



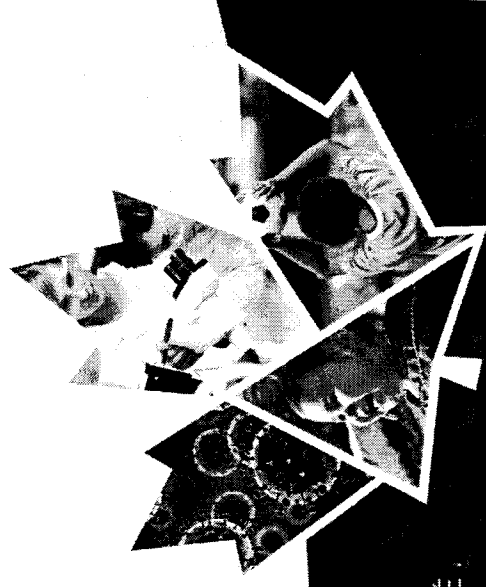
Santé
Canada

Canada

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

RENCONTRE DES RESPONSABLES DES DOSSIERS
AUTOCHTONES DU RÉSEAU DE LA SANTÉ ET DES SERVICES
SOCIAUX DU QUÉBEC

28 septembre 2016



VOTRE SANTÉ ET VOTRE SÉCURITÉ... NOTRE PRIORITÉ.

CONTEXTE

- En décembre 2007, le principe de Jordan (PJ) a été adopté par la Chambre des communes en l'honneur de Jordan River Anderson.
- En 2008, Affaires autochtones et du Nord Canada (AANC) et Santé Canada ont été mandatés de mettre en œuvre le principe de Jordan.
- En janvier 2016, une plainte de la Société de soutien à l'enfance et à la famille des Premières Nations du Canada et de l'Assemblée des Premières Nations a été confirmée par le Tribunal canadien des droits de la personne. Le gouvernement du Canada a reçu l'ordre de cesser l'application de sa définition étroite du PJ, et de prendre immédiatement des mesures pour pleinement mettre en œuvre le sens et la portée de ce principe.
- En juillet 2016, le gouvernement du Canada a annoncé une aide financière pouvant aller jusqu'à 382 M\$ pour la mise en œuvre d'une nouvelle approche du Principe de Jordan – l'initiative de l'enfant d'abord.

La nouvelle définition

- 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 (ex. suite à une opération) 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 ayant des handicaps multiples nécessitant plusieurs fournisseurs

Enfants ayant besoin de services comparables à ceux que reçoivent les autres enfants vivant à l'extérieur des réserves dans un emplacement géographique similaire et répondant aux normes provinciales

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.

Enfants Premières Nations vivant habituellement dans une communauté et qui appartiennent à la catégorie d'âge des « enfants » tel que défini dans leur province/territoire de résidence.

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

Enfants ayant besoin de services comparables aux services répondant aux normes provinciales en matière de soins, et enfants pour lesquels des demandes dépassant la norme sont présentées et examinées 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.
- 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. Pour les enfants dont les demandes dépassent la norme, ils seront examinés au cas par cas.
- Initiative pour les enfants des Premières Nations âgés de 0 et 18 ans et qui vivent habituellement dans une réserve.
- Les communautés conventionnées (cries, Inuits et naskapis) 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 (17M\$)

1. Une meilleure coordination des services

- La coordination des services sera effectuée par une ou plusieurs organisations externes et par les communautés des Premières Nations.
- Les fonctions types des coordonnateurs de l'initiative pourraient inclure:
 - Des fonctions de sensibilisation;
 - L'accueil, l'évaluation et la coordination et;
 - La gestion de cas.

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

- Le financement peut être utilisé lorsque les coordonnateurs de l'initiative ne peuvent résoudre les enjeux ou lorsque des besoins ont été identifiés et qu'ils ne peuvent être comblés par les programmes fédéraux existants.
- Le financement est utilisé seulement pour les cas en lien avec l'initiative et la reddition de compte sera importante.
- 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, Santé Canada a communiqué avec les communautés.
- Des infirmières de Santé Canada communiquent actuellement avec les communautés pour mieux comprendre les besoins actuels des enfants dans les communautés 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. Une rencontre aura lieu le 8 novembre 2016
- Un groupe de travail sera créé avec les partenaires (Comité des coordonnateurs) pour discuter:
 - Des normes de soins provinciales
 - La coordination des services
 - Prise de décision
 - La collaboration pour combler les lacunes recensées dans les services
 - Traitement des litiges (au besoin)

Points de contacts

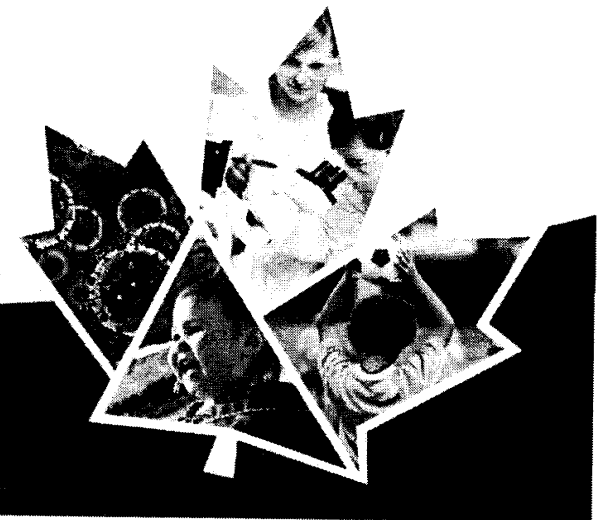
Renseignements au public
Sans frais au: 1-800-567-9604
Courriel: InfoPubs@aadnc-aandc.gc.ca

Familles des Premières Nations en vue d'obtenir ou
d'améliorer des services pour des enfants:
Services de santé non assurés de Santé Canada
Sans frais au: 1-877-483-1575

A New Approach: Jordan's Principle A Child-First Initiative

September 7, 2016

YOUR HEALTH AND SAFETY... OUR PRIORITY.



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.

