <https://www.aadnc-aandc.gc.ca/eng/1334329827982/1334329861879>.

In closing, please consider these new investments as an interim step. Over the next three years, we, together with First Nations, will implement this initiative and build an evidence base for longer-term policy and program reform. I look forward to future discussion and collaboration on this important and exciting new development.

Sincerely,



Debra Keays-White
Regional Executive Officer
First Nations and Inuit Health Branch, Health Canada, Atlantic Region

Cc: (via email) Atlantic Health Directors (33 FNs)
Christopher McDonell, Regional Director General, INAC

Attachments:
A. Joint Statement
B. Fact Sheet

Draft AGENDA – Jordan’s Principle - Child First Initiative (JP-CFI)

Time: August 24th 8-9am

Location: 33 Weldon St, Suite 340, Moncton, & teleconf. 1-866-885-0884; Code - 3052#

Invited:

[REDACTED]
[REDACTED]
[REDACTED]

- A. Status of First Nations Engagement
 - All Chiefs Meeting, Letters to Chiefs
 - Upcoming Meetings

- B. Service Coordination Function
 - Overview of Function
 - Selection of External Organization to manage and deliver Function
 - Proposed Call for Expressions of Interest
 - Proposed Options for Atlantic Health Partnership Consideration
 - Review list of Organization to Invite

- C. Recap of Next Steps

Supporting Documents:

1. Letter to Chiefs and 2 Appendices (August 4th letter previously sent to you)
2. Upcoming Meetings – 1 page
3. Draft Call for Expressions of Interest – 4 page
4. Options for Health Partnership – 1 page
5. List of Potential Invitees – 1 page

Draft (Aug 24) for the consideration of the Atlantic First Nations Health Partnership

Service Coordination Function – Options for Management and Delivery

Options for the management and delivery of the Services Coordination Function in the Atlantic Region <small>(Note: In all options, the organization(s) are required to have the Services Coordinators located as close to the communities they serve.)</small>	Proposed Rank against criteria*
A. One Organization Example Only. Atlantic Policy Congress or IWK Health Centre	1 st
B. Two Organizations Example Only. UNSI and UNBI	2 nd
C. Multiple Organizations Example Only. Each of the organizations represented on the Health Partnership (ie. UNSI, CMM, UNBI, MAWIW, MCPEI, Miawpukek, Innu), or each of the 6 Regional/District/Provincial Health Authorities in the Region that serve FNs (ie. NS, PEI, NB-Horizons, NB-Vialite, NL-Central, NL-Grenfell)	3 rd
<p>*Assessment of Options Against Criteria</p> <p>Does the Option Support?</p> <ol style="list-style-type: none"> 1. Regional management of function 2. Flexibility to move resources to address needs 3. Professional oversight and consistent standards 4. Efficient duty travel – time and budget 5. Building of centre of expertise 6. Reduced administration costs 7. Strong linkages with provincial health authorities 8. Responsive and timely “child-first” client services 9. Client information protection (policies & enforcement) 10. On-going staff training and development 11. Recruitment and retention of professional staff 12. Culturally competent and safe service delivery 13. Coordination with existing federal programs 14. Other Criteria? 	

Jordan's Principle - Child First Initiative

Presentation to the
Health Committee of the Mi'kmaq-Nova Scotia- Canada Tripartite Forum
August 29, 2016



First Nations and Inuit Health Branch, Atlantic Region

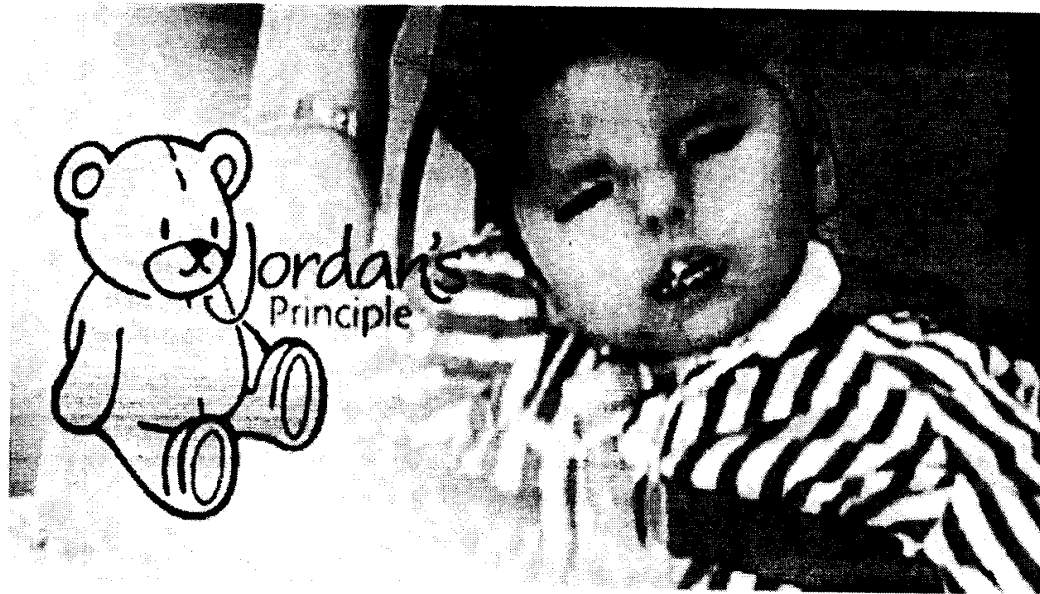


YOUR HEALTH AND SAFETY... OUR PRIORITY.

Outline

- What is Jordan's Principle
- Federal Approach to Jordan's Principle – Then and Now
- Three Components:
 - Service Coordination
 - Service Access Resolution
 - Engaging Partners
- Status of Implementation in the Region/Next Steps

What is Jordan's Principle?



On December 12, 2007, the House of Commons unanimously supported a Private Member's motion (M-296) stating that "the government should immediately adopt a child first principle, based on Jordan's Principle, to resolve jurisdictional disputes involving the care of First Nations children."

Then and Now

Jordan's Principle, 2008

- Dispute-based, triggered after declaration of a dispute between Canada and a province over payment for services
- First Nation child living on reserve
- Children assessed with multiple disabilities requiring multiple providers
- Required services comparable to provincial standards of care for children off reserve (the "normative standards") in a similar geographic location

JP- Child First Initiative, 2016-2019

- Needs-based, to ensure children have access to health and social services without delay or disruption due to jurisdictional service gaps.
- Includes a new enhanced service coordination model of care, delivered by First Nation organizations
- First Nation child ordinarily living on reserve
- Children assessed with:
 - A disability affecting activities of daily living; or
 - An interim condition requiring a critical need for health or social services
- Required services comparable to the normative standard, with requests for services beyond the normative standard considered on a case-by case basis

Current Federal Approach to JP Defined

- The JP – Child-First Initiative is intended to ensure that First Nations children living on reserve and in the Yukon who have a disability or an interim critical condition affecting their activities of daily living have access to health and social services comparable to children living off reserve. This Initiative will help ensure that these needed services are provided without delay.

Goal of New Approach

- The goal is to help ensure that children living on reserve with a disability or interim critical condition has equitable access to health and social services comparable to children living off reserve.
- Examples of services:
 - Allied health services, medical supplies & equipment, medical/health related transportation services, medically recommended nutritional supports
 - Meal programs, day programs, attendant care services, short term respite care, minor home adaptations related to accessibility.

Components of the JP-CFI

On July 5th, the Federal Government announced a new response to Jordan's Principle supported by \$382M over three years.

