



Indigenous Services Canada FNIHB – Ontario Region

   Joint Gathering – Technical Tables





ISC FNIHB ON Presentation Overview

Objectives:

Generate dialogue and provide updates on:

- Jordan's Principle
- Mental Wellness
- Engagement
- Highlights Budget 2017
- Budget 2018



Implementing Jordan's Principle – Child First Initiative

- The Government of Canada is committed to implementing the Canadian Human Rights Tribunal ruling on Jordan's Principle and ensuring that First Nations children have equitable access to public services as other Canadian children.
- The Jordan's Principle Child-First Initiative (CFI) was introduced in July 2016 as a three-year interim initiative to respond to the unmet health, social, and education needs of First Nations children in Canada.
- While CFI is currently scheduled to end in March 2019, Jordan's Principle is a legal requirement that Canada will continue to implement. We anticipate the MC and the TB submission in mid fall, and will be able to communicate more details moving forward by late fall, early winter.
- Between July 2016 and August 2018:
 - Approximately 38,500 requests for products, services and supports approved for First Nations children in Ontario
 - Support for over 20,000 children and youth through group requests
 - More than 99 percent of the requests received have been approved
 - Over \$190M allocated to date.



Implementing Jordan's Principle (Cont'd)

- The Choose Life Pilot project was developed in partnership with Nishnawbe Aski Nation (NAN) to create a concrete simplified process for communities in NAN territory to apply for mental health supports for children and youth through Jordan's Principle funding.



Canadian Human Rights Tribunal (CHRT) Decision on Child & Family Service Agencies

CHRT Order 426 states:

Canada to fund actual costs of mental health services to First Nations children and youth from Ontario, including as provided by First Nations, Tribal Councils, First Nations Child & Family Service Agencies, parents/guardians or other representative entities retroactively to January 26, 2016, by February 15, 2018, or within 15 business days after receipt of the documentation of expenses.

I

EXTERNAL USE

Protected B when completed

DEPARTMENT OF INDIGENOUS SERVICES CANADA
REIMBURSEMENT FORM FOR MENTAL HEALTH SERVICES – CHRT ORDER par.426

Please identify if you are a:

- Child over 16 years
 - Parent/Guardian
 - Authorized Representative of the Parent/Guardian
 - Tribal Council, First Nation Organization, First Nations Child and Family Service Agencies
- Or other, please specify _____