JP 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
- Children assessed with needing health and/or social supports because of:
 - a disability affecting activities of daily living; OR
 - an interim critical condition affecting activities of daily living
- Child requires services comparable to provincial normative standards of care, AND requests BEYOND the normative standard will be considered on a case-by-case basis

Key Components of JP-CFI

- Implement an enhanced service coordination model of care
- Establish a service access resolution fund
- Engage with First Nations partners and provinces/territories
- Track health and social service needs and requests

Service Coordination

Service Coordination – Roles and Responsibilities

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 the system, including referrals
- Coordinate access to federal, provincial and territorial services
- 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 integrated care plans
- Support planning for clients transitioning into adulthood

- Data collection, analysis and reporting

Service Access Resolution Fund

This Fund Will:

- Enable HC and INAC to respond to the assessed immediate health and social needs of First Nations children living on reserve in a timely manner;
- Meet the unmet needs that are not being addressed through existing F/P/T programming; and
- Include an appeal process.

Tracking service needs and requests

HC and INAC need to better understand the nature and scope of needs, and the jurisdictional service gaps.

Information collected will focus on elements such as:

- Types of unmet needs, number of children requiring services, the normative standard of care, barriers and challenges to accessing services, etc.

Will inform the development of longer-term policy and program reforms.

Stakeholder Engagement

HC and INAC are committed to meaningful engagement with First Nations and provincial/Yukon territorial partners using existing processes.

Initial engagement has focused on:

- Information sharing with partners
- Regional discussions re establishing Service Coordination

Longer-term engagement will be co-led with the AFN and regional First Nations partners to inform longer-term solutions.

Activity Timeline

July 2016: Ministers announcement on new Child-First Initiative

Fall/Winter 2016: Identify Service Coordination organizations; negotiate and sign CAs

Fall 2016: Kick-off meeting for long-term engagement strategy with First Nations and provinces/Yukon territory

Spring 2016: Interim guidance to Regions to take broader approach

Summer 2016: Communicated new approach to First Nations and Inuit national partners, provinces/territories

Fall 2016: Finalize data collection plan

Winter 2016: Service coordination model in place in all Regions

JP-CFI

Questions?

Thank you!

Meeting with Rehabilitation Centre for Children – Jordan's Principle Child First Initiative (JP-CFI) Meeting Minutes

Meeting Date/Time: September 16, 2016 9:30am – 12:00pm

Location: Rehabilitation Centre for Children, SSYC Centre 1155 Notre Dame Avenue, Winnipeg, Manitoba

Attendees:

Rehabilitation Centre for Children (RCC) and Specialized Services for Children + Youth (SSCY):

- [REDACTED] Executive Director, RCC, Community Services Division
- [REDACTED] Director of Rehab Therapies, RCC
- [REDACTED] Manager, SSCY Central Intake

Manitoba Health, Seniors and Active Living

- [REDACTED] Senior Policy Analyst

Health Sciences Centre (HSC)

- [REDACTED] Administrative Director, Regional Women's Health & Child Health Programs, and HSC Women's Hospital & Children's Hospital

Health Canada (HC) - First Nations and Inuit Health Branch (FNIHB):

- [REDACTED] Regional Executive Officer, Manitoba Region
- [REDACTED] Regional Home and Community Care Coordinator / HC JP-CFI Focal Point
- [REDACTED] Junior Program Officer, JP-CFI
- [REDACTED] Nurse Manager Public Health for Health Centres
- [REDACTED] Director, Health Funding Arrangements (HFA)
- [REDACTED] Community Liaison Officer (CLO), HFA

Indigenous and Northern Affairs Canada (INAC):

- [REDACTED] Social Development Operational Specialist / INAC JP-CFI Focal Point
- [REDACTED] First Nation Child & Family Services Program

Regrets: [REDACTED] Regional Director, Manitoba Saskatchewan Region, Public Health Agency of Canada (PHAC)

Next meeting Date: To be confirmed

I. Introductions and Tour of facility 9:30am – 10:30am

Greetings and staff introductions took place. [REDACTED] and [REDACTED] provided the group with an extensive tour of the Rehabilitation Centre for Children and gave overview of the integrated services provided in the centre.

II. Group Meeting and Discussions 10:30am – 12:00pm

[REDACTED] started discussions by thanking RRC / SSCY Staff for the tour of the facility. [REDACTED] expressed challenges we face when trying to serve First Nation clients living on reserve, due to remoteness, access issues, limitations of Non Insured Health Benefits (NIHB) program, provincial differences, jurisdictional issues and lack of investments in North resulting in medical transportation costs being high to access services, etc. [REDACTED] gave background on exciting news regarding the new funding announcement for Jordan's Principal Child First Initiative (JP-CFI) and indicated that the fund is held jointly between HC and INAC, with HC taking the lead role. Each department has a focal point of contact, Betty Ann is the JP-CFI for INAC and Joe Gacheru is the JP-CFI focal point for Health Canada. [REDACTED] also explained that both departments will be collaborating, to ensure a team effort and avoid duplication, we also need to ensure that provincial and other services already being provided won't drop off or be offloaded due to new JP-CFI funding. The initiative is for 3 years, during which time we are to work across jurisdictions to develop long term service solutions. Pam also participates in the ADM oversight committee and

Meeting with Rehabilitation Centre for Children – Jordan's Principle Child First Initiative (JP-CFI) Meeting Minutes

it's hoped her equivalent (Regional Director General) from INAC will also join the committee. [REDACTED] expressed our interest to learn about services of SSCY, what the gaps are and how we might work with RCC in having an agreement in place for them to provide services to our clients on a referral basis. As of right now we are unsure of the volume of services required and number of clients who will be referred. And we need to engage more broadly with other service providers and include First Nations input as well. There may be a pent up demand, which will take time to build up and eventually stabilize. Once the agreement is in place FNIHB will add money to the agreement as needed, in a drawdown fashion. It is important to know that no carry forward option exists with this money, so RCC estimates will need to be as accurate as possible nearing the end of the fiscal year. Payable at Year-End (PAYE's) are not possible with this fund but an advance on new year funding can be done if needed, however preference is to use funds from old year whenever possible. It is our goal to provide eligible JP-CFI clients living on reserve with provincially comparable goods and services offered to people living off reserve in Manitoba. This initiative may also present an opportunity for some children to return home in cases where they were put in agency care off reserve by the parents as the only way for the children to receive services. In each First Nation community in Manitoba, FNIHB funds the community to hire staff to provide programs, hire Health Directors, etc. Unfortunately, communities have less access to experts to assist them with providing comparable services. It's our goal to connect community service workers to resources, experts, develop capacity and expertise within the aboriginal communities. The JP-CFI fund will also be used to support service coordination at the First Nation (FN) and Tribal Council (TC) levels, as well as at service organizations. The new money from this fund will also be used to provided eligible JP-CFI clients with respite services (through our Home and Community Care Program), physiotherapy, occupational therapy, speech therapy, equipment adaptation to vehicles, etc. Example of a previous gap was hospital beds (which now can be approved through NIHB).