There are 3 components of the Initiative:

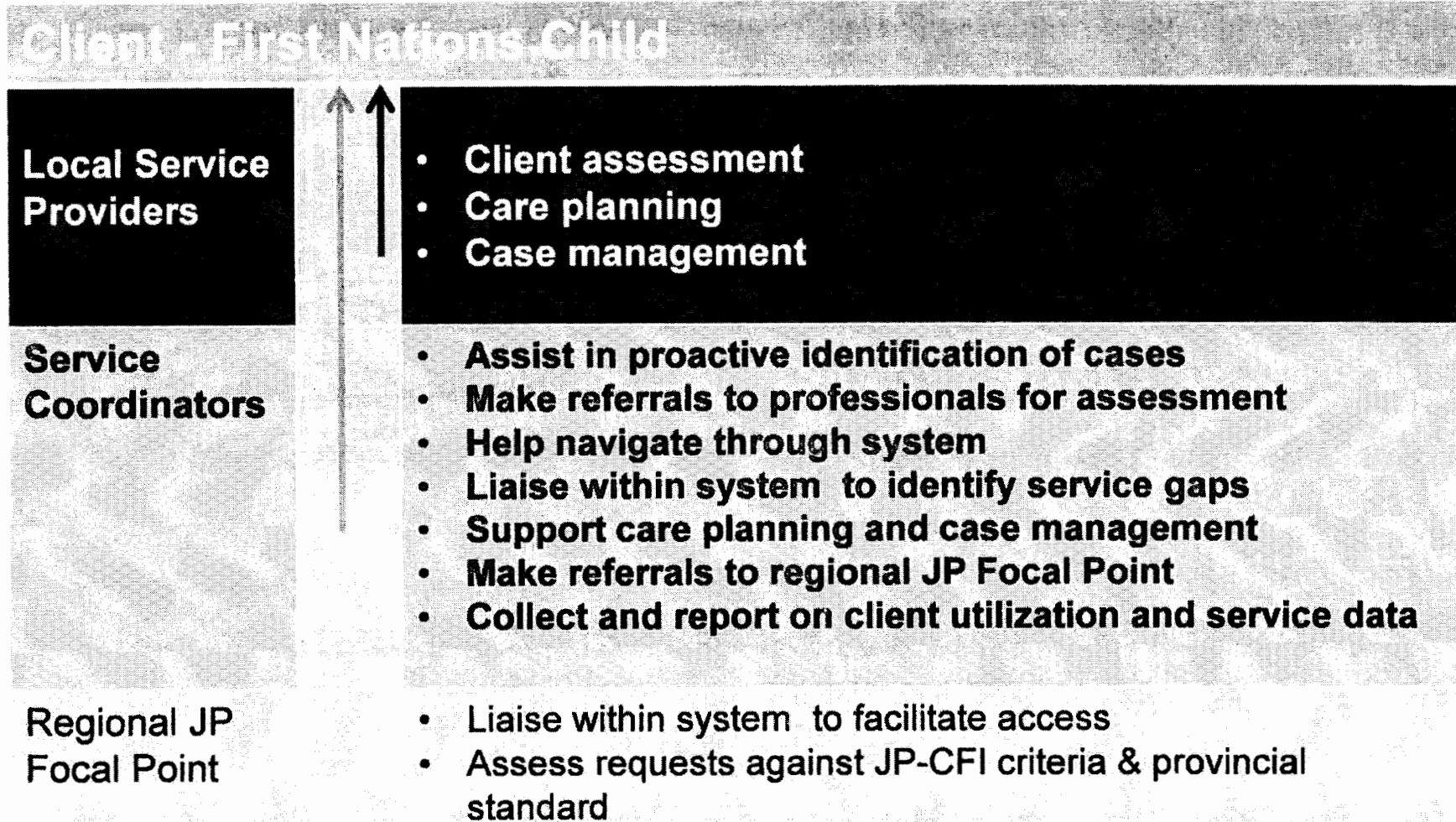
1. Enhanced Service Coordination (\$38M)
2. Service Access Resolution - The Reserve Fund (\$327M)
3. Engagement with First Nations and Provinces

Note: Data collection is a key pillar of implementation (will inform renewal)

1. Reserve Fund – Eligibility Determination

1. Is the request for a child as defined by provincial law? YES NO
2. Is the child a Registered First Nation individual? YES NO
3. Does the child live on reserve or is ordinarily living on reserve? YES NO
4. Does the child have a disability that impacts his/her activities of daily living at home, school or within the community, OR has a discrete short-term condition requiring health or social services or supports? YES NO
5. Has the child undergone an assessment by a health or social professional? YES NO
- 6a. Does the request fall within the normative standard of care the province or territory of residence? If NO or UNKNOWN, see 6b. YES NO UNKNOWN
- 6b. If the requested service or support is not within the normative standard, or the normative standard cannot be determined, should this request be considered an exception (ie. assessed by a professional as critically needed) under the JP-CFI? If YES, detail the reason. YES NO
7. Have you sought access to services or support through existing programs within HC, INAC, or the provincial government? If yes, is the request: denied?, unresolved / pending , involved in a dispute, other? YES NO

2. Enhanced Service Coordination



Contacting the Jordan's Principle Focal Point

The vast majority of service needs can be resolved through the expertise available at the local level with or without the support of Service Coordinators. But if not, the regional JP Focal Point may be contacted in one of three ways:

1. Health Canada – ATL

Toll Free 1-866-225-0709

Fax (902) 426-1300

2. INAC – ATL

Toll Free 1-800-567-9604

Fax (902) 661-6237

3. INAC public enquiries referral telephone line:

Toll Free 1-800-567-9604 or

Email: InfoPubs@aadnc-aandc.gc.ca

3. Engaging Partners

- First Nations Engagement
 - Atlantic FNs Health Partnership re: Service Coordination
 - Sharing at tripartite tables (NS, PEI, Innu)
- Provincial Engagement
 - Each province has named a key contact to liaise on Jordan's Principle related matters.
 - HC & INAC are looking to meet with representatives from Health, Social Services, and Aboriginal Affairs in each Province to discuss:
 - Establishing provincial standards of care
 - Working with the province on enhanced service coordination
 - Collaborating to address identified service gaps
 - Processing potential future disputes

Implementation Status on JP-CFI

- Federal Announcement July 5
- ADM Letter to Provs to request names for meetings July 5
- Health Directors and All Chiefs Meetings July 6 and July 7
- Federal meeting to discuss implementation (July 19)
- Intensified Case Tracking and Reporting (July)
- Contacted FNs via Home Care - children in need (July)
- Confirmed CFI good/service payment process
- Letters to Atlantic Chiefs with copy to Health Directors, Aug 4
- Initiated planning to:
 - Select a Service Coordination Organization
 - Hire a federal JP Focal Point
 - Further engage First Nation and Provincial partners

6a

HEALTH PARTNERSHIP

Special Meeting Teleconference
Jordan's Principle - Child First Initiative
Atlantic First Nations Health Partnership

DATE AND TIME: 09 September, 2016; 1:00 pm to 2:30 pm
LOCATION: Teleconference
TELECONFERENCE: 1 (866) 368-6248 (Participant code 3300138)
VIDEO CONFERENCE: 24.215.110.165 on your Polycom system

Item	Time	Item	Presenter	Materials	Action
		Opening Prayer			
1	1:00 pm	Welcome & Introductions Acceptance of Agenda	[REDACTED]	Agenda	Decision
2	1:10	JP-CFI Overview Presentation	[REDACTED]	Powerpoint Presentation	Information
	1:30	• Questions & Comments	[REDACTED]	N/A	Discussion
3	1:45	Service Coordination	[REDACTED]	Powerpoint Presentation	Information
	2:00	• Questions & Comments	[REDACTED]	N/A	Discussion
4	2:20	Wrap-up & Next Steps	[REDACTED]	N/A	Discussion
		Closing Prayer			

Please Note: Due to dangerous allergies, all Health Partnership, Committee, and Health Director events are SCENT FREE, NUT FREE, and CURRY FREE.

