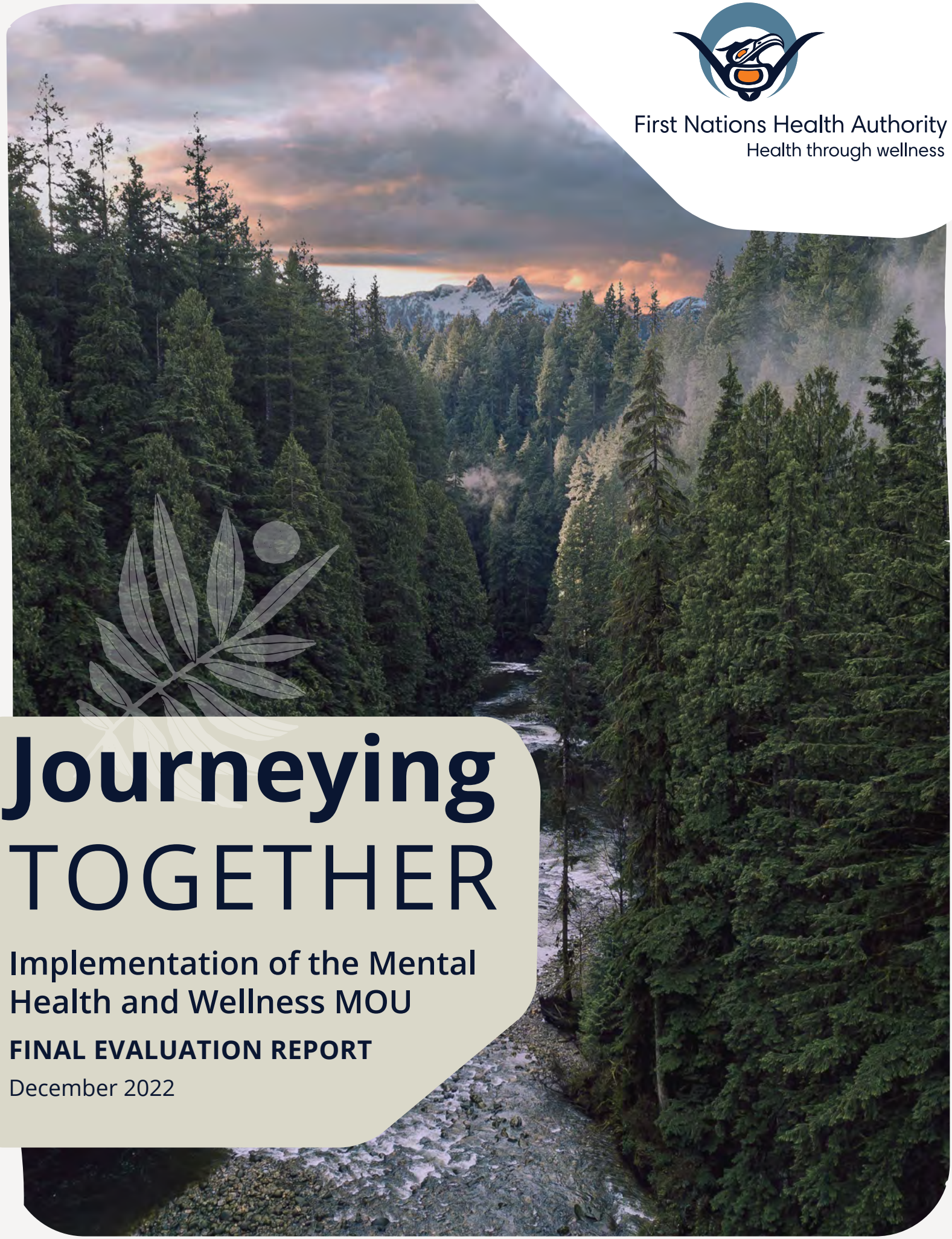


First Nations Health Authority
Health through wellness

Journeying TOGETHER

Implementation of the Mental Health and Wellness MOU

FINAL EVALUATION REPORT

December 2022

ACKNOWLEDGEMENTS

The Tripartite Partners recognize the concurrent, compounding crises that have greatly affected First Nations in British Columbia (BC) in recent years. These include the effects of intergenerational trauma and residential schools, anti-Indigenous racism, the dual public health emergencies of COVID-19 and the toxic drug crisis, wildfires, and flooding, which have individually and collectively impacted the need for mental health and wellness funding and support.

Implementation of *The Memorandum of Understanding: Tripartite Partnership to improve mental health and wellness services and achieve progress on the determinants of Health and Wellness* (Mental Health and Wellness MOU) has also been affected by these events, resulting in a one-year extension to the initial funding period and evaluation timeline as well as process and project adaptations at the governance and community levels. On June 20, 2022, the First Nations Health Council and Partners approved an additional extension to Oct. 1, 2023.

The implementation of the Mental Health and Wellness MOU would not be possible without the valuable contributions, innovation, and leadership of all those who work tirelessly to provide care and support in community.

This report was prepared by Ference & Company Consulting, with input from the First Nations Health Authority (FNHA) and representatives from the Province of BC and Government of Canada.

The learnings from this evaluation came from the participation of dedicated individuals who have been involved in this work in different ways. In the spirit of acknowledging this expertise, the FNHA, Province of BC and Government of Canada would like to specifically name the following community and regional contributors who expressed their consent to be publicly acknowledged (listed alphabetically):

Alexis Stuart
Barb Blanchard
Communities of Haida Nation
Connie Jasper
Coral Duncan
Coral Johnson
Crystal French
David Hansen
Duanna Johnston-Virgo
Ellen Williams
Erin Kapela
Geri Inkster
Jessica Frank
Jim Adams
Katie Alexander
Lolly Andrew
Paul Willie
Riley David
Shannon Hall
Shannon Zimmerman
Steinar Våge
Tamara George

We also thank and acknowledge the contributions of those who are not named.

EXECUTIVE SUMMARY

The Memorandum of Understanding: Tripartite Partnership to improve mental health and wellness services and achieve progress on the determinants of Health and Wellness (The Mental Health and Wellness MOU) was signed in 2018 by the First Nations Health Council (FNHC), with the First Nations Health Authority (FNHA) as a supporter, the Province of British Columbia (BC), and the Government of Canada (Canada) (together called the Tripartite Partners). The intention of the Mental Health and Wellness MOU is to transform mental health and wellness services and improve mental health and wellness outcomes through the development and implementation of community-driven and Nation-based approaches that address the social determinants of health. The Mental Health and Wellness MOU recognizes culture as a social determinant of health, and mental health as an important building block for Nation rebuilding. An investment of $30 million in funding over 2019-2022 was intended to support Nations and/or aggregations of First Nations in BC to plan, design, and deliver a full continuum of culturally safe and relevant mental health and wellness services. The Mental Health and Wellness MOU also included a $60 million investment in infrastructure to build two new First Nations treatment centres—and renovate six existing ones—with the intent to ensure First Nations people have access to culturally safe mental health and substance use services and supports.

In June 2019, the FNHA, Canada and BC initiated a formative evaluation of governance, partnership, and implementation processes to understand whether the intention of the Mental Health and Wellness MOU was being realized and inform decisions about next steps and longer-term strategy. This report shares findings of 'what was seen and heard' during the evaluation, focusing on the $30 million investment in community-driven, Nation-based programming. An assessment of the investment in First Nations treatment centres was outside the scope of this evaluation. Findings are informed by a review of documents and oral or written feedback from a total of 63 contributors, including those at the community, regional, and Tripartite Partner levels.

Findings in this report are grouped in six themes to reflect the main messages emphasized by community contributors, supported by stories and examples, as well as input shared by regional contributors and Tripartite Partners. Main messages include:

- **The Mental Health and Wellness MOU**
  - enables a focus on culture as the foundation of wellness is highly relevant;
  - provides more flexible funding and a more flexible approach than other sources/opportunities; and
  - is supporting the development and implementation of community-driven initiatives, some of which are Nation-based.
- The Tripartite Partners are working together to provide direction and to support implementation of the Mental Health and Wellness MOU. Individualized support provided by the FNHA has been particularly helpful.
- Funded initiatives implemented at the community level are supporting positive outcomes in areas that are meaningful to individuals, families, and communities.
- Funded initiatives are supporting Nation rebuilding by bringing members together to heal, connect with one another, and connect with their culture.

Based on 'what was seen and heard', Tripartite Partners can further support communities and Nations within the context of the Mental Health and Wellness MOU – as well as other programs and funding opportunities – by:

- Working together and showing leadership and initiative to address structural barriers and underlying inequities ('gaps');
- Providing flexible and sustainable long-term funding that recognizes the importance of culture, ceremony, and traditional work and that recognizes that transformation and relationship development take time and continued effort; and
- Encouraging and accommodating flexible approaches that allow communities and Nations to pick the path that works best for their local context and vision.

The Tripartite Partners are sharing findings to support discussions about their ongoing commitment to collaboration and partnership, which continues to develop as of September 21, 2022. It is intended that the Tripartite Partners will work together to fulfill outstanding commitments and develop recommendations for the path forward, for future validation by First Nations leadership. Recommendations will inform the development of a 10-year tripartite strategy that facilitates a whole-of-government approach to addressing the social determinants of health and wellness.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS I

EXECUTIVE SUMMARY II

INTRODUCTION 1

EVALUATION OVERVIEW 4

FINDINGS 6

- Culture as the Foundation of Wellness 7
- Increasing Flexibility 10
- Working Together 14
- A Community-Driven Journey 18
- Sharing Successes 20
- Nation Rebuilding 24

NEXT STEPS 27

APPENDICES 28

- Appendix 1: Mental Health and Wellness MOU Governance Structures 28
- Appendix 2: Mental Health and Wellness MOU Investment Strategy 30
- Appendix 3: Additional Information on the Evaluation Approach 32

INTRODUCTION

THE MENTAL HEALTH AND WELLNESS MOU

First Nations in British Columbia (BC) have identified improving mental health and wellness as a key priority that requires concentrated and coordinated action. In recognition of this priority, in 2018, the First Nations Health Council (FNHC), Province of BC, and the Government of Canada (Canada), with the First Nations Health Authority (FNHA) as a supporter, signed the *Memorandum of Understanding: Tripartite Partnership to improve mental health and wellness services and achieve progress on the determinants of Health and Wellness*. It is commonly referred to as the Mental Health and Wellness Memorandum of Understanding (Mental Health and Wellness MOU).

The Mental Health and Wellness MOU reflects the Tripartite Partners' commitment to increase investment in mental health and wellness services and to facilitate greater cross-government collaboration on actions aimed at improving mental health and wellness outcomes. The Tripartite Partners have also agreed to take action to address the social determinants of health and to incorporate Indigenous models of health and wellness into the health system to support a broader shift from treating sickness to fostering wellness. As part of this shift, culture is recognized as a social determinant of health, and mental health is understood to be an important building block for Nation rebuilding.