[REDACTED] and [REDACTED] reviewed Schedule B with the group from the Contribution Agreement (CA). The CA outlines expectation of funder and recipients. The idea is for the CA to be systematic, to be used for all communities, drawdown money, add money as/when needed, without delaying eligible services. Multiple changes to the draft schedule were suggested to broaden the scope of the agreement to keep it open to so that it could be used to fund different services and goods as the initiative grows and evolves. The goal of the CA is to provide provincially normative/comparable services and goods to children and youth (ages 0-18) with disabilities (including short term conditions) in accordance with the Jordan's Principal Child First Initiative (JP-CFI). Provider travel is an eligible expense under the CA and the preferred method of coordinating services in cases where it makes sense for the providers to travel into communities instead of bringing individual clients out to RCC. This approach maximizes the amount of clients they can provide service to without exhausting the fund on travel costs. Travel for more than a day trip is preferred again due to high travel costs and maximizing service delivery. RRC mentioned that they would like to be invited by the community to provide services in their community. FNIHB mentioned we will be having a Public Health (PH) nurses and Home and Care Coordinators (HCC) annual meeting scheduled in October (dates to be confirmed) with one day dedicated to JP-CFI. This would be an opportunity for introductions and a chance to meet some workers from the communities. Joe to add RCC/SSCY to the agenda once confirmed.

RCC mentioned they work with various sources and partners such Society for Manitobans with Disabilities (SMD), St. Amant Centre, Health Sciences Centre (HSC), Regional Health Authorities (RHA's) Children Therapy Initiative (CTI), School divisions, etc. Under the contribution agreement with FNIHB, RCC would act as the banker and would coordinate and sub-contract out services/goods delivery with partners and other service providers when they cannot provide services themselves or when they can't be provided in-house. RRC clarified that Specialized Services for Children and Youth (SSCY) is not a legal entity, so the agreement would be with Rehabilitation Centre for Children (RCC). RRC would like to start initially with providing four therapy services (speech therapy, audiology, occupational therapy and physiotherapy). Regular reports from RRC would be required. FNIHB mentioned again our preference and ideal to have services delivered locally, and the FNIHB is willing to fund

Meeting with Rehabilitation Centre for Children – Jordan's Principle Child First Initiative (JP-CFI) Meeting Minutes

health provider travel to do so. FNIHB clarified that the JP-CFI is not a program; it is a three year interim/initiative only at this point. However, FNIHB mentioned that our Home and Community Care Program (HCCP) will continue to provide services to eligible clients under that program including for adults (over 18 years old). Our HCCP is familiar with case management and coordinating with other programs for health and social services such as the in Home Care program (INAC) to deliver services with a holistic and team approach.

There is also a potential to fund RCC for the service coordination, as the new clients referred from FNIHB may increase their administrative workload within their organization. At this time FNIHB is uncertain of the volume of clients who will be requiring services and how fast the need will grow. RCC expressed that they would like FNIHB to consider assigning someone to work in their centre in the beginning. It was mentioned that Raymond would be starting full time in October working on this initiative and he would be available to them as their regular point of contact in terms obtaining approving for clients to receive services/goods from RCC under the CA. The workflow would include the HC/FNIHB Focal Point sending cases to Raymond, who would obtain approval from Head Quarters (HQ), and make the amendment to the CA to add funding.

RCC mention that their work with Children Therapy Initiative (CTI) in Thompson is getting a lot of clients from FN communities in the Island Lake areas. For example, they already received 65 referrals for services such as speech therapy, occupational therapy, audiology, etc. Supply of professional staff to deliver services is a concern, may need to recruit additional staff. RCC also advised they will get client consent for information sharing with its partners and FNIHB. FNIHB mentioned information sharing was likely covered under implied consent and our 'circle of care' but that it would be a good idea to have a consent form in place to ensure compliance with privacy laws.

III. Action Items & Next Steps

- [REDACTED] to circulate the draft of Schedule B for further edits. Hoping to finalize CA between FNIHB & RCC shortly.
- [REDACTED] to add RCC to agenda for the PH & HCC's meeting in October.
- Joint JP-CFI message from HC & INAC to be sent to all Manitoba First Nation Chiefs & Councils (C&C's).
- Quarterly meetings with FNIHB staff and RCC to follow up, review processes, check in, etc.



**MOVING FORWARD TOGETHER
PUBLIC HEALTH & HOME CARE NURSES ANNUAL MEETING
OCTOBER 18-20, 2016
CLUB REGENT CANAD INNS
3-DAY AGENDA**

DAY 1 – October 18, 2016

7:00 am – Breakfast (provided)

Time	Ambassador Ballroom
8:30am – 9:00am	<p>██████████ – Emcee/Elder</p> <ul style="list-style-type: none"> • Opening Prayer • Review of Agenda
9:00am – 10:15am	Opening Remarks – Presented by ██████████, Regional Executive Officer – FNIHB
10:15am – 10:30am	HEALTH BREAK
10:30am – 11:15am	Rehabilitation Centre for Children – Presented by ██████████ – Executive Director, Director of Community Services, WRHA Child Health Program
11:15am – 12:15pm	Panel Discussion: Roles for Children First Initiative: ██████████, ██████████, ██████████, & ██████████
12:15pm – 1:15pm	LUNCH (provided)
1:15 pm – 2:15 pm	<p>“My Child, My Heart” – Presented by Pinaymootang First Nation</p> <p>Presented By: ██████████ – Executive Health Director & ██████████ – Case Manager</p>
2:15 pm – 2:30 pm	HEALTH BREAK
2:30 pm – 3:30 pm	<p>“Children with Disability Project” – Presented by Opaskwayak Cree Nation</p> <p>Presented By: ██████████</p>
3:30 pm – 4:00 pm	“Putting it all together” – Presented by ██████████

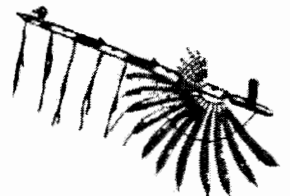
4:00 pm – DAY 1 ADJOURNED

HEAD OFFICE:

Long Plain Reserve #6B, Band #287
P.O. Box 338, 5010 Crescent Road West
Portage la Prairie, MB, R1N 3B7
Ph: (204) 239-8650
Fax: (204) 857-6037

HEALTH SERVICES:

Unit 1, 4820 Portage Avenue
Headingley, MB, R4H 1C8
Ph: (204) 988-5370
Fax: (204) 947-5179



DAY 2 – OCTOBER 19, 2016

7:00 AM: Breakfast (provided)

Time	Ambassador Ballroom A & B (CHN)	Ambassador Ballroom C & D (HCC)
9:00 – 9:30 am	FNIHB Public Health Updates, [REDACTED]	FNIHB Home & Community Care Updates, [REDACTED]
9:30am – 10:00am	Harm Reduction Presented by 595 Prevention Team	HCCP Nursing Policy & Procedure Manual Presented by [REDACTED]
10:00am – 10:15am	Best Start Resources – Presented by [REDACTED] CHN	ESDRT/HRTT Updates Presented by, [REDACTED]
10:15 – 10:30 am	HEALTH BREAK	HEALTH BREAK
10:30am – 12:00 am	Public Health Unit: •	Virtual Hospice- Presented by,
12:00pm – 1:00pm	LUNCH (provided)	
1:00pm – 2:00 pm	Public Health Standards – Presented by [REDACTED]	
2:00pm – 2:15 pm	HEALTH BREAK	
2:15 pm – 3:15 pm	Healthy Living Screen, Presented by Waywayseecappo First Nation- [REDACTED] & [REDACTED]	
3:15 pm – 4:00 pm	Health Services Integration Fund (HSIF) Initiatives – Presented by [REDACTED]	

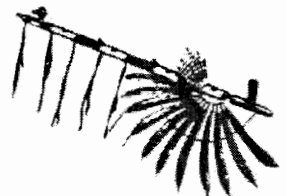
4:00 pm – DAY 2 ADJOURNED

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P.O. Box 338, 5010 Crescent Road West
Portage la Prairie, MB, R1N 3B7
Ph: (204) 239-8650
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Day 3 - OCTOBER 20, 2016

7:00 AM: Breakfast (provided)

Time	Ambassador Ballroom
9:00 am – 10:45 am	Key note speaker – [REDACTED]
10:45 am – 11:00 am	HEALTH BREAK
11:00 am – 12:00 pm	Panorama Update, Presented by [REDACTED], & [REDACTED] [REDACTED]
12:00 pm – 1:00 pm	LUNCH (provided)
1:00 pm – 2:00 pm	HCCP Nurse Authorizer – Presented by [REDACTED]
2:00 pm – 2:15 pm	HEALTH BREAK
2:15 pm – 3:15 pm	Chronic Condition Management Chart – Presented by [REDACTED], Clinical Nurse Specialist-FNIHB
3:15 pm – 4:00 pm	Retiring Staff & Acknowledgements

4:00 PM:

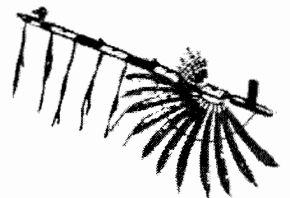
- Closing remarks,
- Closing Prayer

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September 7, 2016

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Key Components of JP-CFI

- Implement an enhanced service coordination model of care
- Establish a service access resolution fund
- Engage with First Nations partners and provinces/territories
- Track health and social service needs and requests

Service Coordination

Service Coordination – Roles and Responsibilities

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- 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 the system, including referrals
- Coordinate access to federal, provincial and territorial services
- 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 integrated care plans
- Support planning for clients transitioning into adulthood

- Data collection, analysis and reporting

Service Access Resolution Fund

This Fund Will:

- Enable HC and INAC to respond to the assessed immediate health and social needs of First Nations children living on reserve in a timely manner;
- Meet the unmet needs that are not being addressed through existing F/P/T programming; and
- Include an appeal process.

Tracking service needs and requests

HC and INAC need to better understand the nature and scope of needs, and the jurisdictional service gaps.

Information collected will focus on elements such as:

- Types of unmet needs, number of children requiring services, the normative standard of care, barriers and challenges to accessing services, etc.

Will inform the development of longer-term policy and program reforms.

Stakeholder Engagement

HC and INAC are committed to meaningful engagement with First Nations and provincial/Yukon territorial partners using existing processes.

Initial engagement has focused on:

- Information sharing with partners
- Regional discussions re establishing Service Coordination

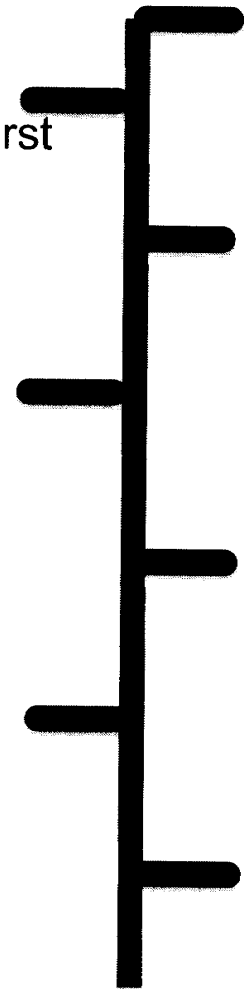
Longer-term engagement will be co-led with the AFN and regional First Nations partners to inform longer-term solutions.

Activity Timeline

July 2016: Ministers announcement on new Child-First Initiative

Fall/Winter 2016: Identify Service Coordination organizations; negotiate and sign CAs

Fall 2016: Kick-off meeting for long-term engagement strategy with First Nations and provinces/Yukon territory



Spring 2016: Interim guidance to Regions to take broader approach

Summer 2016: Communicated new approach to First Nations and Inuit national partners, provinces/territories

Fall 2016: Finalize data collection plan

Winter 2016: Service coordination model in place in all Regions

JP-CFI

Questions?

Thank you!

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.

Service Access Resolution and Management

The service access resolution and management function will provide the ability to intervene and prevent a disruption or delay in supports and services – which is key to

the Government's response to the Canadian Human Rights Tribunal decision regarding Jordan's Principle.

How it will work

The service access resolution fund will be administered by Health Canada with joint oversight by Health Canada and Indigenous and Northern Affairs Canada Assistant Deputy Ministers.

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 the fund.

Engaging Partners

Engagement is a key component of the new approach to Jordan's Principle.

How it will work

First Nations and jurisdictional partners will be engaged on the design, management and implementation of the service access resolution and management component, as well as longer-term policy and program reform.

Professional Health Services & Equipment
(Ex: doctors, community health nurse, screening and diagnosis clinics, wheelchairs, audio/visual supports, speech & language services).