DRAFT FOR DISCUSSION ONLY (Sep 9th)

Service Coordination Function – Options for Management and Delivery

Options for the management and delivery of the Services Coordination Function in the Atlantic Region*	Rank (1 st , 2 nd , 3 rd)
A. One Organization Example Only. Atlantic Policy Congress or IWK Health Centre	
B. Two Organizations Example Only. UNSI and UNBI	
C. Multiple Organizations Examples Only. Each of the organizations represented on the Health Partnership (ie. UNSI, CMM, UNBI, MAWIW, MCPEI, Miawpukek, Innu), or each of the 6 Regional/District/Provincial Health Authorities in the Region that serve FNs (ie. NS, PEI, NB-Horizons, NB-Vialite, NL-Central, NL-Grenfell)	
* In all options, the organization(s) are required to have the Services Coordinators located as close to the communities they serve.)	

Option Selection Criteria – Does the option support?	Option1	Option2	Option3
1. Regional management of function			
2. Flexibility to move resources to address needs			
3. Professional oversight and consistent standards			
4. Efficient duty travel – time and budget			
5. Building of centre of expertise			
6. Reduced administration costs			
7. Strong linkages with provincial health authorities			
8. Responsive and timely “child-first” client services			
9. Client information protection (policies & enforcement)			
10. On-going staff training and development			
11. Recruitment and retention of professional staff			
12. Culturally competent and safe service delivery			
13. Coordination with existing federal programs			
14. Another Criterion			

Service Coordination Function: Jordan's Principle - Child First Initiative

Presentation to the:
Atlantic First Nations Health Partnership.

September 9, 2016


First Nations and Inuit Health Branch, Atlantic Region


YOUR HEALTH AND SAFETY... OUR PRIORITY.

Service Coordination – Roles and Responsibilities

draft

Outreach

- Facilitate early intervention
- Improve client awareness of existing supports and services
- Assist in identifying children with a disability with unmet needs
- Liaise with other organizations to identify services to enhance government support

Intake, Assessment and Coordination

- Help clients navigate systems, including organizing assessments with professionals (i.e. social workers) and referrals for service
- Coordinate access to federal, provincial and territorial services based on assessments
- Identify alternative models of service delivery for improved access and efficiency
- Involve CFI focal points when necessary

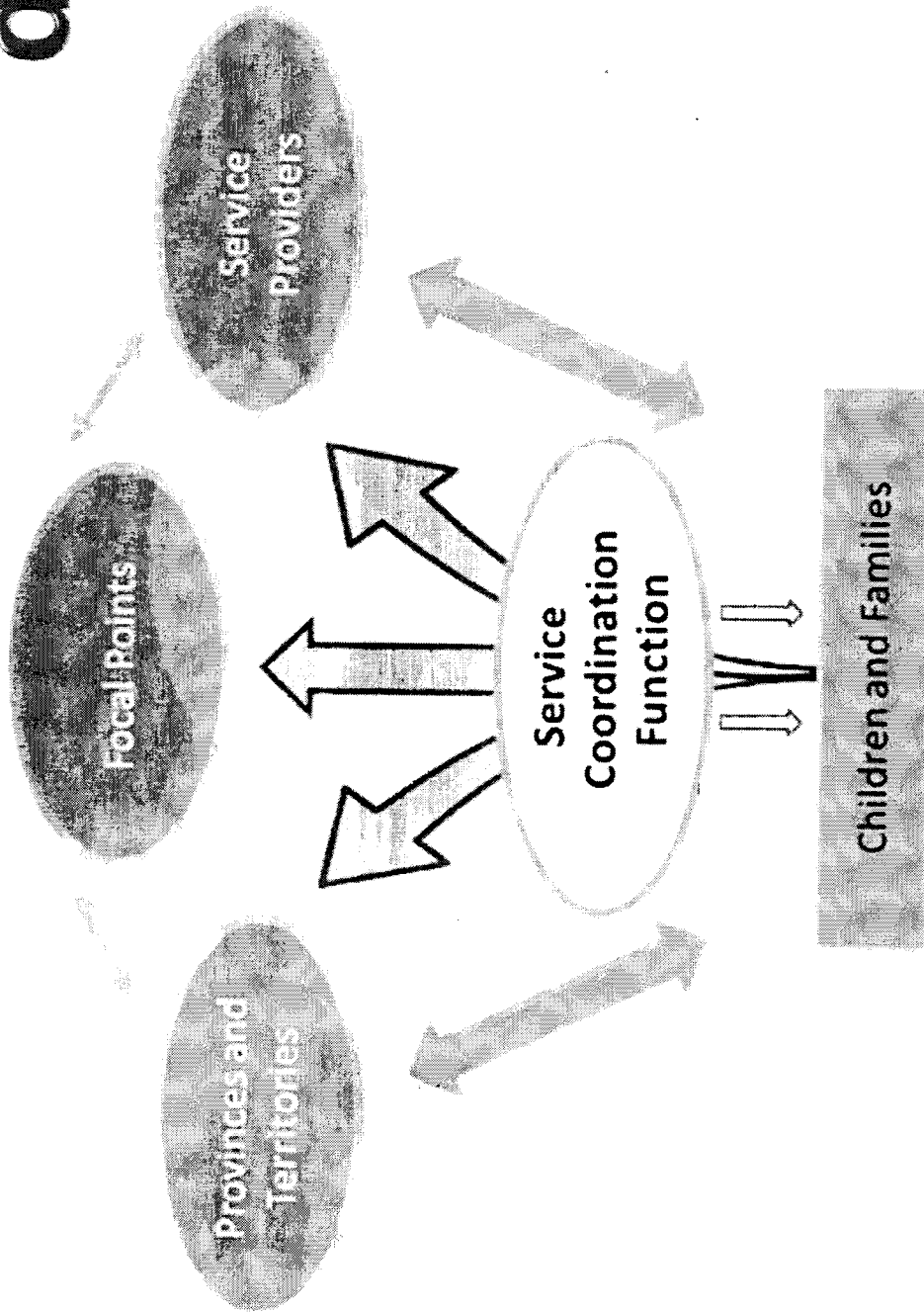
Case Management

- Support the full continuum of case management processes
- Develop, implement and monitor integrated care plans
- Support planning for clients transitioning into adulthood

- Data collection, analysis and reporting

Service Coordination – How does it fit

draft



Who will Deliver Service Coordination?

draft

An External Organization with demonstrated:

- Experience working in the areas of health and/or social services planning, and delivery to First Nations ;
- Knowledge of federally and provincially funded health and social services, as well non-government service delivery organizations;
- Established linkages at the community level and within the provincial/territorial health care and social services systems;
- Experience providing culturally competent care;
- Experience in client assessment and individual health and social service plan development, supported by standardized assessment tools;
- Experience in leading case conferencing for complex cases involving multiple service providers and other officials from local and regional levels;
- Case management skills/competencies, including monitoring and reporting;
- Experience in writing reports and evaluation; and
- The ability to hire and manage the appropriate mix of professional, para-professional and administrative staff.