The intention of the Mental Health and Wellness MOU is to ***transform mental health and wellness services and improve mental health and wellness outcomes*** for First Nations in BC by:

- Fostering **culture** as a social determinant of health and **mental health** as a building block for Nation rebuilding
- **Increasing investment** and offering more **flexible approaches** to funding and reporting
- Promoting **innovative partnerships** that facilitate greater collaboration and service integration
- Supporting Partners to work together with First Nations in BC to develop a **10-year, whole-of-government strategy** to address root causes over the long term

Through the Mental Health and Wellness MOU, the FNHA, BC, and Canada committed $30 million in funding over 2019-2022 to support community-driven, Nation-based mental health and wellness planning activities and demonstration sites. The Mental Health and Wellness MOU was signed on July 26, 2018 for an initial two-year period and subsequently extended to March 31, 2022 in recognition of the time and capacity needed for BC First Nations to respond to the global pandemic, toxic drug crisis, wildfire and flooding events, and the residential school findings. On June 20, 2022, the First Nations Health Council and Partners approved an additional extension to Oct. 1, 2023.

The approach taken by the Mental Health and Wellness MOU is guided by the recommendations in A Path Forward (2013), the *First Nations Mental Wellness Continuum Framework* (2015), the *United Nations Declaration on the Rights of Indigenous Peoples* (2007), the *Calls to Action of the Truth and Reconciliation Commission* (2015), and a prior Memorandum of Understanding (MOU) between the FNHC and BC that was similarly focused on developing a shared 10-year strategy to address social determinants (2016).

Partnership and collaboration on the implementation of the Mental Health and Wellness MOU is informed by a tripartite committee structure, including the Tripartite Main Table, the Mental Health and Wellness Table, and the Tripartite MOU Working Group, while overall guidance and leadership around implementation of Tripartite commitments is provided by political representatives from the FNHC, BC, and Canada (see Appendix 1 for more information).[1]

INVESTMENT STRATEGY

The Tripartite Partners[2] developed Funding Guidelines to allocate funding based on the commitments in the Mental Health and Wellness MOU and Guiding Principles that reflect the 7 Directives developed by First Nations in BC. Based on a four-quadrant model, the approach is designed with flexibility in mind to meet BC First Nations where they are at and ensure that none are left behind (see Appendix 2 for more information). In recognition that each community and Nation is at a different place in their journey to health and wellness, the model provides a spectrum of supports and offers flexibility in determining outcomes, partnerships, and reporting requirements.

The FNHA implemented target allocations for each health region that are managed through existing regional engagement processes and can be adjusted to respond to First Nations' decisions on how they wish to work together. Regional health boundaries do not place any limitations or constraints on which communities and Nations can work together.

First Nations and groups of First Nations access funding by preparing a Statement of Readiness (SoR), which describes the activities they wish to undertake and the funding and partnership support requested. The level of detail required in the SoR increases with the level of support requested. FNHA central and regional teams are available to support SoR development and liaise with Tripartite Partners to address questions and information needs. Submissions are reviewed from a wholistic, strengths-based, family-focused, and community-driven, Nation-based perspective.[3]

Narrative reporting requirements are similarly flexible, with support available from the FNHA and varying levels of detail required based on the amount of funding and partnership support requested.

[1]Canada is represented by Indigenous Services Canada (ISC), and BC is represented by the Ministries of Health (MOH), Mental Health and Addictions (MMHA), Child and Family Development (MCFD), and Indigenous Relations and Reconciliation (MIRR). | [2]While Canada is a party to the Mental Health and Wellness MOU and provides support for delivering on Mental Health and Wellness MOU commitments, Canada has no decision-making authority over the use of funding, including establishing recipient eligibility, specific funding criteria, or allocation of funds. | [3]Once prepared, SoRs are submitted to the Mental Health and Wellness Table for approval. As of February 2022, SoR decision-making has transitioned to the FNHA.

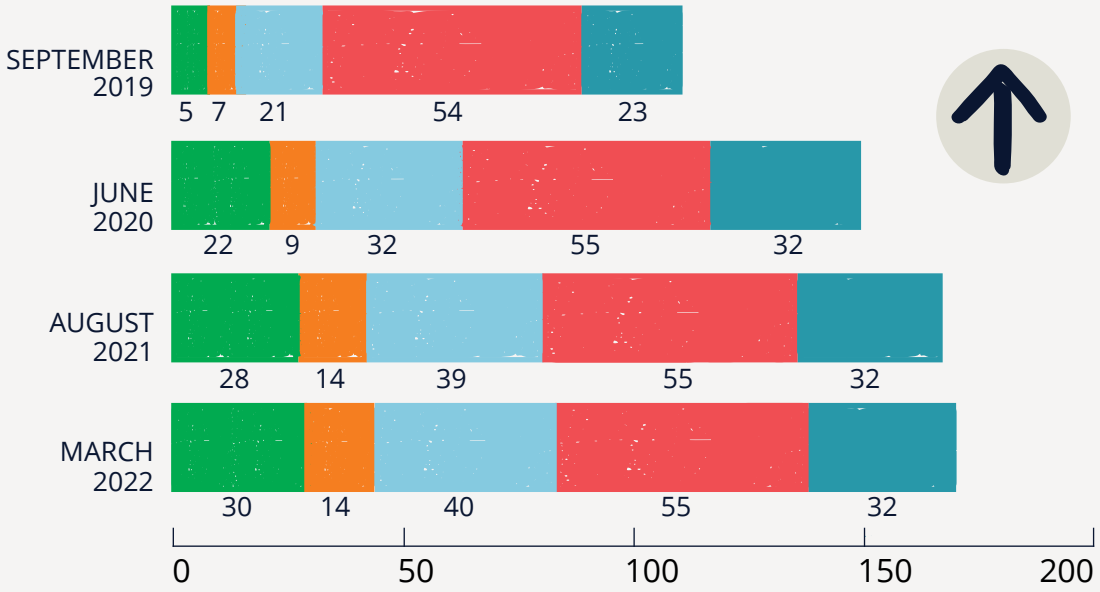
PARTICIPATION. *(As of March 2022):*

84%
of BC First Nations were participating in the Mental Health and Wellness MOU

49
initiatives had been approved (and 8 more were in progress)

$23.3M
had been allocated to funded initiatives (of the $30M total)

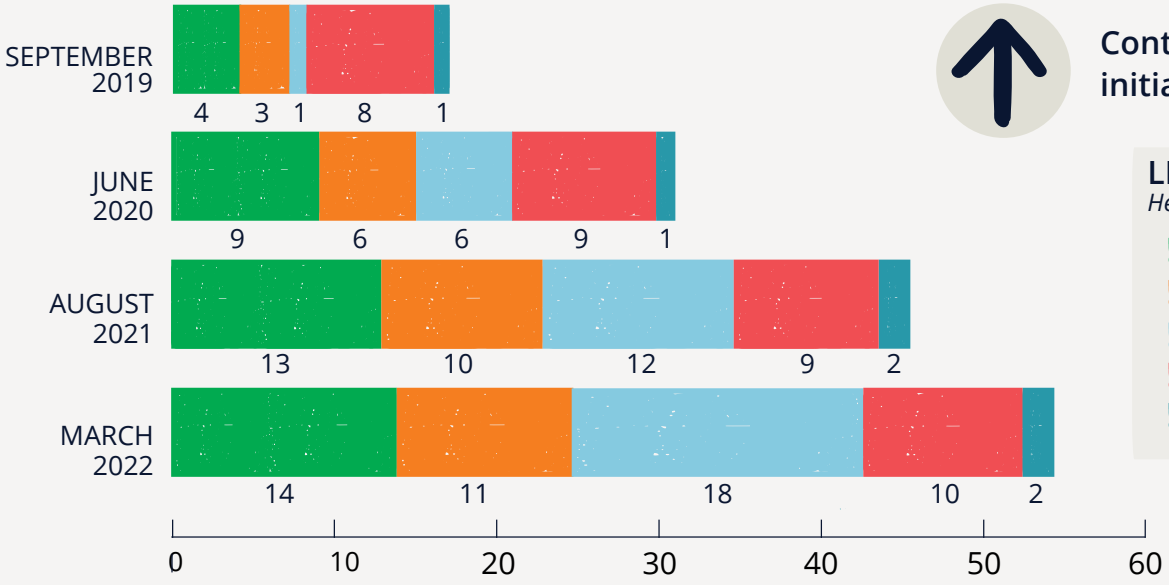
PARTICIPATION *(# of First Nations Communities)*



Continued increase in participation over time

APPROVED INITIATIVES *(# of Statements of Readiness Approved)*

Both community participation and the number of approved initiatives continued to increase throughout the three-year funding period.[4] It may be helpful to note that Fraser Salish took a regional approach and had a lower number of initiatives as a result.



Continued approval of initiatives over time

LEGEND
Health region
- Vancouver Island Region
- Vancouver Coastal Region
- Northern Region
- Interior Region
- Fraser Salish Region

[4]Totals include SoRs for follow-on initiatives (e.g., where a community applied for a second phase of funding).

EVALUATION OVERVIEW

OBJECTIVES & SCOPE

A formative evaluation of governance, partnership, and implementation processes was initiated in June 2019 and endorsed by the Mental Health and Wellness Table. In June 2021, at the request of the FNHA, BC, and Canada, the evaluation was expanded to include voices and experiences of communities and Nations as well as to increase the voices of FNHA regional staff.

The Tripartite Partners expressed a shared interest in collectively reviewing implementation of the Mental Health and Wellness MOU over the initial funding period to:

- Understand whether the intention of the Mental Health and Wellness MOU is being realized
- Assess early impact
- Inform shared learning and continuous improvement
- Inform investment requests and longer-term strategy to address root causes and improve mental health and wellness outcomes

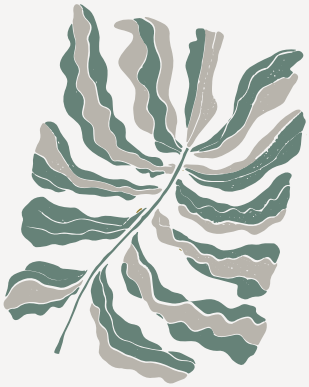
While the Mental Health and Wellness MOU also included a $60 million investment in infrastructure to build two and renovate six treatment centres to ensure First Nations access to culturally safe mental health and substance use services and support, the investment in First Nations treatment centres was outside the scope of this evaluation.

Findings are intended to provide feedback on successes, opportunities, and lessons learned to inform decisions about next steps as well as a longer-term strategy to make progress towards the FNHA, FNHC and FNHDA Shared Vision of *Healthy, Self-Determining and Vibrant BC First Nations Children, Families, and Communities*.