Educational Services & Awareness
(Ex: resources/equipment, classroom aides, building/classroom modifications, transition to school, awareness/educational campaigns in school and community).

In a perfect world, what kind of supports would be available to families and children with exceptional needs to live healthy and fulfilling lives?

Cultural & Community Supports
(Ex: elders, attendance at cultural events, accommodations for participation, cultural teachings).

Personal & Emotional Supports
(Ex: counselling, support groups, companion/buddy for the child, peer activities and supports).

Healthy Child Development Engagement Session

Dates:

Location:

Background:

FNIHB funds First Nations to provide services for children ages 0-6 years through Maternal Child Health (MCH), Fetal Alcohol Spectrum Disorder (FASD), and Aboriginal Head Start On-Reserve (AHSOR). These programs are able to offer some services to children with exceptional needs living on-reserve. FNIHB-SK also funds ECIP agencies to provide services for children ages 0-5 with exceptional needs living on-reserve.

FNIHB-SK recognizes the importance of gaining a better understanding of the successes of existing services and to learn where more work is necessary. This includes services for children aged 0-6 years with exceptional needs as well as services for those ages 6-18 years.

Meeting Objective:

To review available services for First Nations children with exceptional needs living on-reserve, to gather information about services required for these children and their families, and to work toward interim plans to meet these needs quickly and effectively.

Agenda

Opening prayer

Introduction & Review of session agenda and context

Presentation by MCH/FASD/AHSOR and ECIP (overview of what programs do)

Group Activity

6 – 8 questions about what services are available for children with exceptional needs and their families (small groups)

Brief recap of responses (5 min)

Summary and Evaluation of Today

Closing Remarks

Closing prayer

A New Approach: Jordan's Principle A Child-First Initiative

September 7, 2016



YOUR HEALTH AND SAFETY... OUR PRIORITY.

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.

JP 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
- Children assessed with needing health and/or social supports because of:
 - a disability affecting activities of daily living; OR
 - an interim critical condition affecting activities of daily living
- Child requires services comparable to provincial normative standards of care, AND requests BEYOND the normative standard will be considered on a case-by-case basis

Key Components of JP-CFI

- Implement an enhanced service coordination model of care
- Establish a service access resolution fund
- Engage with First Nations partners and provinces/territories
- Track health and social service needs and requests

Service Coordination

Service Coordination – Roles and Responsibilities

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 the system, including referrals
- Coordinate access to federal, provincial and territorial services
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- Support the full continuum of case management processes
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Will inform the development of longer-term policy and program reforms.

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HC and INAC are committed to meaningful engagement with First Nations and provincial/Yukon territorial partners using existing processes.

Initial engagement has focused on:

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- Regional discussions re establishing Service Coordination

Longer-term engagement will be co-led with the AFN and regional First Nations partners to inform longer-term solutions.

Activity Timeline

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Summer 2016: Communicated new approach to First Nations and Inuit national partners, provinces/territories

Fall 2016: Finalize data collection plan

Winter 2016: Service coordination model in place in all Regions

JP-CFI

Questions?

Thank you!



Health Santé
Canada Canada

First Nations and Inuit Health Branch, Alberta Region
Suite 730, 9700 Jasper Avenue
Edmonton, Alberta T5J 4C3

July 7, 2016

RE: Government of Canada's New Approach to Implementing Jordan's Principle

Dear Chiefs of Alberta:

I am pleased to share with you that the Ministers of Health and Indigenous and Northern Affairs have announced a new approach to the implementation of Jordan's Principle (see announcement and fact sheet attached).

This new approach focuses on First Nations children on reserve with an ongoing disability affecting their activities of daily living, as well as those who present with a short-term condition for which there is a critical need for health or social supports. The Government of Canada will fund and facilitate well-coordinated, timely services and supports meeting the needs of vulnerable First Nations children.

Specifically, the Government of Canada will dedicate \$382 million over three years to ensure the health and social needs of First Nations children with a disability or a short term condition living on reserve are met.

In my June 24th update to Health Co-Management, I indicated that First Nations and Inuit Health Branch, Alberta region (FNIHB-AB) has been reviewing past cases whereby Jordan's Principle may apply and is working to address outstanding issues. The region has also implemented a central point of contact for communities or individuals regarding Jordan's Principle. Recognizing the divergent and complex health needs covered under Jordan's Principle, FNIHB-AB at 1-855-809-6966 will direct each call to the staff best suited to facilitate the services required.

Moving forward, a new Service Coordination function will be established and funded through Funding Arrangements to proactively identify and address the needs of children with disabilities. Further, the Service Access Resolution component will address immediate risk of service delay or disruption on a case by case basis with access to a source of funds to address critical unmet health and social needs.

In the coming weeks, I look forward to working with you, Health Co-Management, and our other partners, on the design, management and implementation of the Service Access Resolution and Management and Service Coordination components, as well as longer-term policy and program reform.

Sincerely,

Jocelyn Andrews
Regional Executive Officer
First Nations and Inuit Health Branch, Alberta Region

Canada

cc. Health Directors
Health Co-Management
Jim Sisson, Regional Director General, Indigenous and Northern Affairs Canada
Dr. Carl Amrhein, Deputy Minister, Alberta Health
Donavon Young, Deputy Minister, Alberta Indigenous Relations

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

Jordan's Principle Fact Sheet

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.

See Jordan's Principle [Fact Sheet](#) for details

Jordan's Principle Fact Sheet

Addressing the Needs of First Nations Children On-reserve

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 requiring health or social services. It ensures all children have access to the health and social services they need. This proactive response will be provided with \$382 million over three years in funding. Work is starting immediately and Indigenous and Northern Affairs Canada and Health Canada are already applying the broader definition.

The \$382 million approach to Jordan's Principle includes the following key components:

- Enhanced Service Coordination
- Service Access Resolution

In addition, the Government of Canada will engage with provinces and Yukon and First Nations partners on a longer-term approach.

Together these activities 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 health and social support and service needs of vulnerable First Nations children.

Enhanced Service Coordination

The Service Coordination function addresses critical gaps for First Nations children living on-reserve. It will proactively identify and 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 external organizations, such as Regional Health Authorities or Tribal Councils, who will hire a regional Service Coordinator to:

- 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 regional Jordan's Principle focal points, as necessary, to expediently address immediate service gaps.

Service Access Resolution and Management

The service access resolution and management function will enable JP focal points to respond to the critical needs of First Nations children on reserve who have a disability or a discrete short term condition requiring health or social services, preventing a disruption or delay in supports and services – which is key to the Government's child-first principle.