Options – Service Coordination Organization

Options for the management and delivery of the Services Coordination Function in the Atlantic Region*	Rank (1 st , 2 nd , 3 rd)
<p>A. One Organization Example Only. Atlantic Policy Congress or IWK Health Centre</p>	draft
<p>B. Two Organizations Example Only. UNSI and UNBI</p>	
<p>C. Multiple Organizations Examples Only. Each of the organizations represented on the Health Partnership (ie. UNSI, CMM, UNBI, MAWIW, MCPEI, Miawpukek, Innu), or each of the 6 Regional/District/Provincial Health Authorities in the Region that serve FNs (ie. NS, PEI, NB-Horizons, NB-Vialite, NL-Central, NL-Grenfell)</p>	
<p>* In all options, the organization(s) are required to have the Services Coordinators located as close to the communities they serve.)</p>	

Principles to Guide Regional Model Development

- Client Focus
- Accessible, Responsive, Timely Service
- Integration and Continuity of Service
- Consistent Practise Standard
- Cost Effective and Efficient Care
- Data Protection
- Culturally Appropriate and Safe
- Others?

draft

Proposed Selection Criteria

draft

Option Selection Criteria – Does the option support?	Option1	Option2	Option3
1. Regional management of function			
2. Flexibility to move resources to address needs			
3. Professional oversight and consistent standards			
4. Efficient duty travel – time and budget			
5. Building of centre of expertise			
6. Reduced administration costs			
7. Strong linkages with provincial health authorities			
8. Responsive and timely “child-first” client services			
9. Client information protection (policies & enforcement)			
10. On-going staff training and development			
11. Recruitment and retention of professional staff			
12. Culturally competent and safe service delivery			
13. Coordination with existing federal programs			
14. Another Criterion			

Atlantic Status First Nations Children on-Reserve

	Age 0-19
Abegweit	83
Lennox Island	131
PEI	214

	Age 0-19
Miawpukek	228
Mushuau	429
Sheshatshiu	533
NL	1,190

	Age 0-19
Fort Folly	8
Elsipogtog	960
Indian Island	33
Buctouche	27
Eel Ground	189
Eel River Bar	112
Esgenoopetitj	453
Metepenagiag	166
Pabineau	22
Kingsclear	241
Madawaska	36
Oromocto	134
Saint Mary's	345
Tobique	482
Woodstock	66
NB	3,274

	Age 0-19
Acadia	50
Annapolis Valley	37
Bear River	32
Glooscap	15
Millbrook	319
Paqtnkek	170
Pictou Landing	181
Sipekne'katik	476
Potlotek	231
Membertou	390
Wagmatcook	293
Waycobah	383
Eskasoni	1,477
NS	4,054

At the September 20-21 Meeting

1. Confirm the Selection Criteria
2. Decide on an organizational model for our Region
3. Decide on next steps,
 - for example, Call for Proposals and Implementation Timeline



Canada

Jordan's Principle - Child First Initiative

Presentation to the:
Non-insured Health Benefits Committee
September 15, 2016



First Nations and Inuit Health Branch, Atlantic Region



YOUR HEALTH AND SAFETY... OUR PRIORITY.

Outline

- What is Jordan's Principle
- Federal Approach to Jordan's Principle – Then and Now
- Three Components:
 - Service Coordination
 - Service Access Resolution
 - Engaging Partners
- Status of Implementation in the Region/Next Steps

Background

- In December 2007, Jordan's Principle (JP) was passed in the House of Commons in honour of Jordan River Anderson;
- In 2008, Indigenous and Northern Affairs Canada (INAC) and Health Canada (HC) were tasked with implementing JP:
- In January 2016, a complaint from First Nations Child and Family Caring Society of Canada (FNCFCSC) and Assembly of First Nations (AFN) was substantiated by the Canadian Human Rights Tribunal (CHRT). The Government of Canada was ordered to cease applying its narrow definition of JP, and take measures to implement its full meaning and scope;
- In July 2016, the Government of Canada announced up to \$382M in new funding for a new approach to JP A Child-First Initiative (JP-CFI).

A New Approach: JP-CFI

Immediate:

- Ensure First Nations children with a disability or interim critical condition living on reserve have access to needed health and social services within the normative standard of care in their province/territory of residence.

Longer-Term:

- Over three years (2016 - 2019), track health and social service needs and requests as well as work with First Nations partners and provincial/territorial governments to develop a long-term approach aligned and integrated with health and social services across jurisdictions.

Then and Now

2008 - 2016

- *Dispute-based*, triggered after declaration of a dispute over payment for services within Canada, or between Canada and a province
- First Nations child living on reserve or ordinarily resident on reserve
- Child assessed with:
 - multiple disabilities requiring multiple providers
- Child required services comparable to provincial normative standards of care for children off-reserve in a similar geographic location

2016 - 2019

- *Needs-based*, child-first approach to ensure access to services without delay or disruption due to jurisdictional gaps
- Still First Nations child on reserve or ordinarily resident on reserve
- Are within the age range of “children” as defined in their province/territory of residence
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 - a disability affecting activities of daily living; OR
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Goal of New Approach

- The goal is to help ensure that children living on reserve with a disability or interim critical condition have equitable access to health and social services comparable to children living off reserve.
- Examples of services:
 - Allied health services, medical supplies & equipment, medical/health related transportation services, medically recommended nutritional supports
 - Meal programs, day programs, attendant care services, short term respite care, minor home adaptations related to accessibility.

Components of the JP-CFI

On July 5th, the Federal Government announced a new response to Jordan's Principle supported up to \$382M over three years.

There are 3 components of the Initiative:

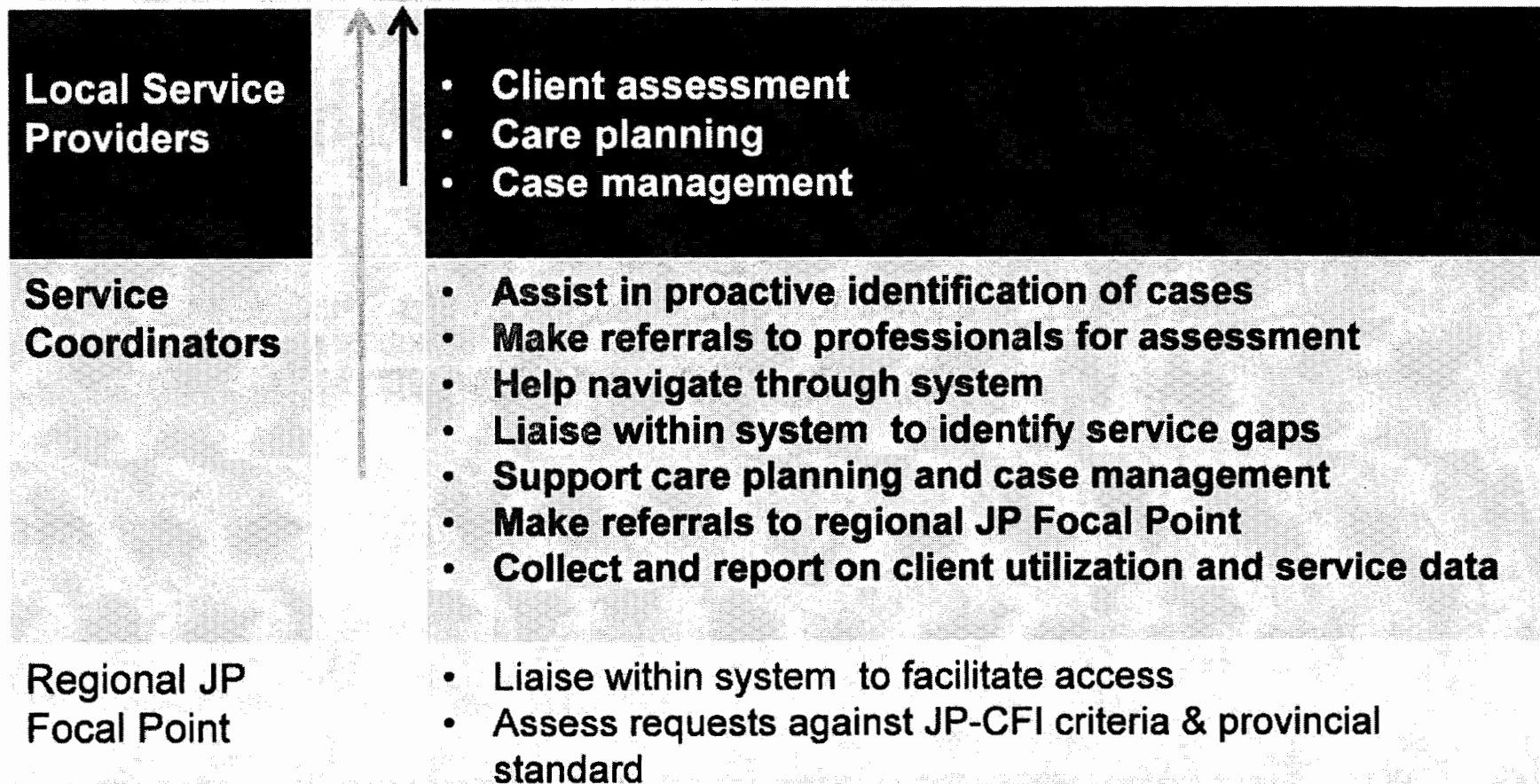
1. Enhanced Service Coordination
2. Service Access Resolution
3. Engagement with First Nations and Provinces