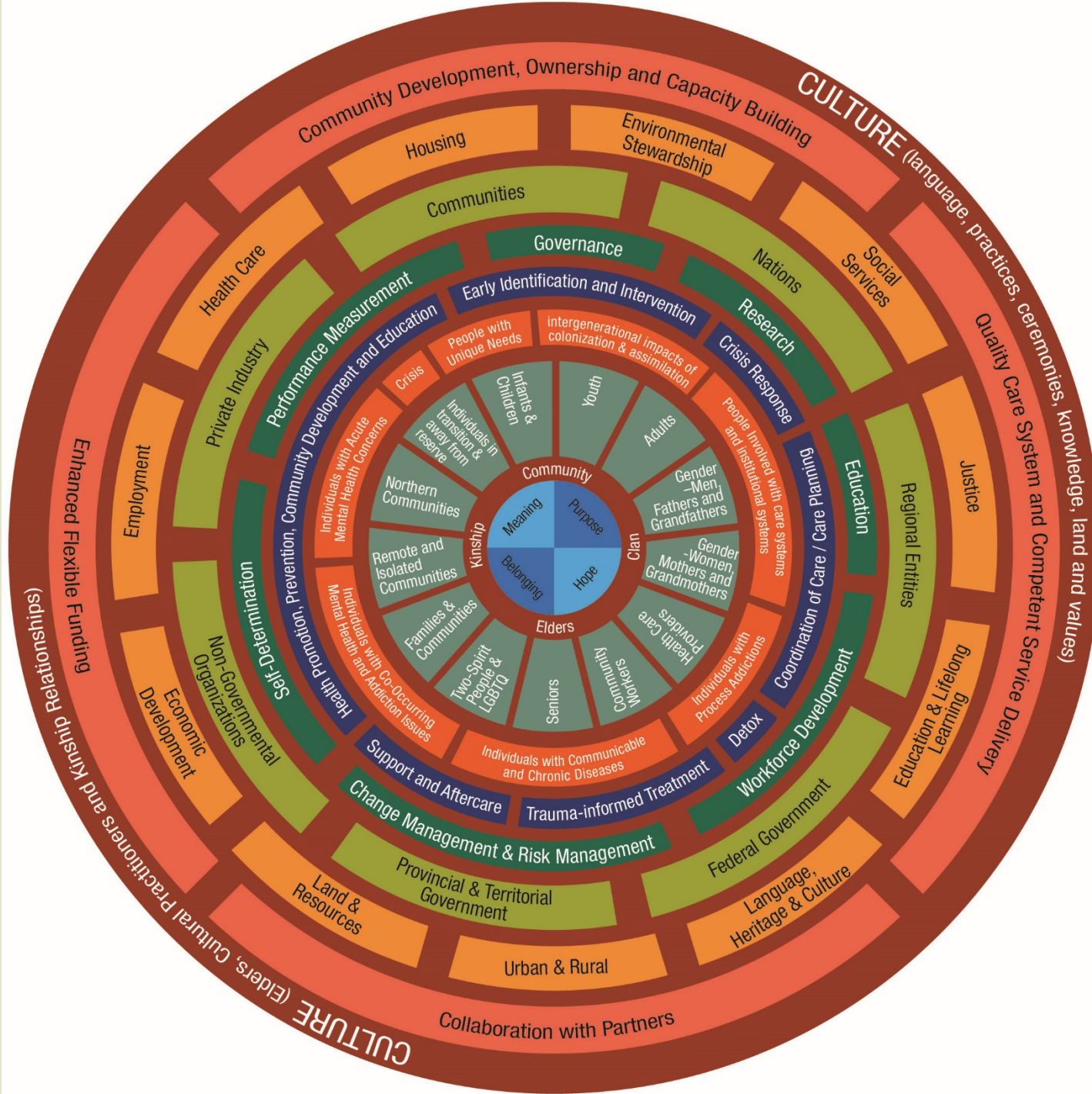
SECTION 1 – Child’s Information

Given Name:	Family Name:
Is the child a Registered Indian as per the Indian Registration system? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Eligible	
If yes, child’s Registration Number: _____	
If eligible, mother or father’s Registration Number: _____	

SECTION 4 – Mental Health Services

- Please indicate the mental health services or supports received and attach documentation of expenses. Documentation could include receipts, other proof of payment, direct deposit enrollment request forms, invoices, accounting statements, or a signed statement that explains what services or supports were received and their cost.
- For services such as transportation or services that required multiple trips/visits please provide details indicating the service dates.
- If a reimbursement is being submitted by a service provider or vendor, you will also be required to provide a signed confirmation from the child/parent/guardian indicating that products or services have been received.

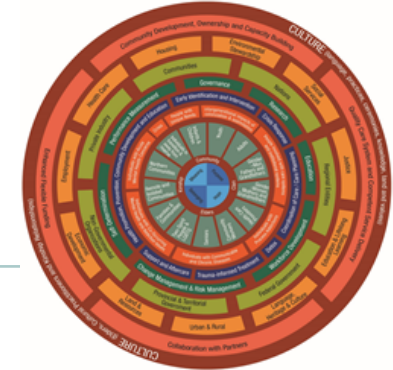
List services and/or support received:	Cost



- Legend for the Model:**
(from centre to outer ring)
- 4 Directions (outcomes)
 - Community Populations
 - Specific Population Needs
 - Continuum of Essential Services
 - Supporting Elements / Infrastructure
 - Partners in Implementation
 - Indigenous Social Determinants of Health
 - Key Themes of Mental Wellness
 - Culture as Foundation



Paradigm Shift



From program focus on deficits

To discovery of strengths

Evidence that excludes Indigenous worldview, values, culture

Indigenous worldview, values, and culture are the foundation to determine the relevance and acceptability of various sources of evidence in a community context

Focus on inputs for individuals

Focus on **outcomes for individuals, families and communities**; holistic collaborative approaches

Uncoordinated, fragmented programs and services

Comprehensive planning and **integrated** federal/provincial/territorial/ sub-regional/ First Nations **models** for funding and service delivery

Communities working within program silo restrictions

Communities adapt, optimize and realign their mental wellness programs and services based on **their priorities**

Program focus on health and illness

Approaches that **strengthen multi-sectoral links**, connecting health programs and social services, across provincial/territorial and federal systems to support integrated case management, taking into account the First Nations **social determinants of health**

❖ How does your work reflect / support this shift?