How it will work

The service access resolution fund will be administered by Health Canada with joint oversight by Health Canada and Indigenous and Northern Affairs Canada Assistant Deputy Ministers.

While Service Coordination facilitates early intervention, the service access resolution fund will allow an immediate response to the critical health and social needs of First Nations children living on-reserve.

Engaging Partners

Engagement is a key component of the new approach to Jordan's Principle.

How it will work

First Nations partners, provinces and Yukon government will be engaged on the design, management and implementation of the Service Access Resolution and Management and Service Coordination components, as well as longer-term policy and program reform.



First Nations and Inuit Health Branch, Alberta Region
Suite 730, 9700 Jasper Avenue
Edmonton, Alberta T5J 4C3

August 08, 2016

RE: Government of Canada's New Approach to Implementing Jordan's Principle

Dear all FNIHB and Band Employed Nurses:

Recently the Ministers of Health and Indigenous and Northern Affairs announced a new approach to the implementation of Jordan's Principle (see announcement and fact sheet attached). It is important that you are aware of Jordan's Principle and this "Child First" approach as it has potential impacts for your clients.

The Child First approach focuses on First Nations children with an ongoing disability affecting their activities of daily living, as well as those who present with a short-term condition for which there is a critical need for health or social supports. The Government of Canada will fund and facilitate well-coordinated, timely services and supports meeting the needs of vulnerable First Nations children.

Specifically, the Government of Canada has dedicated \$382 million over three years to ensure the health and social needs of First Nations children with a disability or a short term condition are met.

First Nations and Inuit Health Branch, Alberta region (FNIHB-AB) has been reviewing previous requests whereby the Child First approach may apply and is already working to address outstanding issues. The region has also implemented a central point of contact for communities or individuals that have questions about the Child First approach. Recognizing the divergent and complex health needs; inquiries should be directed to 1-855-809-6966 and FNIHB-AB staff will then triage each call to the area best suited to facilitate the services required.

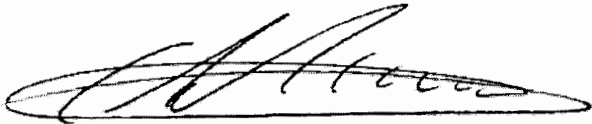
Moving forward, a new Service Coordination function will be established and funded through Funding Arrangements to proactively identify and address the needs of children with disabilities.

Please see below a brief overview of Jordan's Principle and the First Child approach. I have also provided a reference guide as to how you can assist clients and individuals you are working with. Please review this material, including the Announcement and Fact Sheet attached, so that together we can provide the highest quality health services in First Nations communities.

Overview for Nurses:

- Please read the information below/attached to orientate yourself to the new approach.
- There will be further details coming to help guide your assistance with these clients.
- As part of your regular work, if you see or are approached about a First Nations child with disabilities (short term or long term) that may not be receiving the needed health or social services normally provided to a child off-reserve, please contact FNIHB-AB at: 1-855-809-6966 where your call will be directed to the staff best suited to facilitate the services required.
- The Government of Canada and FNIHB Alberta Region are immediately implementing actions in support this new approach.
- Further engagement with First Nations leadership and provincial partners is underway.

Sincerely,



Shawn Grono
Director of Nursing
First Nations and Inuit Health Branch, Alberta Region

Attachments: Guide for Nurses on Jordan's Principle – A Child First Approach

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

Jordan's Principle Fact Sheet

Information for Nursing Staff Jordan's Principle

What is Jordan's Principle?

- A principle used in Canada to resolve disputes between government authorities about who pays for services for First Nations children.
- Jordan's Principle ensures that First Nations children can access services the same as all children in Canada. They should not experience any service denials, delays or disruptions related to their First Nations status.
- The government has expanded how Jordan's Principle is used to ensure it focuses on the needs of the child.
- On July 5, 2016, the Minister of Health, along with the Minister of Indigenous and Northern Affairs, announced the Government's commitment of up to \$382 million over three years to implement a new approach to Jordan's Principle. This includes funding for an Enhanced Service Coordination model of care, and a Service Access Resolution mechanism.
- The new approach focuses on First Nations children living 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. The scope of Jordan's Principle has been expanded to include disputes between federal departments, and not only between the federal and provincial/territorial governments.
- The region has implemented a central point of contact for communities or individuals regarding Jordan's Principle. Recognizing the divergent and complex health needs covered under Jordan's Principle, FNIHB-AB staff can be contacted at 1-855-809-6966 where each call will be triaged to the area best suited to facilitate the services required.

What is Health Canada Doing?

- Health Canada helps ensure First Nations children and families have access to the health and social services they need.