Note: Data collection is a key pillar of implementation (will inform renewal)

1. Service Access Resolution Fund – Eligibility Determination

1. Is the request for a child as defined by provincial law? YES NO
2. Is the child a Registered First Nation individual? YES NO
3. Does the child live on reserve or ordinarily lives on reserve? YES NO
4. Does the child have a disability that impacts his/her activities of daily living at home, school or within the community, OR has an interim critical condition requiring health or social services or supports? YES NO
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7. Have you sought access to services or support through existing programs within HC, INAC, or the provincial government? If yes, is the request: denied?, unresolved / pending , involved in a dispute, other? YES NO

2. Enhanced Service Coordination



Service Coordination – Atlantic Allocation

- 2016-17 up to \$620,006
- 2017-18 up to \$1,240,213
- 2018-19 up to \$1,240,213

- Allocations are Contribution Funding
 - “Set” - No carry over of annual surplus funding
 - “Fenced” - Funding must be spent on JP-CFI Service Coord.

Contacting the Jordan's Principle Focal Point

The vast majority of service needs can be resolved through the expertise available at the local level with or without the support of Service Coordinators. But if not, the regional JP Focal Point may be contacted in one of three ways:

1. Health Canada – ATL

Toll Free 1-866-225-0709

Fax (902) 426-1300

2. INAC – ATL

Toll Free 1-800-567-9604

Fax (902) 661-6237

3. INAC public enquiries referral telephone line:

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Email: InfoPubs@aadnc-aandc.gc.ca

3. Engaging Partners

- First Nations Engagement
 - Atlantic FNs Health Partnership re: Service Coordination
 - Sharing at tripartite tables (NS, PEI, Innu)
- Provincial Engagement
 - Each province has named a key contact to liaise on Jordan's Principle related matters.
 - HC & INAC are looking to meet with representatives from Health, Social Services, and Aboriginal Affairs in each Province to discuss:
 - Establishing provincial standards of care
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Implementation Status on JP-CFI

- Federal government broadens its response to Jordan's Principle in May.
- Federal Announcement July 5
- ADM Letter to Provinces and the Yukon to request names for meetings July 5
- Health Directors and All Chiefs Meetings July 6 and July 7
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- Letters to Atlantic Chiefs with copy to Health Directors, Aug 4
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Jordan's Principle - Child First Initiative

Presentation to the:
Public Health and Primary Care Committee,
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September 21-22, 2016


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2. Enhanced Service Coordination

Client - First Nations Child

Local Service Providers

- **Client assessment**
- **Care planning**
- **Case management**

Service Coordinators

- **Assist in proactive identification of cases**
- **Make referrals to professionals for assessment**
- **Help navigate through system**
- **Liaise within system to identify service gaps**
- **Support care planning and case management**
- **Make referrals to regional JP Focal Point**
- **Collect and report on client utilization and service data**

Regional JP Focal Point

- **Liaise within system to facilitate access**
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Service Coordination Function: Jordan's Principle - Child First Initiative

Presentation to the:
Atlantic First Nations Health Partnership.

September 21-22, 2016

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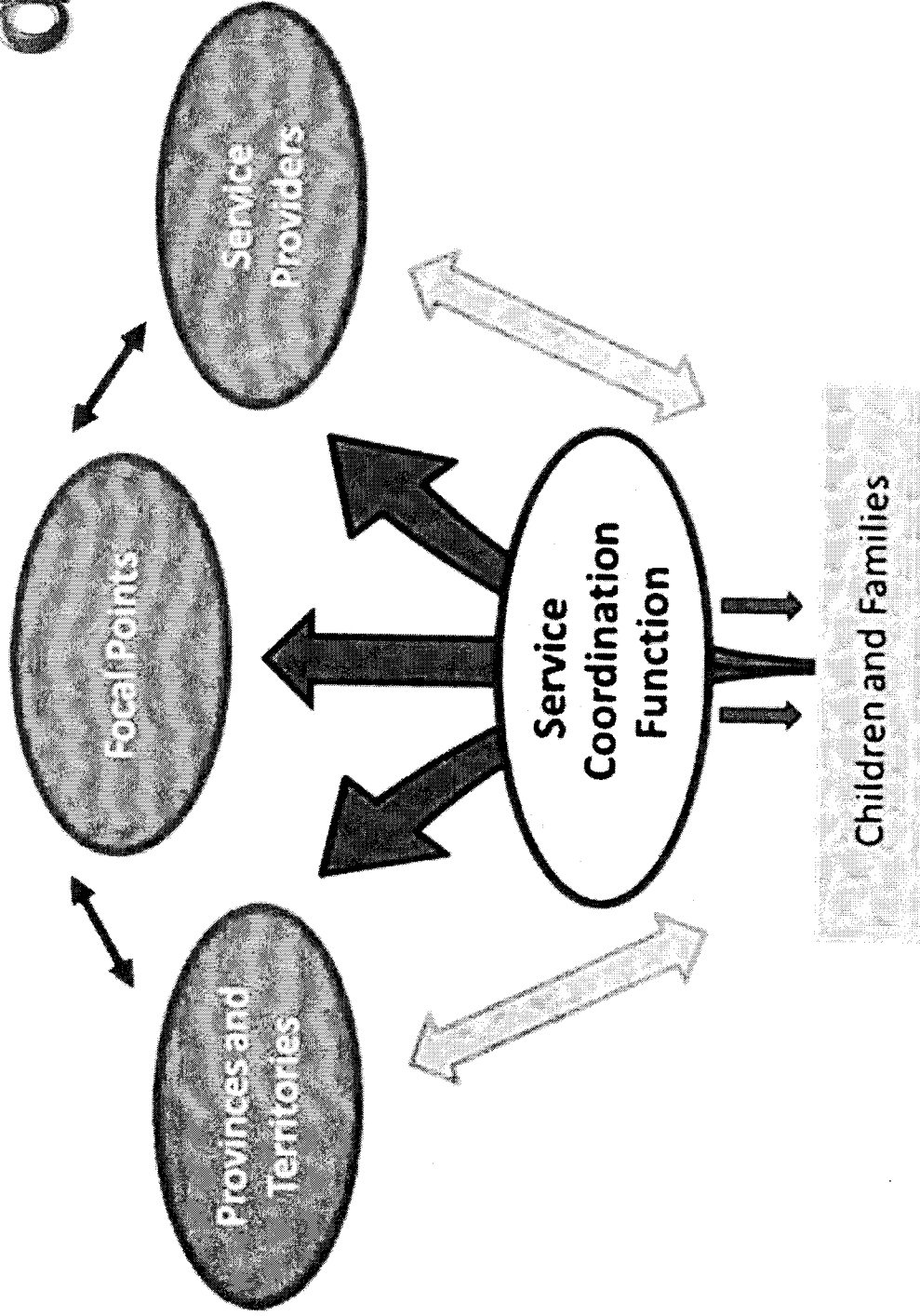
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Our Tasks Today

1. Confirm the Selection Criteria
2. Decide on an organizational model for our Region
3. Decide on next steps:
 - Call for Proposals
 - Implementation Timeline
 - Etc.