EVALUATION APPROACH

Ference & Company Consulting was contracted by the FNHA to conduct the evaluation. Guidance and oversight were provided by the FNHA, with input from the Mental Health and Wellness Table and Tripartite MOU Working Group, as well as a sub-Working Group brought together to support the evaluation.

The evaluation was guided by *Section 5.1: Community-Driven and Nation-Based Planning and Partnerships* and *Section 5.2: Flexible, Predictable and Sustainable Funding For Mental Health and Wellness* of the Mental Health and Wellness MOU with additional input from the Tripartite Partners. Appendix 3 provides additional information about how the evaluation was conducted.



Findings were informed by multiple sources, including:

A review of documents, such as:

- Implementation Plan
- Funding Guidelines
- Terms of Reference
- Meeting notes
- Statements of Readiness
- Narrative reports for funded initiatives

Oral or written feedback from 63 contributors, including:

- **31** community contributors involved in funded initatives (representing 20 communities)
- **21** FNHA staff including 5 representatives from the FNHC and First Nations Health Directors Association Shared Secretariat
- **7** representatives from the Government of BC
- **4** representatives from the Government of Canada

LIMITATIONS

This report is intended as a synthesis of 'what was seen and heard' throughout the evaluation. The following actions were taken to increase the relevance of the findings and address limitations:

- flexible participation options were offered to increase accessibility;
- community contributors who participated in an interview received a written summary of their interview notes for review and were provided the opportunity for clarification or correction;
- perspectives were gathered from FNHA regional staff about why some communities had not yet accessed the Mental Health and Wellness MOU; and
- input shared by all participating community contributors was equally considered and weighted. It should be noted that the relatively limited number of BC First Nations communities represented by participants (approximately 10 per cent) made it difficult to assess regional differences and nuance.

Attempts were made to solicit input from communities that did not participate in the Mental Health and Wellness MOU; however, in recognition of the time and capacity needed for BC First Nations to respond to the global pandemic, toxic drug crisis, wildfire and flooding events, and the residential school findings, perspectives were instead sought from FNHA regional staff to gain a better understanding of what factors may have impacted participation. Findings should be interpreted with the view that they do not reflect feedback from non-participating communities.

While the overall findings have not been validated by community contributors, the stories shared in the report have been validated. The FNHA will be engaging with communities following the publication of this report to validate the overall findings and determine how the findings will inform the path forward in context with the development of the 10-year strategy to address the social determinants of health and wellness.

FINDINGS

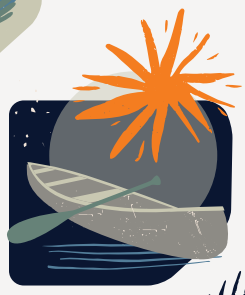
The following sub-sections describe evaluation findings across six themes focused on different, but related, aspects of the Mental Health and Wellness MOU implementation journey. These include:

CULTURE AS THE FOUNDATION OF WELLNESS

INCREASING FLEXIBILITY

WORKING TOGETHER

A COMMUNITY-DRIVEN JOURNEY



SHARING SUCCESSES

NATION REBUILDING

Findings were grouped to reflect the main messages emphasized by community contributors, supported by stories and examples with additional input from FNHA regional staff and Tripartite Partners. All stories, quotes, and examples are included with consent from contributors, some of whom also consented to being identified alongside their words.

Strengths, successes, challenges, and lessons learned are interwoven throughout the narrative to provide readers with context on the different viewpoints, experiences, and considerations that were shared.

CULTURE AS THE FOUNDATION OF WELLNESS

Improving access to wholistic, culturally safe and relevant Mental Health and Wellness services is a priority issue for BC First Nations, having been frequently identified in Tripartite health plans and agreements and through extensive community engagement. Through the Mental Health and Wellness MOU, the Tripartite Partners agreed to take action to "incorporate Indigenous models of health and wellness into the health system and to support a broader shift in focus from treating sickness to fostering wellness."

The Mental Health and Wellness MOU incorporates and recognizes the importance of:

- The wholistic First Nations Perspective on Health and Wellness
- Culture as a determinant of health and the foundation of wellness
- Strengths-based, family-focused, trauma-informed approaches
- Self-determination and flexible, community-driven approaches
- Providing accessible, low-barrier support for communities at different stages of capacity and readiness

Community contributors expressed overall enthusiasm for the Mental Health and Wellness MOU because of this focus, the importance of which was also recognized by regional, operational, governance, and political Partners.

> **"The key are core values of Nation-centred or community-centred, close to home, accessible, rooted in culture services... It hits the nail on the head and sets the tone for all future work."**
>
> – Katie Alexander, Manager Health and Social Services, Tsawwassen First Nation

The Mental Health and Wellness MOU is generally seen to support a community-driven, Nation-based approach by providing support, structure, and encouragement for BC First Nations to come together to plan and/or collaborate as a community, as a Nation, or with other communities and Nations.

CONSIDERATIONS: Although the four-quadrant model was intended to offer a flexible entry point for communities, it was interpreted by some contributors as a linear framework. Evidence from the evaluation indicates that the spirit and intent of the quadrant model was not clearly communicated and did not resonate or 'fit' in all instances. For example, community contributors and FNHA staff, including representatives from the Shared Secretariat, highlighted that not all communities or Nations are currently seeking collaboration. Instead, some are first focusing on coming together as a community or Nation to connect, heal, revitalize their own traditions, and establish their own plans and priorities before deciding if and how they would like to partner with others in the future. 'Progression' through the four quadrants – from planning to demonstration – may also be seen as too linear for some or better suited to developing new programs and services rather than enhancing or expanding existing ones.

> **"Why is FNHA giving money to plan when we already know what we need? Please just give us the money to implement."**
>
> – Anonymous

Community- based approaches may also present practical challenges for responding to the needs of members living away from home. For example, members may not have access to culturally safe and relevant services in other locations (e.g., urban centres) or may face financial, geographical, or social barriers to returning and accessing services in community.

LÍLWAT NATION: DEVELOPING A WHOLISTIC, COMMUNITY-DRIVEN MENTAL HEALTH AND WELLNESS PLAN

Pre-Planning/Planning Quadrant

Before committing to develop a joint Mental Health and Wellness Plan with members of the Southern Stl'atl'imx Health Society, leaders within Líl̓wat Nation saw an opportunity to use funding from the Mental Health and Wellness MOU to develop the Nation's first-ever Mental Health and Wellness Plan. Doing so would enable the Nation to hear directly from community members about what services, supports, and approaches are needed to support mental health and wellness to lay the foundation for where to go.

Since the COVID-19 pandemic prevented in-person gathering as initially planned, those leading the initiative had to get creative about how to inclusively gather feedback from as many community members as possible. They developed a new approach that involved distributing online and paper surveys (the latter of which were carefully quarantined to reduce the risk of virus transmission) and conducting virtual one-on-one interviews, supported by a consultant and surveyors who had been trained to use trauma-informed approaches.

Around 250 community members provided input through this process – including Elders, traditional healers, a youth representative, Chief and Council, and clinical workers – as well as external agencies that serve the community. A clear message came through: people want on-the-land healing and opportunities to connect to their culture and traditional practices.

> **"One key thing that came out through planning and listening: Our members are… they're not wanting clinical services. They want on-the-land healing, they want to learn how to drum and smudge, they want to plant their own garden, they want to learn how to bead, sing, and dance. "That's my wellness," they keep saying."**
>
> – Jessica Frank, Health Director, Líl̓wat Nation

With support from a community-based working group with representatives from key Líl̓wat departments (established as part of this initiative), the vision shared by community members was developed into a wholistic, community-driven, comprehensive, and culturally-grounded Mental Health and Wellness Plan. The completed Plan was presented to, and approved by, Chief and Council, then shared back to the community – a major accomplishment. Without funding from the Mental Health and Wellness MOU, Líl̓wat would not have had the resources to undertake this type of important planning and engagement work.

Now that the Nation's goals and objectives have been identified, health leadership is looking to collaborate with neighbouring communities in areas of shared priority/vision and to reach out to external organizations and service providers to develop Partnership Agreements that will support a shared understanding about how to work together in a respectful and culturally safe way. It is also anticipated that having clear goals and objectives will be helpful for accessing funding needed to implement the Plan.

INCREASING FLEXIBILITY

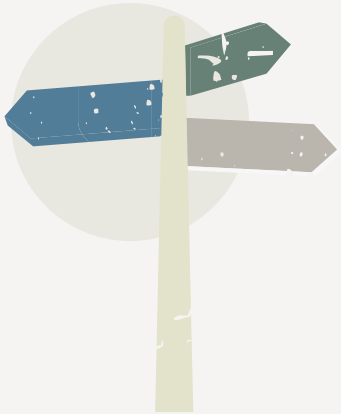
Section 5.2 of the Mental Health and Wellness MOU describes the Tripartite Partners' commitment to jointly develop a new and more flexible funding approach that includes:

- **Increased investment and *pooling of federal and provincial resources for mental health and wellness***
- **The *flexibility for First Nations* to align resources with their health and wellness plans and priorities**
- ***Simplified funding and reporting* structures to streamline the process for First Nations**
- **A shift from program-based, proposal-driven funding to *sustainable and predictable outcome-based***

FLEXIBILITY OF FUNDING

Funding available through the Mental Health and Wellness MOU is generally seen to increase flexibility because it can support initiatives, programs, and services that may not be eligible for funding through other streams or opportunities. For example, Mental Health and Wellness MOU funds have been used for:

- Honoraria and expenses related to undertaking important traditional work and providing cultural and traditional healing services
- Salaries for staff to lead/coordinate funded initiatives, deliver services, and work with system partners
- Wages for low-barrier volunteer and employment opportunities, including those aimed at youth
- Gatherings that bring communities and Nations together for healing and ceremony



Feedback indicates that communities and Nations have generally been able to more easily shift Mental Health and Wellness MOU funds in response to emerging needs or opportunities, with the exception of Treaty Nations who may have already had access to more flexible funding (e.g., through a direct Fiscal Financing Agreement with Canada).

More flexible funding translates into greater choice for individuals, families, communities, and Nations to self-determine how they wish to heal and live well. It also provides an opportunity to recognize and value traditional work that has often gone unpaid due to structural barriers.

CONSIDERATIONS: Contributors have indicated that the lack of sustainable, long-term funding and flexibility to use Mental Health and Wellness MOU funding to provide permanent positions and/or support capital expenses limits the breadth of opportunities that communities are willing or able to undertake. For instance, safe and accessible community spaces required for program delivery may need to be built or renovated. It can also be difficult to dedicate time and resources to 'upstream' prevention and health promotion when there are immediate unmet needs and uncertainty about the amount and duration of funding available. Governance partners acknowledged the need to revisit the Funding Guidelines to review challenges and limitations such as these.