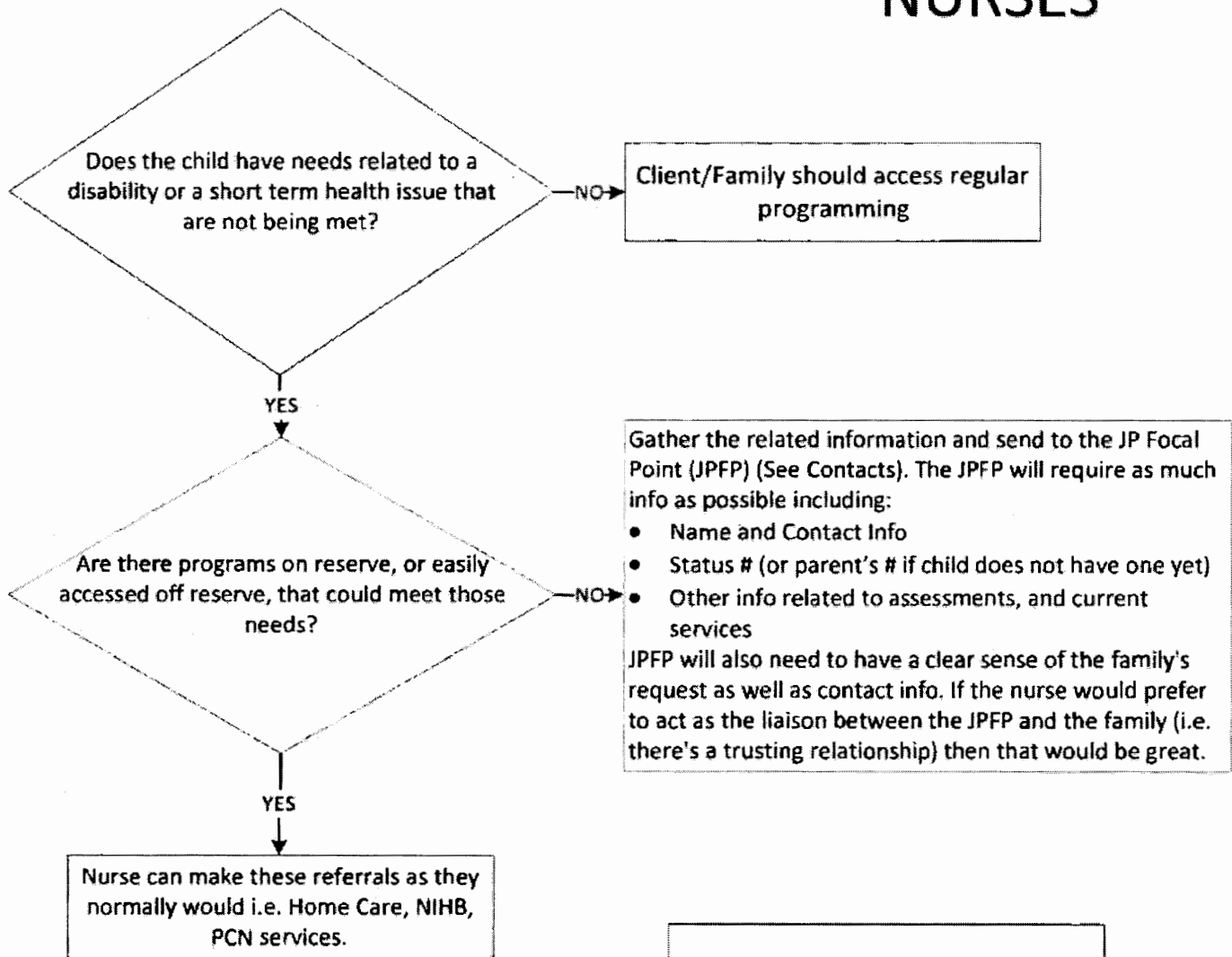
- We work closely with Indigenous and Northern Affairs Canada and other partners to ensure First Nations children can access services needed.
 - If a child needs services or support that cannot be addressed quickly within existing authorities Jordan's Principle contacts (focal points) will work with partners to immediately resolve.

- When a need is beyond the known, existing or available resources, an initial assessment is carried out to determine:
 - need/issue/problem
 - background/context/living conditions
 - services or types of services required
 - estimated cost and timeframe (i.e. short-term intervention or chronic long-term)
 - recommendations provided by a professional or other service provider of the requested service or item
 - If the service is within the normal standard of care, or is an exceptional circumstance that may be covered by the province/territory or FNIHB. We may also reach out to a third party provider or other organization to seek assistance in having the item covered (e.g. volunteer organization, etc.).

- The region has implemented a central point of contact for communities or individuals regarding Jordan's Principle. Recognizing the divergent and complex health needs covered under Jordan's Principle, FNIHB-AB staff can be contacted at 1-855-809-6966 where each call will be triaged to the area best suited to facilitate the services required.

Jordan's Principle – A Child-First Approach

NURSES



CONTACTS – FNIHB-AB
Jordan's Principle "Focal Points" (JPFP):

Please call FNIHB-AB Reception and ask to speak to someone about "a client related to Jordan's Principle"

1-855-809-6966

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

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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.

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Contacts

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Minister of Health
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Sabrina Williams
Press Secretary
Office of the Honourable Carolyn Bennett
819-997-0002

Media Relations
Indigenous and Northern Affairs Canada
819-953-1160

Public Inquiries:
(613) 957-2991
1-866 225-0709

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

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Discussion Items
Health Directors Meeting
Treaty 7 Management Corporation
August 11, 2016

1. Child's First Initiative (Jordan's Principle)
2. Mental Health Interim Measures
3. Minister Philpott Visit - Priorities
 - Mental Health And Wellness
 - Home Care
 - Non Communicable and Infectious Disease
 - Health Human Resources
 - Stigma and Discrimination
4. Regional Engagement Sessions Considerations
 - Province / First Nation bilateral
 - Joint Action Health Plan
 - Treaty area specific
 - HCOM governance structure

Discussion Items
PTO Check-In
Confederacy of Treaty Six First Nations
August 24, 2016

1. Child's First Initiative (Jordan's Principle)
2. Minister Philpott Visit - Priorities
 - Mental Health And Wellness – Prevention/Promotion
 - Home Care
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 - Province / First Nation bilateral
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Discussion Items
PTO Check-In
Treaty 8 First Nations of Alberta
September 6, 2016

1. Child's First Initiative (Jordan's Principle)
2. Minister Philpott Visit - Priorities
 - Mental Health And Wellness – Prevention/Promotion
 - Home Care
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Regional Collaborative Service Delivery Expansion to First Nations

Advisory Committee
AGENDA
September 12, 2016
2:00-4:00pm
Room 904 (Ninth Floor)
44 Capital Blvd (10044-108 Street Edmonton)

Support the expansion of Regional Collaborative Service Delivery to First Nations.

Agenda:

1. Welcome and Introductions
 - Project Lead
2. Agenda Review
3. Review Meeting Notes from May 9, 2016 Meeting
4. Terms of Reference Review (Discussion)

New Business:

5. Project Status - Update
6. First Nations Engagement - Update (Discussion)
7. Funding Allocations to RCSD Regions - Update
8. Other

Next Meeting: October 12, 2016 Room 904 -44 Capital Blvd.

A New Approach: Jordan's Principle - Child-First Initiative

**putting children first*

September 15, 2016



YOUR HEALTH AND SAFETY... OUR PRIORITY.

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;
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- 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.

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- 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.

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- 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
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JP-CFI

Questions?

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A New Approach: Jordan's Principle A Child-First Initiative

September 7, 2016



YOUR HEALTH AND SAFETY... OUR PRIORITY.

Background

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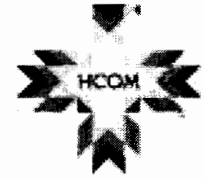
JP-CFI

Questions?

Thank you!