Jordan's Principle - Child First Initiative

Presentation to the
All Chiefs and Councils Assembly
of the
Atlantic Policy Congress of First Nations Chiefs Secretariat

September 28, 2016
Debra Keays-White and Chief Candice Paul,
Co-Chairs of the Atlantic First Nations Health Partnership



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6. 2 parts:
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2. Enhanced Service Coordination

Local Service Providers

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- Care planning
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Service Coordinators

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ATLANTIC FIRST NATIONS
HEALTH PARTNERSHIP



Implementation Points

1. Cases may be referred to regional JP Focal Point.
2. Each community is being contacted to identify unmet respite care and allied health service needs for children.
3. Conducting a province by province gap analysis of health and social services for on-reserve children with disabilities.
4. In mid-Oct, the Health Partnership Chiefs are deciding on an organizational model (and selection process) for the enhanced Service Coordination function in the region.
 - Health Technicians are proposing principles and criteria to aide in decision making.
5. Service Coordination to be implemented in 2016-17.



Questions or Comments

Co-Chairs of the Atlantic First Nations Health Partnership:

Debra Keays-White, Regional Executive
First Nations and Inuit Health, Atlantic

Chief Candice Paul
St. Mary's First Nation
Representing the Union of NB Indians





Jordan's Principle - Child First Initiative

Presentation to the:
Public Health and Primary Care Committee,
Non-insured Health Benefits Committee, and
Atlantic First Nations Health Partnership.

September 2016



First Nations and Inuit Health Branch, Atlantic Region



YOUR HEALTH AND SAFETY... OUR PRIORITY

Outline

- What is Jordan's Principle
- Federal Approach to Jordan's Principle – Then and Now
- Three Components:
 - Service Coordination
 - Service Access Resolution
 - Engaging Partners
- Status of Implementation in the Region/Next Steps

What is Jordan's Principle?



On December 12, 2007, the House of Commons unanimously supported a Private Member's motion (M-296) stating that "the government should immediately adopt a child first principle, based on Jordan's Principle, to resolve jurisdictional disputes involving the care of First Nations children."

Then and Now

Jordan's Principle, 2008

- Dispute-based, triggered after declaration of a dispute between Canada and a province over payment for services
- First Nation child living on reserve
- Children assessed with multiple disabilities requiring multiple providers
- Required services comparable to provincial standards of care for children off reserve (the "normative standards") in a similar geographic location

JP- Child First Initiative, 2016-2019

- Needs-based, to ensure children have access to health and social services without delay or disruption due to jurisdictional service gaps.
- Includes a new enhanced service coordination model of care, delivered by First Nation organizations
- First Nation child ordinarily living on reserve
- Children assessed with:
 - A disability affecting activities of daily living; or
 - An interim condition requiring a critical need for health or social services
- Required services comparable to the normative standard, with requests for services beyond the normative standard considered on a case-by case basis

Current Federal Approach to JP Defined

- The JP – Child-First Initiative is intended to ensure that First Nations children living on reserve and in the Yukon who have a disability or an interim critical condition affecting their activities of daily living have access to health and social services comparable to children living off reserve. This Initiative will help ensure that these needed services are provided without delay.

Goal of New Approach

- The goal is to help ensure that children living on reserve with a disability or interim critical condition have equitable access to health and social services comparable to children living off reserve.
- Examples of services:
 - Allied health services, medical supplies & equipment, medical/health related transportation services, medically recommended nutritional supports
 - Meal programs, day programs, attendant care services, short term respite care, minor home adaptations related to accessibility.

Components of the JP-CFI

On July 5th, the Federal Government announced a new response to Jordan's Principle supported up to \$382M over three years.

There are 3 components of the Initiative:

1. Enhanced Service Coordination
2. Service Access Resolution
3. Engagement with First Nations and Provinces

Note: Data collection is a key pillar of implementation (will inform renewal)

1. Service Access Resolution Fund – Eligibility Determination

1. Is the request for a child as defined by provincial law? YES NO
2. Is the child a Registered First Nation individual? YES NO
3. Does the child live on reserve or ordinarily lives on reserve? YES NO
4. Does the child have a disability that impacts his/her activities of daily living at home, school or within the community, OR has an interim critical condition requiring health or social services or supports? YES NO
5. Has the child undergone an assessment by a health or social professional? YES NO
- 6a. Does the request fall within the normative standard of care the province or territory of residence? If NO or UNKNOWN, see 6b. YES NO UNKNOWN
- 6b. If the requested service or support is not within the normative standard, or the normative standard cannot be determined, should this request be considered an exception (ie. assessed by a professional as critically needed) under the JP-CFI? If YES, detail the reason. YES NO
7. Have you sought access to services or support through existing programs within HC, INAC, or the provincial government? If yes, is the request: denied?, unresolved / pending , involved in a dispute, other? YES NO

2. Enhanced Service Coordination

Local Service Providers

Service Coordinators

Regional JP Focal Point

- **Client assessment**
- **Care planning**
- **Case management**

- **Assist in proactive identification of cases**
- **Make referrals to professionals for assessment**
- **Help navigate through system**
- **Liaise within system to identify service gaps**
- **Support care planning and case management**
- **Make referrals to regional JP Focal Point**
- **Collect and report on client utilization and service data**

- **Liaise within system to facilitate access**
- **Assess requests against JP-CFI criteria & provincial standard**

Contacting the Jordan's Principle Focal Point

The vast majority of service needs can be resolved through the expertise available at the local level with or without the support of Service Coordinators. But if not, the regional JP Focal Point may be contacted in one of three ways:

1. Health Canada – ATL

Toll Free 1-866-225-0709

Fax (902) 426-1300

2. INAC – ATL

Toll Free 1-800-567-9604

Fax (902) 661-6237

3. INAC public enquiries referral telephone line:

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Email: InfoPubs@aadnc-aandc.gc.ca

3. Engaging Partners

- First Nations Engagement
 - Atlantic FNs Health Partnership re: Service Coordination
 - Sharing at tripartite tables (NS, PEI, Innu)
- Provincial Engagement
 - Each province has named a key contact to liaise on Jordan's Principle related matters.
 - HC & INAC are looking to meet with representatives from Health, Social Services, and Aboriginal Affairs in each Province to discuss:
 - Establishing provincial standards of care
 - Working with the province on enhanced service coordination
 - Collaborating to address identified service gaps
 - Processing potential future disputes

Implementation Status on JP-CFI

- Federal government broadens its response to Jordan's Principle in May.
- Federal Announcement July 5
- ADM Letter to Provinces and the Yukon to request names for meetings July 5
- Health Directors and All Chiefs Meetings July 6 and July 7
- Federal meeting to discuss implementation (July 19)
- Intensified Case Tracking and Reporting (July)
- Contacted FNs via Home Care - children in need (July)
- Confirmed CFI good/service payment process
- Letters to Atlantic Chiefs with copy to Health Directors, Aug 4
- Initiated planning to:
 - Select a Service Coordination Organization
 - Hire a federal JP Focal Point
 - Further engage First Nation and Provincial partners

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Canada

Jordan's Principle - Child First Initiative

Presentation to the
Innu Round Table

October 6, 2016

First Nations and Inuit Health Branch, Atlantic Region



YOUR HEALTH AND SAFETY... OUR PRIORITY.

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- What is Jordan's Principle?
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Background

- In December 2007, Jordan's Principle (JP) was passed in the House of Commons in honour of Jordan River Anderson;
- In 2008, Indigenous and Northern Affairs Canada (INAC) and Health Canada (HC) were tasked with implementing JP:
- In January 2016, a complaint from First Nations Child and Family Caring Society of Canada (FNCFCSC) and Assembly of First Nations (AFN) was substantiated by the Canadian Human Rights Tribunal (CHRT). The Government of Canada was ordered to cease applying its narrow definition of JP, and take measures to implement its full meaning and scope;
- In July 2016, the Government of Canada announced up to \$382M in new funding for a new approach to JP A Child-First Initiative (JP-CFI).

A New Approach: JP-CFI

Immediate:

- Ensure First Nations children with a disability or interim critical condition living on reserve have access to needed health and social services within the normative standard of care in their province/territory of residence.