> **"Lack of access to capital funding to support Nation-based health and wellness initiatives is a huge barrier, especially given that regional funding envelopes can often support programming and staffing costs… Lack of capital funds is impeding progress."**
>
> – Alexis Stuart, Regional Mental Health and Wellness Liaison, Vancouver Island Region

There is also interest from community contributors and FNHA staff, including the Shared Secretariat, in exploring additional options that could be provided to increase the flexibility of the investment strategy, such as offering multiple funding models that communities can choose from.

FLEXIBILITY OF APPROACH

In alignment with the intent of the Tripartite Partners and the Mental Health and Wellness MOU, there is support for flexible approaches in accepting communities and Nations at different stages of readiness. For example, that flexibility could come in the form of providing options to support those seeking access to funding and accepting varied approaches to reporting on expenditures and outcomes. This in turn is helping to increase the accessibility of the Mental Health and Wellness MOU funding opportunity.

Examples of how flexibility is embedded within the approach include:

- Communities and Nations have the option to follow templates/guidelines when preparing SoRs and narrative reports or to use a preferred alternative. e.g.: providing an update letter, open-ended written summary, oral report to an FNHA regional staff member over the phone, a visual presentation with photos and stories, or a combination.
- Communities and Nations are encouraged to explore new ideas and evolve their initiative as they learn from new experiences and approaches.
- The level of detail required for SoRs and narrative reporting is commensurate with the level of funding[5]/support requested to minimize barriers for communities and Nations looking to get started and undertake initial pre-planning and planning work.

[5]For example, reporting requirements for community needs assessments may be a one-page report of activities, while demonstration site reporting would include detailed financial reporting and annual reporting against an implementation plan.

- Communities and Nations can choose to access support from FNHA central and regional teams to develop their SoR if desired. While there is some variation[6] in available support across health regions, options can include system navigation (e.g., finding information/contacts), facilitation (e.g., working with community partners to conceptualize and/or articulate their plans), and writing support (e.g., documenting or articulating plans and ideas).

The availability of flexible options and support are appreciated and helping to increase access to the funding opportunity by decreasing managerial burden. Nonetheless, there was some variation in the reported burden of SoR development and narrative reporting requirements depending on local context. For example, communities and Nations who have previously established plans or initiatives, whose visions and priorities align well with the Mental Health and Wellness MOU investment strategy, and who have staff or partners experienced in developing new initiatives may find SoR development less burdensome than others.

"I don't think that we would have put together this project without the support from FNHA to do it."

– Health Director in Vancouver Island Region

CONSIDERATIONS: There is interest from community and regional contributors in expanding certain aspects of the Mental Health and Wellness MOU approach to other funding opportunities and envelopes, particularly the more flexible approach to narrative reporting.

"Being able to provide interim or final narrative reports orally, I REALLY appreciate that. I think it's a sign of decolonization that those are understood to be enough. It's wonderful, and relieving. Finally. We just need a lot more of that across the board."

– Anonymous

Some community and regional contributors also suggested reviewing existing funding opportunities and envelopes to streamline and/or combine application and reporting processes where possible. This is in recognition that communities and Nations often piece together funding for program and service delivery from several sources, as no single funding stream is sufficient or flexible enough to meet all program or service needs. This suggestion aligns with how Tripartite Partners characterized the intention of the Mental Health and Wellness MOU.

[6]Some regions have been able to connect communities with additional human resources support, including teams funded through related initiatives (e.g., Joint Project Board projects), personnel hired expressly to support implementation of the Mental Health and Wellness MOU (e.g., hiring a contractor to support communities), or liaising and coordinating with groups such as other FNHA teams or the First Nations Health Directors Association to provide ad hoc guidance and support.

COWICHAN TRIBES: SEEKING FLEXIBLE, SUSTAINABLE FUNDING TO PROVIDE WHOLISTIC, WRAPAROUND SUPPORTS

Pre-Planning/Planning Quadrant

A key priority for Cowichan Tribes is securing sustainable, long-term funding that is flexible enough for the Nation do what needs to be done: provide wholistic, wraparound supports that respond in real-time to the needs of community members. The Nation has typically had to patch together funding from many sources to deliver services and supports to the community. As a result, they have often been required to develop an approach that aligns with funding requirements instead of aligning funding with approaches that are based on the Nation's plan or vision for how services and supports should be provided to promote healing and wellness.

Through the Mental Health and Wellness MOU, Cowichan Tribes sought to take a more wholistic and supportive approach by enhancing integration across the Nation's programs and with external providers, as well as by developing a plan to implement interdisciplinary case management support teams.

In response to COVID-19, the Nation essentially merged their initiative funded through the Mental Health and Wellness MOU with their COVID-19 and opioids responses, all of which were focused on harm reduction and required collaboration across programs and departments. FNHA regional team members were responsive to and willing to work with the lead for Cowichan's funded initiative to determine how the approach could be adapted to the changing context and needs.

A harm reduction coordinator was hired to facilitate consultations and collaboration across teams to develop the work plan for implementing the intended interdisciplinary case management approach. In doing so, they created a harm reduction team and consulted with several other groups, among them the Health Advisory Committee, Elders team, nursing team, youth team, and counselling and mental health team. Operational leadership also held meetings focused on addressing social determinants of health.

Collaborative, interdepartmental efforts such as these enabled the Nation to both respond to emerging contexts as well as develop and pilot a model for providing integrated services and wraparound support. For example, the Nation delivered 2,682 food hampers to address food insecurity for 825 households and set up isolation trailers to help reduce virus transmission among overcrowded households. In essence, Cowichan was able to deliver on its stated goals for the Mental Health and Wellness MOU because it had the flexibility and support for the Nation to pivot the approach.

Cowichan has since applied for Phase 2 funding through the Mental Health and Wellness MOU. They hope to have the flexibility to again adapt their initiative as needed to meet the most pressing needs of their members but are not yet sure about how truly flexible or sustainable funding will be. For example, the health centre recently secured a building out of which it could provide supportive housing, detox, and treatment services for youth – an urgently needed support but one that typically faces barriers to timely funding.

"I'd like to know if I can pivot [our initiative]. Can we do the next thing? Because COVID changed the landscape of everything… Can we do what we need to do now without having to start from scratch? It's still addressing the same need, just looks different."

– Erin Kapela, Mental Health Manager, Cowichan Tribes

WORKING TOGETHER

This section describes findings about how the Tripartite Partners have worked together with First Nations to implement the Mental Health and Wellness MOU.

GOVERNANCE[7]

The Tripartite Partners have collaborated to implement, support, and monitor progress of the Mental Health and Wellness MOU, guided by the Implementation Plan jointly developed in 2018. The governance structures (described in Appendix 1) have provided overall leadership, direction, and decision-making as intended and have enabled clear communication and collaboration among the Tripartite Partners.

Early on, and especially during the COVID-19 pandemic, the Tripartite Partners recognized the need to be adaptable to changing health and wellness situations. By building on lessons learned along the way, the Tripartite Partners were able to respond to far-reaching impacts of the compounding health crises that arose during the implementation period. Examples of adaptations developed and implemented by the Tripartite Partners include:[8]

- Initiating an implementation evaluation to support shared learning about whether the intention of the Mental Health and Wellness MOU is being realized
- Updating roles and processes at the governance level to enable greater collaboration in priority areas, such as updating Terms of Reference to enable the creation of sub-working groups
- Streamlining the SoR approval process to utilize email-based review by the Mental Health and Wellness Table and email approval by the Mental Health and Wellness Table Co-Chairs
- Funding initiatives that respond to COVID-related needs as long as there is a connection to addressing root causes/social determinants of health
- Extending the initial implementation period from March 2021 to March 2022 in recognition of the time and capacity needed for BC First Nations to respond to the global pandemic, toxic drug crisis, wildfire and flooding events, and residential school findings

On June 20, 2022, the First Nations Health Council and Partners approved an additional extension to Oct. 1, 2023.

CONSIDERATIONS: There have been some delays and unpredictability at the community level regarding SoR review and approval timelines as the Tripartite Partners navigated new implementation processes and organizational responses to the concurrent crises that arose during the implementation period.

[7]Feedback from Tripartite Partners at the political, governance, and operational levels (including FNHA staff) was collected between May and August 2020, before the ongoing response to the COVID-19 pandemic. Feedback from community contributors involved in funded initiatives was collected between June and November 2021. Feedback from regional FNHA staff was collected during both periods.
[8]From Mental Health and Wellness Table Records of Decisions and input from contributors

FUNDING ADMINISTRATION

The FNHA, which is responsible for funding administration, successfully flowed money to 84 per cent of BC First Nations to support community-driven initiatives as of March 2022. With respect to funding administration, community contributors reported that they particularly appreciated:

- Outreach from FNHA staff (particularly regional Mental Health and Wellness Teams) to learn about the Mental Health and Wellness MOU and how it could support community/Nation plans and priorities
- The availability of flexible, individualized support from FNHA central and regional teams to help access funding (as described in the previous section)

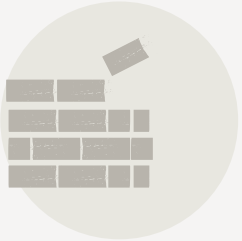
CONSIDERATIONS: Community and regional contributors identified that receiving earlier communication about new initiatives and having opportunities to get involved in planning would be beneficial to ensure that messaging is clear and that appropriate plans and supports are in place. Doing so would require having information about funding sustainability, timelines, and next steps from the outset.

PARTNERING WITH FIRST NATIONS

Community and regional staff described varying degrees of partnership and relationship development between First Nations and Tripartite Partners:

- **FNHA:** Several initiatives have involved building or strengthening relationships between communities/Nations and the FNHA, particularly regional staff who understand the local context and can support system navigation when requested. Regional team policies that 'no door is the wrong door' for asking questions or requesting information/support has been a particularly appreciated form of ongoing partnership and is seen as helping to break down barriers to accessing funding, services, and supports. There are also some examples of more formalized partnerships, such as an FNHA representative participating on a Working Group or Advisory Committee established by a community, Nation, or group of communities/Nations to support implementation of their initiative.

- **BC and Canada:** At this stage, BC and Canada have generally had limited direct involvement in the implementation of funded initiatives at the community level, although they have been active partners at the governance level and in some instances may engage with communities/Nations during the SoR review process or through other channels (e.g., by participating at pre-existing tables).



Some communities and Nations prioritized planning and collaboration internally or with each other prior to committing to a formal relationship with BC and Canada ('not yet'). As well, communities and Nations reported wanting to build trust or 'test out' a newer relationship before committing to a formal partnership. Partners from BC and Canada also reported some uncertainty with respect to whether, how, and when they should reach out to communities/Nations with potential partnership opportunities For instance, should they reach out proactively if they see a partnership opportunity when reviewing a SoR, or should they wait to see if communities/Nations reach out with a request for partnership or support?