Implementation of Mental Wellness Continuum Framework:

- Implementation of community based mental wellness investments are guided by the First Nations Mental Wellness Continuum Framework (MWCFC), which presents a shared vision that is based on culture as foundation and the elimination of siloed funding for the future of First Nations mental wellness programs and services
- Budget 2017 invested an additional \$14.3M over five years to further increase support for mental wellness services for First Nations
- In 2017/18 ISC invested \$69.2M in community based mental wellness programming across First Nations in Ontario
- Through the recently signed Social Emergencies Relationship Agreement, Canada and Ontario are working with the Nishnawbe Aski Nation, Mushkegowuk Council, Grand Council Treaty #3 to develop coordinated processes to ensure communities are swiftly and effectively supported in the event of a social emergency



Mental Wellness Teams:

- Through 2016 investments and based on direction of First Nations leadership, the federal and provincial governments have each agreed to provide \$5M per year in order to support 19 mental wellness teams across Ontario – this ensures that every First Nations community has access to mental wellness and crisis intervention supports when required

Opioids Agonist Treatment :

- ISC confirmed funding extension for 28 Opioids Agonist Treatment programs in Ontario for a total of \$12,968,585 in funding between 2018 and 2021.

“Access to addiction treatment services is crucial for Indigenous peoples in Ontario, and across Canada. This funding directly helps people on the path to addiction recovery and will positively impact individuals, families and communities.”

The Honourable Jane Philpott, M.D., P.C., M.P.

Minister of Indigenous Services



Indigenous Services Canada Engagement

- Involving First Nations, Inuit and Métis partners, communities and clients on how to meet with Minister's mandate commitments with respect to transforming service delivery:
 - Ensure service excellence
 - Improve the quality of life for Indigenous peoples
 - Significantly increase and strengthen Indigenous design, delivery, and control of services
- December 4, 2017 Order in Council creating Indigenous Services Canada
- Anticipated deliverables:
 - New legislation establishing Indigenous Services Canada expected to be introduced in Fall 2018 laying out powers, duties and functions of the Minister/Department
 - ISC Strategic Plan, outlining a vision, principles, strategic goals and partnership and governance approaches
 - Service Strategy, including types of services, service activities, continuous quality improvement approach and implementation plans
 - Examples of implementation plans include: Service Champion, Partnership Plan, Communications Plan, Cultural Safety Plan, Digital and Innovation Plan, Performance and Improvement Plan, Enabling Organization Plan, Oversight and Compliance Plan



Engagement

WHAT?

What tools do we need to transform services?

What is working, and what isn't?

WHY?

To improve service to individuals and communities.

To develop strategies that support service delivery by communities.



OBJECTIVES

- Service strategy
- Regional transformation
- Departmental legislation
- ISC Strategic plan