Longer-Term:

- Over three years (2016 - 2019), track health and social service needs and requests as well as work with First Nations partners and provincial/territorial governments to develop a long-term approach aligned and integrated with health and social services across jurisdictions.

Then and Now

2008 - 2016

- *Dispute-based*, triggered after declaration of a dispute over payment for services within Canada, or between Canada and a province
- First Nations child living on reserve or ordinarily resident on reserve
- Child assessed with:
 - multiple disabilities requiring multiple providers
- Child required services comparable to provincial normative standards of care for children off-reserve in a similar geographic location

2016 - 2019

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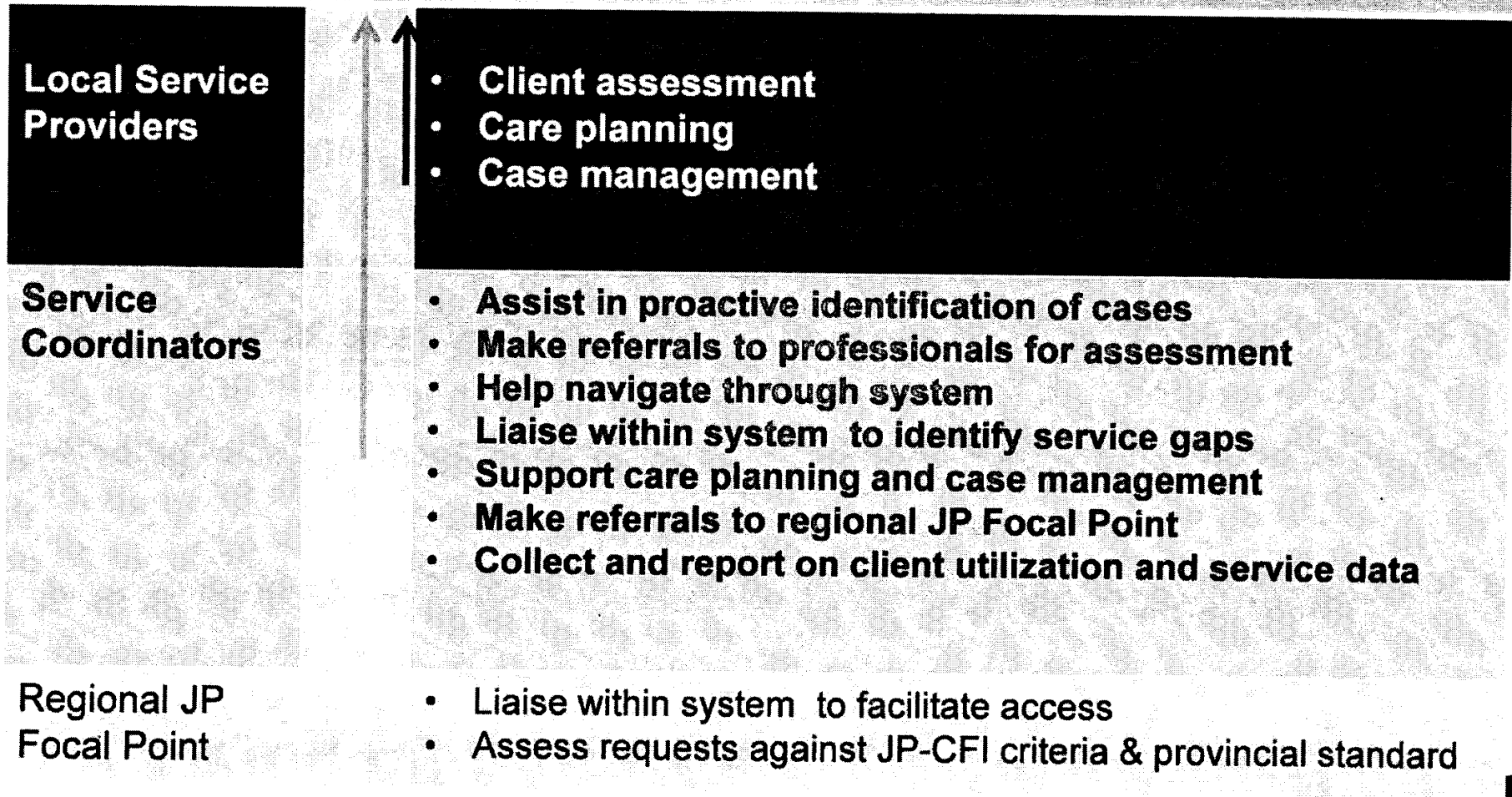
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Canada

Jordan's Principle - Child First Initiative

Presentation to the
Mi'kmaq – Prince Edward Island – Canada
Health Policy and Planning Forum and the
Child and Family Services Policy and Planning Forum

October 12, 2016



First Nations and Inuit Health Branch, Atlantic Region



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Client – First Nations Child

Local Service Providers

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- Care planning
- Case management

Service Coordinators

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- Make referrals to professionals for assessment
- Help navigate through system
- Liaise within system to identify service gaps
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5. Service Coordination to be implemented in 2016-17.

Regional updates

FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH
DIRECTORS' NETWORK

September 2016



VOTRE SANTÉ ET VOTRE SÉCURITÉ... NOTRE PRIORITÉ.



1) Jordan's Principle – Child First Initiative

What is Jordan's Principle?

- On December 12, 2007, the House of Commons unanimously supported a Private Member's motion (M-296) stating that "the government should immediately adopt a child first principle, based on Jordan's Principle, to ensure that necessary care for a child is not delayed or disrupted by jurisdictional disputes".





The New Approach Definition

- The Child First Initiative is intended to ensure that First Nations children living on reserve and in the Yukon who have a disability or an interim critical condition affecting their activities of daily living have access to health and social services comparable to children living off reserve.

Jordan's Principle, Child First Initiative – Then and Now

Jordan's Principle, 2008	Jordan's Principle, Child-First Initiative 2016-2019
<ul style="list-style-type: none"> • <i>Dispute-based</i>, triggered after declaration of a dispute between Canada and a province over payment for services 	<ul style="list-style-type: none"> • <i>Needs-based</i>, to ensure that the jurisdictional service gaps between governments regarding the payment of services do not disrupt, delay or prevent access to needed services • Includes a new enhanced service coordination model of care, delivered by First Nations organizations
<ul style="list-style-type: none"> • First Nations child living on reserve 	<ul style="list-style-type: none"> • First Nations child ordinarily living on reserve
<ul style="list-style-type: none"> • Children assessed with multiple disabilities requiring multiple providers 	<ul style="list-style-type: none"> • Children assessed with: <ul style="list-style-type: none"> • a disability affecting activities of daily living; or • a short-term condition which required health or social support
<ul style="list-style-type: none"> • Required services comparable to provincial standards of care for children off reserve (the "normative standard") in a similar geographic location 	<ul style="list-style-type: none"> • Required services comparable to the normative standard. Case-by-case basis

Guiding Principles

- 3 year initiative.
- Federal government must submit recommendations to establish a long-term approach.
 - Data collection is a key pillar of implementation (will inform renewal)
- Not intended to duplicate existing programming but to complement what already exists to ensure the health and social service needs of First Nations children living on reserve are addressed and that there are no gaps in supports and services.
- Based on normative “standards of care”. Ensuring equitable access to children living on reserve compared to those living off reserve.
- Initiative for First Nations children aged 0-18 years in the case of Quebec ordinarily living on-reserve.
- Communities under treaties are excluded from the initiative as they are integrated into the provincial system.



Components of the Child First Initiative

On July 5th, the federal government announced a new response to Jordan's Principle supported by \$382M over three years.