CONSIDERATIONS: The Mental Health and Wellness MOU does not hold Tripartite Partners responsible for addressing structural barriers and underlying inequities, such as those related to the accessibility of sustainable funding, culturally safe mental health and wellness services, safe and affordable housing, or infrastructure needed for program and service delivery. Communities and Nations are looking to the FNHA to work together with BC, Canada, and other system partners to show leadership, take initiative, and address these challenges, each of which has direct implications for the ability to improve mental health and wellness services and achieve progress on the social determinants of health.

"We invite all Partners to think critically about the necessary transformational strategies that they can deploy within their systems to better support Nations rebuilding."

– Anonymous

"We don't have a space to do this kind of work so we will be looking to all our partnerships for collaboration on trying to get a facility built."

– Crystal French,
Holistic Services Director, Takla Nation

Some communities and Nations also welcome more direct interaction with the Tripartite Partners to explore opportunities for partnership and support, such as meeting with the Tripartite MOU Working Group during the SoR development and review process – an approach that some regions/initiatives have already taken and that regional contributors highlighted as a promising practice for building and strengthening relationships.

FRASER SALISH:
TAKING A COORDINATED REGIONAL APPROACH

Collaborate Quadrant

At the June 2019 Fraser Salish Regional Caucus, communities in the Fraser Salish region decided to take a coordinated regional approach to the Mental Health and Wellness MOU to implement Phase 1 of their 5-year regional Mental Health and Wellness Service Plan and ensure that no community was left behind. The Plan was informed by prior community engagement, including input from communities at a December 2018 planning session, an Engagement and Transformation Working Group, and associated sub-working groups.

The Fraser-Salish Engagement and Transformation Working Group met between January and April 2019 to develop a SoR to access funding through the Mental Health and Wellness MOU. The initiative, which began in August 2019, included two major projects:

1. Hiring five Community Coordinators to build up FNHA's regional team to provide communities with more support, as they had requested, such as to plan and implement programs or services in their community and support system navigation in response to identified needs (e.g., connecting individuals to mental health or substance use supports, housing, employment opportunities, or healthy and traditional foods)
2. Implementing a Training Strategy to increase awareness and comfort in talking about mental health and substance use challenges and having safe and supportive conversations (8 training sessions completed by 60 community members and service providers who work directly with First Nations individuals, families, and communities)

The region has since developed a second initiative, which began in June 2020. It includes:

- Developing a media campaign focused on prevention and mental health literacy
- Establishing a Youth Advisory Committee
- Piloting grants for Dudes' Clubs
- Providing funding for community-based wellness initiatives ($5,000 per community)

Regional reporting communicates that the Community Coordinator positions have been "incredibly useful" for building relationships and providing support to communities. The Community Coordinators, for example, conducted one-on-one needs assessments for each community and delivered Personal Protective Equipment and information packages to each community, which provided an opportunity to build relationships and listen to issues and concerns. Surveys completed by attendees of training sessions offered by the FNHA similarly show "incredibly positive" feedback and the "huge benefit" of the training strategy.

Input from community contributors echoed the written report, highlighting that the outreach and support provided by FNHA's regional team has been highly appreciated and is helping service providers in community to feel more supported in their roles. FNHA's policy that "no door is the wrong door" is seen as particularly helpful for overcoming barriers to information and system navigation.

At the same time, feedback from community contributors underscored the need to also provide flexible, sustainable funding for community-driven and -based approaches (in addition to the regional approach) to ensure that each community and Nation can incorporate cultural approaches and address unique needs and priorities, which may vary due to factors such as community or Nation size, location, demographics, or status with regards to Treaty negotiation, among others.

A COMMUNITY-DRIVEN JOURNEY

The Mental Health and Wellness MOU's flexible and community-driven approach is key to aligning with communities' and Nations' priorities and vision. In fact, evaluation contributors across groups emphasized that having an Indigenous-led, community-driven approach is a key element of success.

At this time, some First Nations are prioritizing community-based approaches while others are prioritizing Nation-based or even regional approaches. The Mental Health and Wellness MOU has provided the flexibility to accommodate each model, largely supported by FNHA regional teams' creativity and navigation during SoR development.

CONSIDERATIONS: Community contributors highlighted the importance of ensuring that programs, services, and opportunities supported by collective (e.g., Nation-based or regional) approaches reach and are relevant to all participating communities. Factors such as location and community demographics (e.g., average age), as well as differences in priority/vision, have contributed to challenges in some instances.

As a result of supporting community-driven identification of need and design for each funded initiative, many possible implementation paths have emerged. Funded initiatives reflect a wide range of goals and activities, including several that focus on:

- Improving the cultural safety, relevance, and accessibility of mental health and wellness services, particularly by embedding culture and traditional practices within clinical services
- Teaching, sharing, and revitalizing traditional wellness and healing practices
- Meeting community members where they are at and addressing urgent needs first, such as those related to mental health, substance use (harm reduction), and housing
- Enhancing the continuity of care (e.g., by providing wraparound supports)
- Engaging community members and undertaking planning and partnership activities to inform and develop programs and services
- Developing and implementing community-based wellness programs, often centred around culture, language, and the land and often focused on youth
- Providing supportive training and professional development opportunities

In addition, making adaptations to respond to COVID-19 and on-the-ground realities (e.g., developing virtual engagement and program/service delivery options), engaging Working Groups or Steering Committees for guidance and direction, and accessing support from the FNHA appear to be common experiences/approaches across several initiatives. Community contributors noted that having the flexibility to explore, try new things, and pivot their approach has been helpful for responding to challenges/emergencies more quickly while learning about what is and isn't working to inform their path forward.

Communities have undertaken varying degrees of partnership and relationship development through the implementation of their initiatives. This has occurred most often between and among communities and Nations and with the FNHA, although there are some instances of other partnerships forming, particularly with community organizations and system partners such as cultural centres or health centres.

Contributors, including Tripartite Partners, highlighted that it is helpful to have a platform such as the Mental Health and Wellness MOU to provide a starting point and support for engaging in conversations to explore opportunities for collaboration, partnership, and/or service transformation.

"We're thinking more wholistically now and about what we can do as partners to support mental health and wellness."

– Juanita Johnston, Interim Executive Director, U'mista Cultural Centre, Kwakwaka'wakw

CONSIDERATIONS: The Tripartite Partners anticipated that not all communities and Nations would want to, or be ready to, participate in the Mental Health and Wellness MOU at the same time. It is important to ensure that all have the opportunity to participate when they are ready so that none are left behind. To better allow for longer-term planning and community-specific timing, contributors emphasized that future funding opportunities should consider longer-term funding and implementation timelines from the outset.

"My biggest challenges and concern is the sustainability of funding. It's really hard to plan long term if you don't know if you're going to be here."

– Jim Adams, Executive Director, Scw'exmx Community Health Services Society

Doing so may also help to address community-level human resource challenges, which often stem directly from not having the sustainable funding needed to offer permanent positions that would attract and retain skilled personnel.

SHARING SUCCESSES

IMPROVING MENTAL HEALTH AND WELLNESS

Funded initiatives are helping to support healing and improve mental health and wellness by:

- Providing opportunities for individuals to connect to culture, land, and community and develop a positive cultural identity
- Revitalizing language, culture, and traditional healing practices
- Integrating culturally appropriate and grounded care into mental health and wellness services
- Addressing compounded and underlying trauma and incorporating trauma-informed approaches into programs, services, and supports
- Increasing access to traditional and clinical mental health and wellness services by reducing barriers to in-community service delivery (e.g., by providing learning and mentorship opportunities)

Community and regional contributors shared that they have already seen and heard about many successes that are occurring as a result of initiatives supported through the Mental Health and Wellness MOU, including[i]:

- Increased connection to culture, land and community
- Community members feeling supported
- Celebration of language and culture
- Readiness for/ engagement in healing
- Increased confidence and empowerment
- Community members supporting one another
- Community members recommending services to others
- Increased trust in services
- Community members feeling safe/safety
- Skill development
- Community members having fun

Notably, these successes appear well aligned with the strengths-based outcome measures developed by the National Indian Child Welfare Association (NICWA) through engagement with BC First Nations (more information here), helping to illustrate how the Mental Health and Wellness MOU is supporting improvements in ways that are meaningful to individuals and communities.

[i]Darker colouring indicates greater overall emphasis by community contributors.

"Our newer generations of younger people are practicing some of traditions and customs which is heartwarming, and I can see the gifts some of them have already. They are wearing regalia with pride, they are speaking our language, they are speaking out confidently about our issues, this I see as growth and answered prayers for our ancestors."

– Lolly Andrew, Acting Health Director for Seabird Island Band

ADDRESSING ROOT CAUSES

With enhanced flexibility and support to think broadly, the Mental Health and Wellness MOU is also enabling communities and Nations to pursue innovative approaches aimed at supporting wholistic wellness and/or addressing root causes. For example, community contributors described several ways in which funded initiatives are helping to address social determinants of health and wellness, such as by:

- Increasing access to culture, language, traditional, and spiritual ways
- Increasing access to culturally safe services
- Providing low-barrier education, training, and mentorship opportunities in community
- Providing low-barrier employment opportunities/access to income in community
- Offering services to address local barriers (e.g., food insecurity)

CONSIDERATIONS: More time and support are required to enable the desired system transformation given the breadth of the investment opportunity and extent of transformation required as well as the need to first, or concurrently, address immediate unmet needs and underlying inequities.

Communities and Nations are eager to share successes and exchange information and knowledge about their experiences and initiatives. This is already happening organically at various levels – for instance, spreading through word-of-mouth and at gatherings and regional meetings.

"When people get excited to do the work, they want to share what they're doing."

– Anonymous

KITSELAS FIRST NATION:

Implementing a Wholistic, Self-Directed, Community-Based Service Model

Demonstrate Quadrant

Grounded in extensive community engagement and partnership work with the Northern First Nations Alliance, Kitselas Employment and Training (KET) developed an evidence-based Five Tier System to provide wholistic, self-directed wraparound services that meet people where they are at. Each tier is focused on "strengthening and unburdening someone" someone with whatever support they are willing to ask for. Despite having a clear plan and vision, KET was having a hard time finding funding that was flexible enough to support the Tier 1 Day Labour Program – a 'drop-in' opportunity for healing and employment in a safe space.

KET learned about the Mental Health and Wellness MOU through the Nation's previously established Community Wellness Working Group. Through conversation with the Health Director, they realized there was a natural opportunity to collaborate to implement the Tier 1 program since it would positively impact on social determinants of health. Together, the two departments prepared a SoR for a demonstration site and received approval for their initiative in June 2020.

Kitselas allocated funding to set up and operate the Day Labour Program as well as to develop a Drop-In Space out of which the program would operate (among other community uses). Through the Day Labour program, participants earn a daily wage for supporting meaningful community-based, community-oriented projects organized by a program coordinator. Projects tend to incorporate active, wholistic, and land-based approaches and teamwork to foster healing and peer-to-peer support. They may also provide opportunities for job shadowing and mentorship. Examples of past projects include developing a community garden to address food insecurity and building wheelchair ramps to increase accessibility within the community.