Mental Health and Addictions Subcommittee

Agenda



Date: September 27-29, 2016	Location: [REDACTED]	
Teleconference Info:	[REDACTED]	Participant Access code [REDACTED]

1. Youth Prevention Programming and Services to include historical, traditional and language education in partnership with C & Y Subcommittee and AANDC (CFS Program).
2. Integrating addiction counselling services with NIHB Mental Health Crisis counselling services/traditional healers in partnership with NIHB Subcommittee.
3. Accessible Detox services in partnership with HSIF (including AHS, AH) and NIHB Subcommittee (Medical Transportation).
4. Comprehensive and accessible addiction recovery support programs for on and off reserve members in partnership with AANDC (income support), NIHB Subcommittee and AHS.
5. (MHA) Elders Advisory with consideration for Joint Work Plan activities.
6. House of Healing – healing support for front line mental health and addictions workers partnership

Date: September 27 – Day 1

Topic	Activity	Lead	Time	Prerequisites
<i>Topic</i>	<i>What is to be covered</i>	<i>Who will lead the discussion?</i>		<i>Information, action, decision?</i>
Opening prayer		Volunteer	9:00 – 9:05	
Introductions			9:05 – 9:10	
Review of agenda	Review and approval of the agenda	Co-Chairs	9:10 - 09:15	Agenda
Review minutes	Errors and omissions to be identified and noted	Co-Chairs	9:15 - 9:25	Last meeting minutes
Review Meeting Norms	Review of meeting Norms	Co-Chairs	9:25 – 9:30	
Elder's Declaration		Co-Chairs	9:30 – 9:45	
Operational Plan	Update	[REDACTED]	9:45 – 10:15	Information
Break			10:15 – 10:30	
Child First Initiative	Update	[REDACTED]	10:30 – 11:00	Information
Mental Wellness Team	Update	[REDACTED]	11:00 - 11:30	Information
Treaty 6 FLW	Discussion	[REDACTED]	11:30 – 11:45	
NAYSPS Funding	Update	[REDACTED]	11:45 – 12:15	Information
Lunch			12:15-1:15	
Strategic Planning		[REDACTED]	1:15 – 2:15	
Break			2:15 – 2:30	
Strategic Planning		Facilitator	2:30 – 4:00	
Wrap up	Reflect on key learnings and discuss next steps	Facilitator	4:00 – 4:15	
Adjourn	Day 1		4:15	
Close of Day				

A New Approach: Jordan's Principle A Child-First Initiative

September 7, 2016



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JP-CFI

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October 6, 2016

**Child and Family Services Engagement Process:
Senior Officials Steering Committee Meeting**

Fantasyland Hotel, Edmonton

17700 – 87 Avenue, Conference Room 5

AGENDA

- 1:15 pm Opening Prayer, Elder TBD
- Introduction of Co-chairs:
- [REDACTED] ADM, First Nations and Metis Relations, Alberta Indigenous Relations
 - [REDACTED] CEO, Treaty 7 Management Corporation
- Round Table/Introductions – All
- Review of Agenda
- Review and update of minutes from previous meeting (June, 2016)
- 1:30 pm Operational Items:
- Review of SOSC TOR - All
 - Communications Processes - All
 - Funding - All
- 2:00 pm Cultural Connections for Indigenous Children in Care (Presentation)
– [REDACTED] CYS, Human Services
- 2:30 pm OCYA Review on Aboriginal Youth Suicide – [REDACTED] HS
- 3:00 pm Health Break
- 3:15 pm Federal Engagement (Discussion) – [REDACTED] INAC
- 3:30 pm Children's First Initiative-Jordan's Principle (Update) – [REDACTED]
[REDACTED] FNIB (Guest)
- 4:00 pm Updates from TWG Meeting
- 4:15 pm Next Meeting/Steps
- 4:30 pm Closing prayer and adjournment

A New Approach: Jordan's Principle - Child-First Initiative

**putting children first*

September 15, 2016



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Agenda – Regional Middle Mangers Meeting

Date: October 11, 2016

Time: 9:00-11:00am

Location: Rm 201, Canada Place

Purpose	1. To confirm the purpose of and processes used by RMMC 2. To create a sense of team among the membership
Meeting Facilitators	Brent Henry & Emily Vespi (Co-Chairs)
Meeting Scribe	TBD – provided by PSU
Pre work	Please bring 3-5 ideas of ground rules you would like to set for RMMC meetings. How should people behave? What are the expectations?



#	Time	Who	Topic	Process	Payoff
1	9:00-9:05	Co-Chairs	Welcome	Round table introductions	Participants are introduced to each other
2	9:05-9:35	[REDACTED]	Purpose of RMMC	Presentation	There is a common understanding of the purpose and role of RMMC
3	9:35-10:15	[REDACTED]	Creating a team norms and ground rules	Use the silent sort method to identify key rules from the ones provided by participants	Participants build relationships while practicing collective problem solving. Ground rules are established.
5	10:15-10:30	Health Break			
6	10:30-10:55	[REDACTED] & [REDACTED]	Child First Initiative	Presentation	Participants are aware of the implications of the new Child First Initiative.
6	10:55-11:00	Co-Chairs	Post meeting evaluation	Dotmocracy on successes and improvements	Participants and co-chairs understand how the meeting process can be improved.



HCoM.CA

**HCoM Committee In-Camera Agenda
Rivercree Resort, Edmonton, Alberta
October 13, 2016**

Item	Items	Results	Participants	Time	Prerequisites
In-Camera Discussion	<ul style="list-style-type: none">• Victims of Violence Funding• HCoM Hosting Options• Jordan's Principle – Child First Initiative• Joint Action Health Plan	Discussion	Lead: Co-Chairs In-Camera: HCoM Committee Members Only	3:30 pm	TBA

DRAFT



HCoM Committee Meeting Agenda
Rivercree Resort, Edmonton, Alberta
October 13, 2016

Overall Purpose:

A regular HCoM Committee meeting to advance the Alberta First Nation's health agenda.

Overall Outcomes:

To advance the work of the committee and subcommittees and to ensure necessary follow-up as required.

<i>Item</i>	<i>Activity/ Items</i>	<i>Results</i>	<i>Lead</i>	<i>Time</i>	<i>Prerequisites</i>
Opening Comments			[REDACTED]	5:30 pm	
Dinner			HCoM Committee	5:35 pm	
HCoM 2015-2016 Annual Review	Review of HCoM 2015-2016 Annual Review	Decision	[REDACTED]	6:15 pm	HCoM 2015-2016 Annual Review
HCoM Evaluation & implementation Task Force	HCoM Evaluation & Implementation Task Force Update	Discussion	[REDACTED]	7:00 pm	HCoM Task Force Update
Adjournment				8:00 pm	

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