There are 3 key components to the Initiative:

1. Enhanced Service Coordination (\$38M)
2. Service Access Resolution (\$327M)
3. Engagement with First Nations and Provinces

1. Enhanced Service Coordination

- Quebec regional budget for 2016-2017: \$811,365 (Set Funding)
- Service coordination will be performed by one or more external organizations and by First Nations communities.
- Typical functions of a Service Coordinator may include:
 - Identifying and assessing needs of children and their families;
 - Facilitating early intervention;
 - Developing integrated care plans;
 - Coordinating access to Federal/Provincial services and helping clients navigate the system;
 - Involving Jordan's Principle Focal Points as necessary to expediently address immediate service gaps;
 - Undertaking data collection, monitoring and reporting activities.

2. Service Access Resolution

- The fund can be used when service coordination attempts do not resolve issues, or when we identify needs that are not met through existing programs.
- The fund can only be used for cases related to the initiative.
- The fund is administered by Health Canada with the involvement of INAC.
- Every case is different and every request is different. The length of time required to obtain a decision can depend on many factors, but we will work with partners to get a decision quickly.

3. Engagement with Partners

- Since the ministerial announcement, FNIHB-QC has communicated with the communities in writing.
- FNIHB-QC nurses have contacted you to better understand the current needs of children in your community that could be covered by this initiative.
- Preliminary discussions with AINC, the FNQLHSSC and the Province of Québec were held.
- The Steering committee led by the FNQLHSSC should provide guidelines for the implementation of the initiative.
- A working group will be established with the partners (Coordinators' Committee) to discuss:
 - Provincial standards of care
 - Service coordination
 - Collaborating to address identified service gaps
 - Processing disputes (if needed)

Next Steps

- We are committed to keeping Health Directors informed and involved in the implementation of this Initiative.
- Nurses from FNIHB-QC continue to inventory current needs of children living on-reserve.
- We will continue to work with the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) to establish service coordination in the region.
- FNIHB-QC has been invited to present the initiative to the Quebec First Nations Network on September 28, 2016.
- The steering committee including partners will meet in November.



1) Principe de Jordan - Initiative de l'enfant d'abord

Qu'est-ce que le Principe de Jordan?

- Le 12 décembre 2007, la Chambre des communes a adopté à l'unanimité la motion d'initiative parlementaire (M-296) déclarant que "le gouvernement devrait immédiatement adopter le principe de l'enfant d'abord, basé sur le principe de Jordan, qui a la finalité de veiller à ce que les soins nécessaires à l'enfant ne soient retardés, ni interrompus en raison de litiges sur les compétences".



La nouvelle définition de l'approche

- L'initiative de l'enfant d'abord vise à ce que les enfants des Premières Nations vivant dans les réserves et sur le territoire du Yukon, qui sont atteints d'un handicap ayant une incidence sur leurs activités quotidiennes ou une condition particulière de courte durée aient accès à des services de santé et des services sociaux comparables à ceux vivant hors réserve.

Principe de Jordan, Initiative de l'enfant d'abord – Avant et maintenant

Principe de Jordan 2008

- Une approche basée sur des différends entre le Canada et une province sur le paiement des services
- Enfants des Premières Nations vivant dans une communauté
- Les enfants évalués avec des handicaps multiples nécessitant plusieurs fournisseurs
- Les services requis comparables aux normes de soins provinciales pour les enfants vivant hors réserve (la «norme») dans un emplacement géographique similaire

Principe de Jordan, Initiative de l'enfant d'abord 2016-2019

- Une approche basée sur les besoins, pour s'assurer que les écarts de services ou les différends de compétences entre les gouvernements au sujet du paiement des services n'ont pas pour effet de perturber, de retarder ou d'empêcher l'accès aux services requis
- Comprend un nouveau modèle de coordination des services, rôle assumé par les organisations des Premières Nations
- Enfants Premières Nations vivant habituellement dans une communauté
- Enfants évalués avec :
 - Un handicap ayant une incidence sur leurs activités quotidiennes; ou
 - Une condition particulière de courte durée qui requièrent des services de santé ou de soutien social
- Les services requis comparables aux normes des soins provinciales, au cas par cas

Principes d'orientation

- Initiative d'une durée de 3 ans.
- Le gouvernement fédéral doit soumettre des recommandations pour établir une approche à long terme.
 - La collecte de donnée est un pilier essentiel de la mise en oeuvre (informera le renouvellement).
- L'intention n'est pas de dupliquer les programmes existants, mais de compléter ce qui existe déjà pour assurer que les besoins des enfants des Premières Nations vivant dans les réserves soient pris en compte et qu'il n'y a pas de lacunes dans les soutiens et les services en matière de santé et de services sociaux.
- Références normatives: assurer des accès équitables aux enfants qui habitent habituellement en réserve par rapport à ceux qui vivent hors réserve.
- Initiative pour les enfants des Premières Nations âgés de 0 et 18 ans dans le cas du Québec et qui vivent habituellement dans une réserve.
- Les communautés conventionnées sont exclues puisqu'elles sont intégrées dans le système provincial.

Composantes de l'initiative de l'enfant d'abord

Le 5 juillet, le gouvernement fédéral a annoncé une nouvelle approche au principe de Jordan, avec un investissement de 382 M\$ sur une période de trois ans.

L'initiative comprend les composantes clés suivantes:

1. Une meilleure coordination des services (38M\$)
2. Le règlement de l'accès aux services (327M\$)
3. La mobilisation avec les Premières Nations et les provinces

1. Une meilleure coordination des services

- Le budget régional du Québec pour 2016-2017 est de 811,365\$ (financement préétabli)
- La coordination des services sera effectuée par une ou plusieurs organisations externes et par les communautés des Premières Nations.
- Les fonctions types d'un coordonateur de services pourraient inclure:
 - L'identification et l'évaluation des besoins des enfants et de leurs familles;
 - La facilitation d'une intervention précoce;
 - La conception de plans de soins intégrés;
 - La coordination de l'accès aux services fédéraux/provinciaux et l'aide aux clients à naviguer dans le système;
 - L'implication des points de contact du principe de Jordan, au besoin, pour pallier rapidement les lacunes immédiates en matière de service;
 - Entreprendre la collecte des données, le suivi et les rapports d'activités.

2. Le règlement et la gestion de l'accès aux services

- Le financement peut-être utilisé lorsque les coordonnateurs de services ne peuvent résoudre les enjeux ou lorsque des besoins ont été identifiés et qu'ils ne peuvent être comblés par les programmes existants.
- Le financement est utilisé seulement pour les cas en lien avec l'initiative.
- Le financement sera administré par Santé Canada avec la collaboration d'AANC.
- Chaque cas est différent et chaque demande est différente. Le temps pour obtenir une décision dépend de nombreux facteurs, mais nous allons travailler avec les partenaires pour obtenir une décision rapidement.

3. La mobilisation des partenaires

- Depuis l'annonce ministérielle, la DGSPNI-QC a communiqué avec les communautés par l'entremise d'une lettre.
- Des infirmières de la DGSPNI-QC communiquent actuellement avec les communautés pour mieux comprendre les besoins actuels des enfants dans votre communauté qui pourraient être visés par l'initiative.
- Des discussions préliminaires avec AANC, la CSSSPNQL et la province du Québec ont eu lieu.
- Le comité des partenaires mené par la CSSSPNQL devrait donner les orientations pour la mise en oeuvre de l'initiative.
- Un groupe de travail sera créé avec les partenaires (Comité des coordonnateurs) pour discuter:
 - Des normes de soins provinciales
 - La coordination des services
 - La collaboration pour combler les lacunes recensées dans les services
 - Traitement des litiges (au besoin)

Prochaines étapes

- Nous nous engageons à maintenir les directeurs santé informés et impliqués dans la mise en oeuvre de cette initiative.
- Les infirmières de la DGSPNI-QC continuent de recenser les besoins actuels des enfants vivant sur réserve.
- Nous allons continuer à travailler avec la CSSSPNQL dans le but d'établir les fonctions des coordonnateurs de services dans la région.
- La DGSPNI-QC a été invitée à présenter l'initiative au réseau québécois des répondants autochtones le 28 septembre prochain.
- Une rencontre du Comité des partenaires aura lieu en novembre 2016.