Mental Health and Wellness MOU funding was flexible enough to cover most expenses, including salaries of program staff, participant day wages, honorariums, transportation costs, building supplies, and facility rental. While capital costs to develop the Drop-In Space were not eligible for funding, Kitselas First Nation established a community land holding company that purchased Fee Simple land on the Skeena River. The clubhouse could be operated on this land and generate revenue through rental fees, which could be funded.

So far, the many positive reported outcomes of Kitselas' initiative include (among others): providing a place where community members can go to feel safe and supported and gain confidence; participants engaging in their own self-directed healing journey; participants developing connections and giving back to the community; participants developing skills and experience; and laying the foundation for future entrepreneurial activities and transitioning to a social enterprise model.

"What [participants] are thankful for, in all of the time, they never recall having a safe community space to team up and do meaningful work."

– David Hansen, K5T Executive Director

Gitaus Community Greenhouse built by pilot Day Labour Program

Kitselas is in the process of sharing information about their system with neighbouring Nations and is eager to offer support to any who may be interested in developing a similar model.

Partnership support from the FNHA has been helpful, and Kitselas is interested in increased partnership and seeing the FNHA continue to play a role in supporting partnership development and systems change. There is a particular need to enhance support for community-led programs and address funding gaps related to mental health services, housing, preventative youth programming, and food insecurity.

NATION REBUILDING

Overall, the Mental Health and Wellness MOU is supporting Nation rebuilding at many levels by providing communities and Nations with resources that they can use to:

- Support the healing journey of individuals and families to build up the people who make up the Nation
- Bring people together to build and strengthen relationships as a family, community, group of communities, and/or Nation
- Implement initiatives that support connection to the land and the revitalization of language, culture, and traditional practices, which are central to cultural identity and Nationhood
- Hire people to undertake relationship-building and partnership work with other communities and system partners and, where appropriate, develop and implement Nation-based service models
- Provide community members with learning and mentorship opportunities to develop skills and gain valuable leadership and work experience

> **"[Mental wellness] is one of the basic ingredients of Nation building. You start off with wellness of the individual."**
>
> - Paul Willie, Tribal Manager, Wuikinuxv Nation

Community contributors highlighted several ways in which they have observed Nation rebuilding occurring alongside, or as a result of, funded initiatives – whether Nation-based or not. For example:

- Communities have gathered data and developed plans about where they would like to go as a Nation
- Nations have documented traditional wisdom for future generations
- Nations and communities have hired skilled and experienced workers to lead and deliver mental health and wellness services from within their own communities
- Communities have been equipped to support each other during times of crisis, including the 2021 wildfire season that prompted BC to declare a State of Emergency

> **"I think there's been a real undercurrent of Nation-building through this work."**
>
> – Jim Adams, Executive Director, Scw'exmx Community Health Services Society

CONSIDERATIONS: Having access to funding for to hire staff and learning/ mentorship opportunities at the community level has been particularly helpful for supporting relationship-building, coordination, partnership, and skills development, all of which contribute positively to Nation rebuilding.

TSILHQOT'IN NATION:

Enhancing Existing Services Through Coordination and Relationship Building

Collaborate

Upon learning about the Mental Health and Wellness MOU, Health Directors and mental health workers in Tsilhqot'in Nation came together over a few days to map out the direction they wanted to go. The Nation had an existing Nation-shared service model, which included a rural system for in-community mental health care. They realized that the Mental Health and Wellness MOU presented an opportunity to enhance the quality and consistency of services across providers (contractors funded through Jordan's Principle and the Joint Project Board) by enabling a more team-based approach. The Nation prepared a SoR to access funding, finding the availability of support from the FNHA helpful.

Once approved, the Nation used funding from the Mental Health and Wellness MOU to hire a Mental Wellness Clinical Lead for the Nation as well as one Community Coordinator per community. The Clinical Lead's role is to pull the team of contractor clinicians together by standardizing practices across clinicians and providing clinicians with supportive opportunities for training and skills development. This includes hosting bi-weekly team calls with clinicians and liaising with health authorities and system partners as needed. Community Coordinators, meanwhile, sort out logistical details for clinicians' visits as well as provide wraparound support for community members, such as organizing patient transport for other necessary care, so that the clinician's time in community can be dedicated to clinical work. In the past, clinicians often had to handle logistical work themselves, cutting into the clinical time available.

It has been particularly helpful to establish dedicated positions with time allocated for building relationships and partnerships with communities, the FNHA, Interior Health, and service providers, including both western practitioners and traditional healers. Relationships have facilitated referrals, system navigation, and discussions about Nation-specific needs and considerations so they can be factored into service planning and delivery. Providing support and encouragement for clinicians to build relationships with the community has contributed to enhancing the cultural relevance of services as well as community members' trust in services. For example, clinicians have joined in on medicine picking to learn about traditional uses.

Examples of submissions to the Pandemic Spirit Art Project organized as part of the initiative

As a result of enhancing the quality and safety of mental health services as well as the community's trust in services, more Tsilhqot'in members are now accessing mental health services and being supported to heal and reach their potential. Community members are also encouraging one another to reach out for support and engage in healing. The grassroots approach is contributing to Nation rebuilding by building people up and developing skills and experience to support ongoing healing from within.

> **"When something is really working, it gets out. To the point where people not in community were requesting services because they hear that we provide trusted care."**
>
> – Ellen Williams, TNG Mental Health Team Lead

The Mental Health and Wellness MOU funding has generally been flexible enough that Tsilhqot'in could adapt its approach to respond to what was happening on the ground. For example, in response to hiring delays for some Community Coordinator positions, communities were able to use their allocation of first-year funding in other ways to support mental health and wellness, such as funding traditional healers to support the community in person or virtually.

Longer-term funding would further support the Nation to address challenges, since some stemmed directly from the short-term nature of funding. These included community hesitance to establish a position that may be discontinued as well as difficulty hiring for positions without the offer of job security.

NEXT STEPS

On June 20, 2022, the First Nations Health Council and Partners approved an additional extension to Oct. 1, 2023.

The Tripartite Partners are sharing findings to further discussions about their ongoing commitment to collaboration and partnership, which continues to develop as of September 15, 2023. It is intended that the Tripartite Partners will work together to fulfill outstanding commitments and develop recommendations for the path forward, for future validation by First Nations leadership. Recommendations will inform the 10-year tripartite strategy that facilitates a whole-of-government approach to addressing the social determinants of health and wellness.

APPENDICES

APPENDIX 1:
MENTAL HEALTH AND WELLNESS MOU GOVERNANCE STRUCTURES

There are three levels of governance for the implementation of the Mental Health and Wellness MOU. Each is described below.

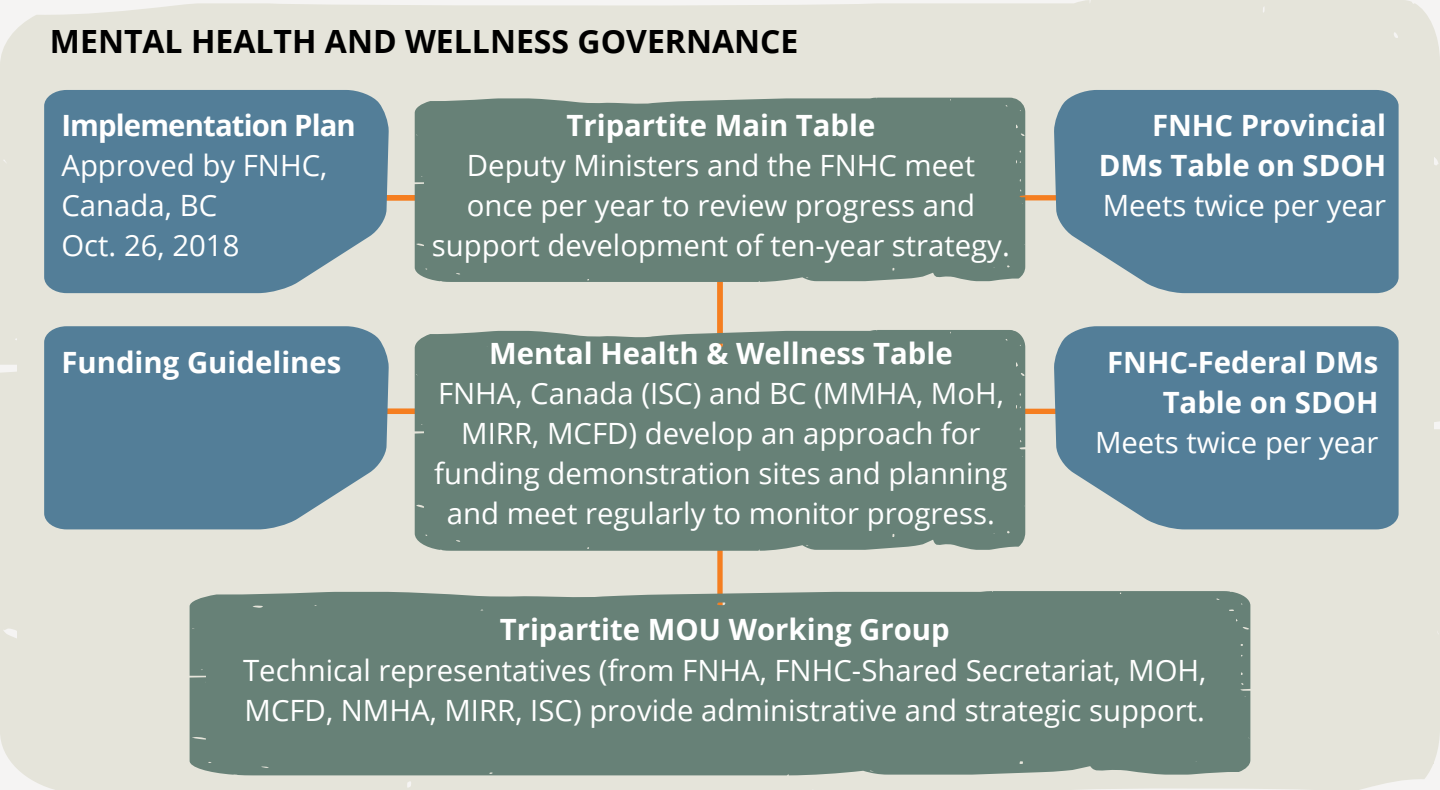
1 TRIPARTITE MAIN TABLE *(Political Level)*

At the Tripartite Main Table, political representatives of the FNHC, BC, and Canada (the Tripartite Partners) provide political guidance and leadership for the implementation of Tripartite commitments, which include the Mental Health and Wellness MOU.