ISC FNIHB Regional Budget Highlights

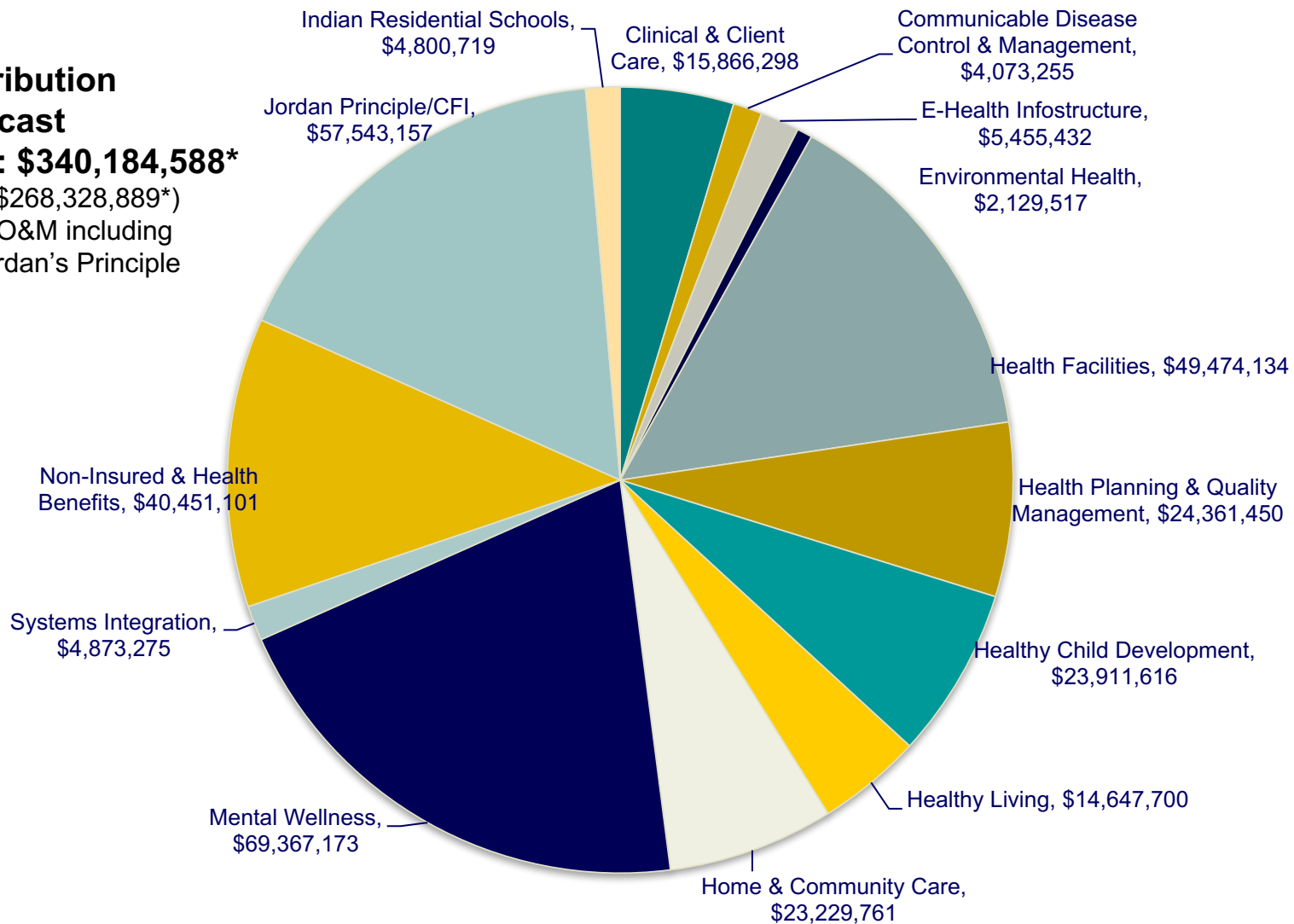
2017/18 Contribution

Funding Forecast

Expenditures: \$340,184,588*

(Total 2016-2017 \$268,328,889*)

*does not include O&M including NIHB, IRS and Jordan's Principle



Ontario Region – Budget 2017 Health Amounts (Approximates)

(*multiply numbers by 1000) Component	17/18	18/19	19/20	20/21	21/22	Total
Home and Palliative Care						
Home and Community Care	\$1,464	\$2,650	\$4,181	\$4,577	\$8,450	\$21,322
Palliative Care	\$179	\$285	\$507	\$824	\$1,293	\$3,088
Sub-total	\$1,643	\$2,935	\$4,688	\$5,401	\$9,743	\$24,410
Mental Wellness						
Mental Wellness	\$32	\$212	\$2,544	\$2,964	\$3,567	\$9,319
Youth Suicide Prevention	\$14	\$110	\$1,348	\$1,595	\$1,922	\$4,989
Sub-total	\$46	\$322	\$3,892	\$4,559	\$5,489	\$14,308
Maternal and Child Health						
Prenatal and Maternal and Child Health	\$158	\$337	\$527	\$776	\$1,099	\$2,897
Fetal Alcohol Spectrum Disorder	\$78	\$169	\$265	\$391	\$553	\$1,456
Subtotal	\$236	\$506	\$792	\$1,167	\$1,652	\$4,353
Children's Oral Health Initiative	\$428	\$964	\$1,391	\$1,769	\$2,279	\$6,831
Sub-total	\$664	\$1,470	\$2,183	\$2,936	\$3,931	\$11,184
Primary Care						
Transformation of Clinical Client Care	\$477	\$764	\$1,486	\$1,865	\$2,681	\$7,273
Infectious Disease						
Tuberculosis	\$88	\$168	\$234	\$312	\$410	\$1,212
HIV/STBBI	\$282	\$524	\$733	\$877	\$1,181	\$3,597
Sub-total	\$370	\$692	\$967	\$1,189	\$1,591	\$4,809
TOTAL	\$3,200	\$6,183	\$13,216	\$15,950	\$23,435	\$61,984



Budget 2018 – Health Specific

- Budget 2018 proposes to invest \$1.5 billion over five years, starting in 2018–19, and \$149 million per year ongoing, to: sustain access to critical medical care and services, enhance the delivery of addictions treatment and prevention services, work with partners on health transformation, preserve access to NIHB
- \$235 million is proposed to work with First Nations partners to transform First Nations health systems by expanding successful models of self-determination so that health programs and services are developed, delivered and controlled by and for First Nations.
- This funding will support activities across the country:
 - a new hospital campus as part of the Weeneebayko Area Health Integration Framework.
 - Norway House Hospital
 - Saskatoon Tribal Health
 - First Nations Health and Social Services Commission of Quebec and Labrador
 - NAN Health Transformation