2 MENTAL HEALTH AND WELLNESS TABLE *(Mental Health and Wellness Governance Level)*

The Tripartite Main Table, the Mental Health and Wellness Table, and the Tripartite MOU Working Group maintain the momentum of the Partnership, monitor the implementation of the Mental Health and Wellness MOU (and related plans), communicate opportunities and challenges in a timely and effective manner, provide leadership and direction, and explore options to further enhance and enrich the work of the Partners. The following figure provides a visual overview of the contributors at the Mental Health and Wellness Governance level, including which representatives are involved in each Table/Working Group.

Figure 2: Overview of Contributors at the Mental Health and Wellness Governance Level[10, 11]

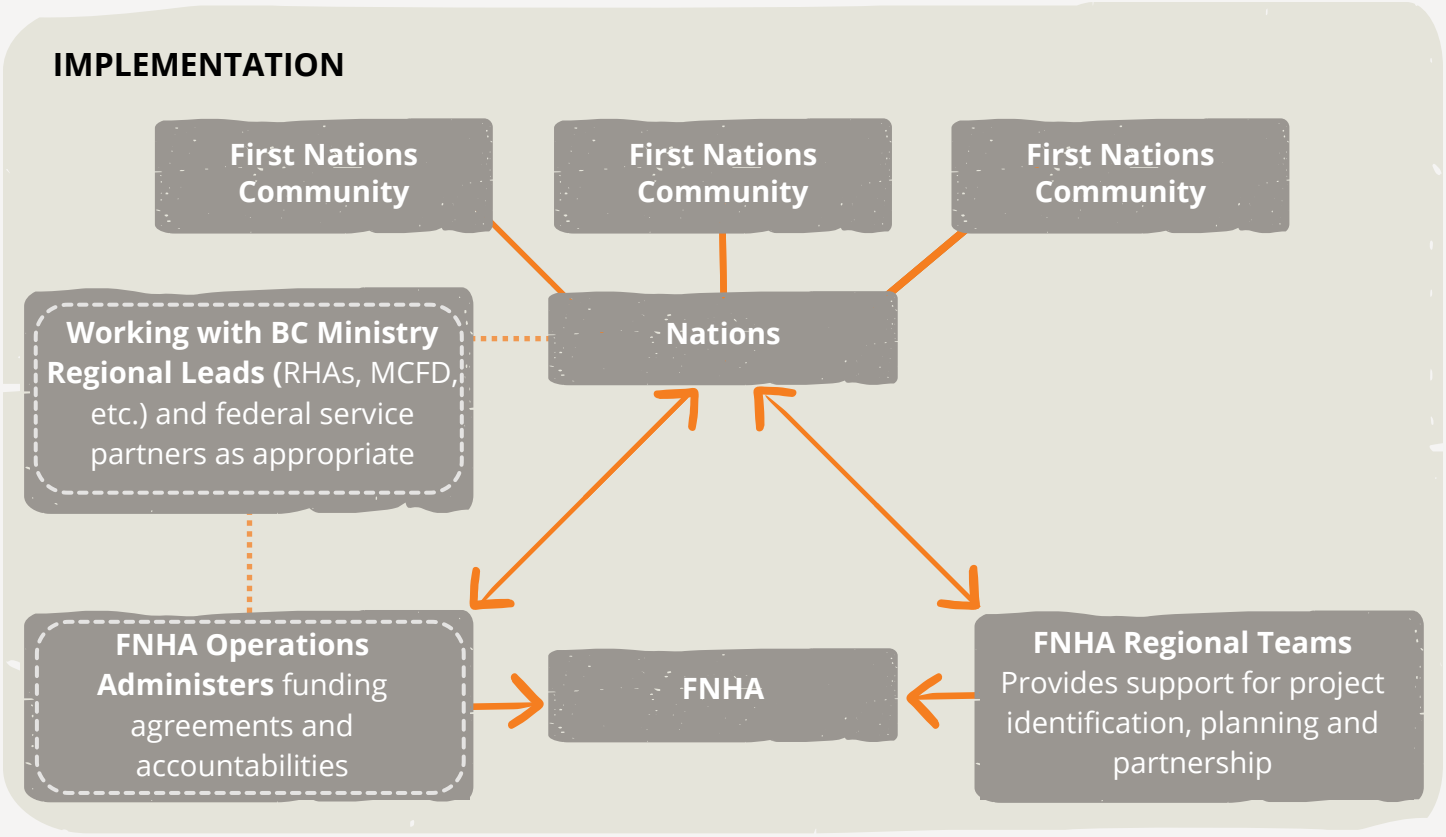


[10]Acronyms not previously used: Deputy Ministers (DMs), Social Determinants of Health (SDOH)
[11]While Canada is a party to the Mental Health and Wellness MOU and provides support for delivering on Mental Health and Wellness MOU commitments, Canada has no decision-making authority over the use of funding, including establishing recipient eligibility, specific funding criteria, or allocation of funds.

3 IMPLEMENTATION LEVEL

First Nations communities and Nations work in partnership with each other and, as appropriate, FNHA regional and central staff, BC, and Canada to collaborate on mental health and wellness planning and implementation in a way that supports community-driven, Nation-based service models and enables Nation rebuilding. The following figure provides a visual overview of the contributors at the implementation level.

Figure 3: Overview of Contributors at the Implementation Level[12]



[12]Acronym not previously used: Regional Health Authorities (RHAs)

APPENDIX 2:
MENTAL HEALTH AND WELLNESS MOU INVESTMENT STRATEGY

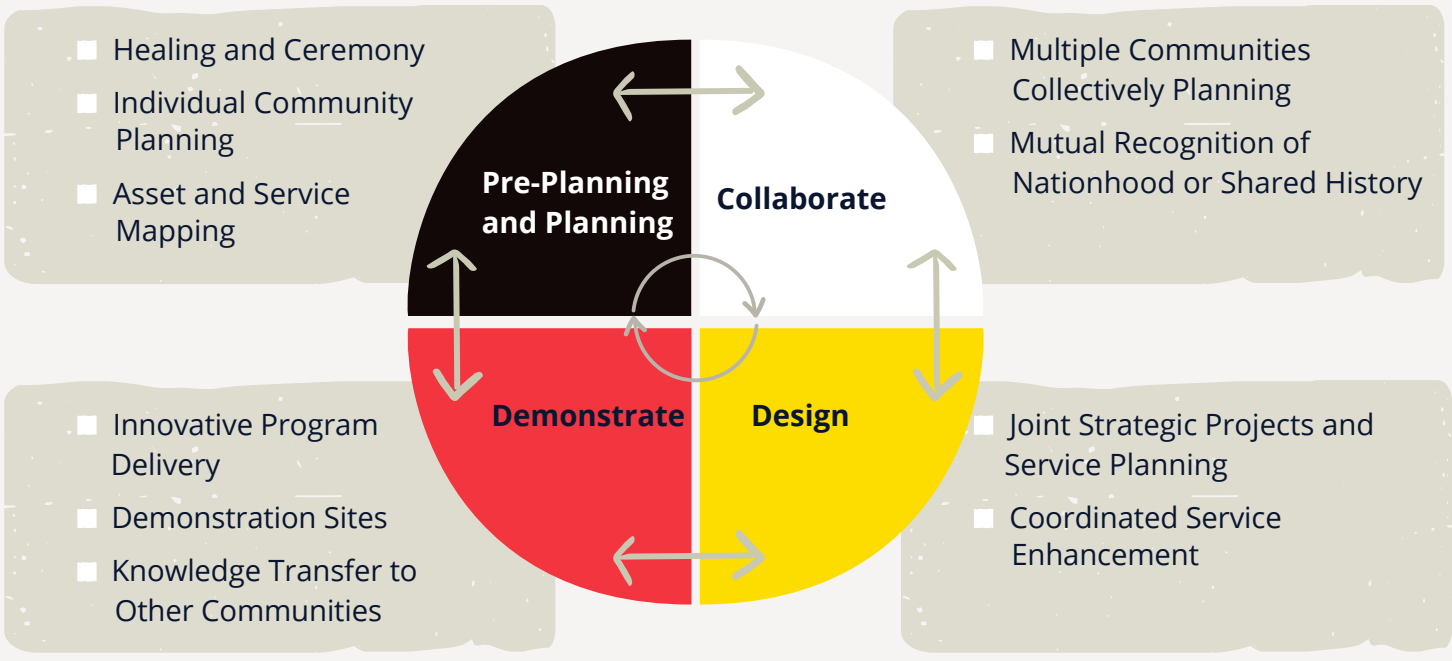
As detailed in the Funding Guidelines developed by the Tripartite Partners, the Mental Health and Wellness MOU investment strategy was designed to accommodate BC First Nations at varying stages of capacity and readiness, recognizing that each community and Nation is at a different place on their journey of health and wellness.

Through a four-quadrant readiness framework, communities and Nations can access funding for eligible planning, collaboration, design, and demonstration activities. The model was intended to be structured in a flexible way so that communities and Nations could develop projects in any of the four quadrants based on where they are at on their journey to health and wellness. Communities have the opportunity to move between any of the quadrants in response to evolving needs.

STATEMENT OF READINESS

Communities and Nations access funding by preparing a Statement of Readiness (SoR) that outlines the needs and objectives of the community, where the level of detail required reflects the complexity of the initiative the community or Nation is seeking to undertake. For example, a SoR for the Pre-Planning and Planning quadrant may demonstrate community interest in the initiative, whereas an SoR for the Demonstrate quadrant may include a detailed implementation plan. Once prepared, SoRs were initially submitted to the Mental Health and Wellness Table for approval; however, as of February 2022, SoR decision-making transitioned to FNHA. Submissions are reviewed from a wholistic, strengths-based, family-focused, community-driven, and Nation-Based perspective. FNHA regional teams and other partners are available to support communities and Nations seeking to access funding.

Figure 4: The Mental Health and Wellness MOU Four Quadrant Funding Approach



Each quadrant is associated with different outcomes, partnerships, and reporting requirements. For example, the Pre-planning and Planning quadrant may include a range of activities, such as conducting a community needs assessment. In this case, a community or Nation would be required to provide a simple report outlining project activities and a brief financial report. Meanwhile, for a Demonstration site, communities or Nations may have detailed implementation plan that shows their intended activities and specific timelines to achieve objectives. Reporting in this case would be more detailed, including a report on annual activities and a detailed financial report, although the format of reporting would be flexible, and communities and Nations could choose a written or oral report or propose an alternative that reflects First Nations ways of being.

QUADRANT SUMMARIES

PRE-PLANNING AND PLANNING: Intended to support communities and Nations at the beginning of their healing journey, this stage may include asset mapping or needs assessments as well as ceremony to support communities on their journey. Each community or Nation's journey will be unique, and this quadrant aims to support communities to build from traditional knowledge and systems of care to renew and revitalize community health and wellness plans based on collaboratively identified local needs and interests.

COLLABORATE: This quadrant is intended to support communities with identified mental health and wellness needs to reach out to other communities to collaborate to address these needs. Collaboration between multiple communities is intended to support the polling of individual community needs and resources to benefit the many. Collaboration will be unique to the communities and may be based on mutual recognition of shared Nationhood, common language, historical connection, or common interests with the intention to empower communities to come together and plan for new ways of providing mental health and wellness services.

DESIGN: The Design quadrant is intended to support opportunities to begin implementing changes in mental health and wellness programs and services. The quadrant recognizes that communities need support and flexibility to design services that reflect their unique needs, priorities, and cultures. Combining resources and supporting communities to build partnerships with federal and provincial service providers, joint plans can be turned into action and facilitate a more wholistic approach to mental health and wellness through partnerships with service providers.

DEMONSTRATE: A wholistic and integrated approach is needed to address the many dimensions of mental health and wellness (e.g., education, public safety, cultural supports, childcare etc.). With this in mind, funding is provided to support innovative program delivery Demonstration sites. Demonstration sites are intended to provide a circle of care approach that leverages partnerships with private and public organizations to build mental health services and supports that build on individual strengths and address each person's cultural and linguistic needs. This approach will facilitate greater cross-agency collaboration and form innovative partnerships and arrangements with all First Nations service agencies. Through interagency collaboration, First Nations can reclaim ownership over decision-making processes, building the capacity to respond to the unique needs within their communities.

APPENDIX 3:
ADDITIONAL INFORMATION ON THE EVALUATION APPROACH

This section provides additional information about how the evaluation was conducted. Please send any questions by email to mhwmou@fnha.ca.

EVALUATION DESIGN

The evaluation was guided by the following question: ***Is the intention of the MHW MOU being realized?***

A framework to address this question was developed by Ference & Company in collaboration with the FNHA. The evaluation was guided by Section 5.1: *Community-Driven and Nation-Based Planning and Partnerships* and Section 5.2: *Flexible, Predictable and Sustainable Funding For Mental Health and Wellness* of the Mental Health and Wellness MOU as well as input from the Tripartite Partners. For example, the evaluation framework incorporated strength-based indicators developed by NICWA through engagement with First Nations in BC (more information here) and explored areas for shared learning that were identified by the partners.

A sub-Working Group of the Tripartite MOU Working Group was established, including representatives from the Tripartite Partners. The sub-Working Group provided insights and helped to guide the evaluation methodology. Emphasis was placed on action-oriented and community-facing findings as well as the use of language and visuals to tell the story.

The following table shows the sub-questions, topics, and types of information that were considered. Information was identified in relevant documents provided by the FNHA and through feedback collected from contributors as part of the evaluation.

Table 1: Summary Evaluation Framework

Topic (Issue)	Types of Information Considered (Indicators)
Sub-Question 1: Is the Mental Health and Wellness MOU enabling and supporting community-driven, Nation-based planning and partnerships?	
Community-Driven, Nation-based Approach	■ Community and Nation participation rates in the Mental Health and Wellness MOU ■ Processes and structures that support communities and Nations at different stages of capacity and readiness ■ Processes and structures that support community-driven, strength-based, and wholistic approach to health and wellness planning ■ Input on how communities and Nations are meaningfully engaged to have influence and control over health services ■ Input on whether funded initiatives have achieved or made progress towards their objectives ■ Input on whether, how, and to what extent implementation of the Mental Health and Wellness MOU supports self-determination and Nation rebuilding ■ Input on facilitators and barriers to accessing the Mental Health and Wellness MOU ■ Suggested opportunities for improvement or additional support

Governance	■ Input on whether governance roles and responsibilities are clearly defined, whether governance structures and processes are functioning effectively, and whether there is clear communication and consistent follow-up throughout the governance structure ■ Input on whether, how, and to what extent the governance structure supports realization of the intention of the Mental Health and Wellness MOU ■ Input on facilitators and barriers ■ Suggested opportunities for improvement or additional support
Partnerships	■ Input on the effectiveness of tripartite partnerships and relationships ■ Perceptions on the level of support from First Nations for the strategic direction of the partnership ■ Input on whether, how, and to what extent Mental Health and Wellness MOU implementation processes support relationships and partnerships, and with whom ■ Examples of partnership arrangements developed through funded initiatives ■ Examples of integration, cross-agency collaboration, and alignment of funding and services ■ Input on facilitators and barriers to developing effective partnerships ■ Suggested opportunities for improvement or additional support
Overall Implementation	■ Input on overall satisfaction with the implementation of the Mental Health and Wellness MOU and success to date ■ Reported examples and drivers of positive outcomes and impacts through implementation of funded initiatives, particularly with respect to strength-based indicators developed by NICWA through engagement with First Nations in BC – for example, connection to culture and cultural identity, connection to land, connection to other people, and readiness for or engagement in healing ■ Input on lessons learned and good practices that emerged through implementation of the Mental Health and Wellness MOU ■ Input on whether, how, and to what extent the Mental Health and Wellness MOU is supporting innovation and systems transformation
Sub-Question 2: Is the Mental Health and Wellness MOU enabling partners to establish a more flexible, predictable, and sustainable funding model for mental health and wellness services?	
Service Models and Frameworks	■ Input on lessons learned and good practices with respect to implementing the new funding model ■ Input on whether and to what extent the new model is flexible, predictable, and sustainable ■ Input on facilitators and barriers of the new model and broader systems and structures (e.g., legislation) ■ Suggestions opportunities for improvement or additional support

DATA COLLECTION

DOCUMENT REVIEW

Documents were provided by the FNHA and reviewed by Ference & Company for information related to the evaluation questions, issues, and indicators (see table above). Relevant information was summarized and considered alongside feedback from contributors to ensure that context and nuance were understood; for this reason, only SoRs and narrative reports associated with evaluation participants (contributors) were considered. Any information, examples, or images from documents shared in this report were included with permission from participating community contributors.

FEEDBACK FROM CONTRIBUTORS

Evaluation participants (contributors) were identified by the FNHA and Tripartite Partners and invited to participate by Ference & Company. Participation was voluntary. Feedback was gathered by Ference & Company through virtual interviews (1-2 hours each) or written responses, as preferred by each contributor. Feedback from Tripartite Partners at the political, governance, and operational levels was collected between May and August 2020. Feedback from community contributors involved in funded initiatives was collected between June and November 2021. Feedback from FNHA regional staff was collected over both periods.

Contributors were provided with an advance copy of group-specific questions that they could respond to in writing or verbally during an interview. Community and regional contributors were encouraged to provide feedback in another format if preferred – for example, through a less structured conversation, storytelling, or submission of a video, recording, or photographs.

All contributors were informed in advance about confidentiality and privacy measures and given an opportunity to ask questions. Community and regional contributors who provided feedback in 2021 were also informed that they would own any information they contributed to the evaluation and have the opportunity to review this information (e.g., interview notes), with the option to adjust or withdraw some or all of their information at any time. Contributors were also informed that they would be asked for consent before any stories, quotes, or specific examples they shared would be included in evaluation outputs, such as this report, or any other products.

In total, 63 contributors participated in the evaluation.

Table 2 provides an overview of contributors by group.

Participant Group	Number of Contributors
Community contributors (representing 20 communities)	31
FNHA (including 11 regional and 5 provincial staff)[13]	16
Government of British Columbia (representing 4 Ministries)	7
First Nations Health Council & First Nations Health Directors Association Shared Secretariat	5
Government of Canada (representing 1 Department)	4
TOTAL	**63**

[13] Two FNHA regional staff provided feedback twice (in 2020 and 2021); they are each counted only once.

Table 3 shows the regional distribution of the 20 communities reflected in evaluation findings to show that each region is represented. At least one FNHA regional staff member from each region also participated.

Table 3: Overview of Communities Reflected in Evaluation Findings by Health Region

Health Region	Number of Contributors
Vancouver Island	7
Northern	5
Fraser Salish	3
Interior	3
Vancouver Coastal	2
TOTAL	**20**

Efforts were also made to ensure that communities and Nations pursing different types of initiatives and at different stages of readiness were included in the evaluation. The evaluation did not hear from communities that did not participate in the Mental Health and Wellness MOU, but perspectives were sought from FNHA regional staff about factors that may have impacted participation. Based on the feedback received, contributors are believed to reflect a range of views and experiences with the Mental Health and Wellness MOU.

ANALYSIS & REPORTING

A preliminary strengths-based analysis of early implementation activities was conducted in summer 2020. This included a thematic analysis of interview responses from Tripartite Partners at the political, governance, and operational levels and FNHA regional staff, as well as an initial review of documents. A second strengths-based analysis was conducted in Fall 2021, focused on feedback shared by community contributors and FNHA regional staff, supplemented by information in SORs and narrative reports for initiatives discussed by community participants (where available). Findings from this second analysis phase were developed by synthesizing 'what was seen and heard' from community and regional participants and presented at Tripartite MOU Working Group and Mental Health and Wellness Table meetings in November 2021.

This report provides a summary of overall evaluation findings including both political/governance/operational feedback as well as community participants, with findings organized to reflect the main messages emphasized by community participants. It is intended that Tripartite Partners will work together, under the direction of First Nations leadership, to interpret the overall evaluation findings and chart the path forward.

ADAPTATIONS & LESSONS LEARNED

There was an evolution in the evaluation approach between initial planning in 2019 and final reporting in 2022 due to the changing context as well as lessons learned along the way. Main adaptations included:

- Delaying the second phase of planned data collection during periods of heightened crisis that required community and Partners' undivided attention;
- Expanding the evaluation scope to include feedback from community and regional contributors (in addition to feedback from Tripartite Partners at the political, governance, and operational levels, as initially planned) to respond to Partners' request to hear from community members and supporters about whether the intention of the Mental Health and Wellness MOU was being realized; and
- Making modifications to the evaluation approach in response to suggestions about how to further decolonize methodology, such as by:
  - Expanding participation options to allow participants to contribute in their preferred manner (e.g., conversation, writing, or another medium);
  - Utilizing more flexible data collection tools (e.g., loosely structured interview guides) to provide participants with greater opportunity to share lessons, experiences, views, and observations that they believe to be relevant;
  - Considering/weighting all feedback equally when developing and summarizing findings (e.g., regardless of a contributor's familiarity with the Mental Health and Wellness MOU or ability to substantiate comments with detail/examples); and
  - Providing contributors with additional information about data ownership and opportunities for to validate the data they contributed to the evaluation, as well as acknowledgement for their contributions and input into the findings.

The importance of seeking, listening, and responding to feedback on evaluative methods were highlighted throughout this journey. For instance, several contributors expressed appreciation for the flexible participation options offered, which was an adaptation made during the evaluation in response to Partners' suggestions.

Conversations are ongoing to identify ways to further decolonize evaluation approaches moving forward.