



First Nations Health Authority
Health through wellness



JOINT PROJECT BOARD

Year in Review 2020/21

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Background

The Joint Project Board (JPB), established in 2013, continues to function as a senior bilateral forum between the British Columbia (BC) Ministry of Health (MoH) and the First Nations Health Authority (FNHA).

Over the past eight years, this enduring partnership has continued to embody the aspirations of many mutual transformational agreements between First Nations in BC and the governments of BC and Canada that concentrate on the shared goals of improving health and wellness and strengthening relationships with Indigenous peoples in BC. These include:

- the Transformative Change Accord (2005)
- the Transformative Change Accord: First Nations Health Plan (2006)
- the Tripartite First Nations Health Plan (2007)
- the BC Tripartite Framework Agreement on First Nation Health Governance (2011)
- the Health Partnership Accord (2012)
- the Agreement Regarding Payments in Lieu of Medical Services Plan Premiums on behalf of First Nations people resident in the province of BC (Agreement in Lieu of MSP 2013)

Through these agreements, the JPB, with membership consisting of the Assistant Deputy Ministers of the MoH and Vice Presidents of the FNHA, works in partnership to:

- address and advance shared strategic priorities to improve First Nations health and well-being
- identify and deconstruct policy and systemic barriers to care
- support regionally-specific priorities
- promote more integrated and responsive service delivery

JPB priorities are determined by and accountable to the FNHA Chief Executive Officer (CEO) and the MoH Deputy Minister (DM), guided by a joint, annual Letter of Mutual Accountability (LMA). Key areas of focus for the JPB include the enhancement of services, service quality and accessibility of primary health care and mental health and wellness services.

The primary function of the JPB for the first five years (2013-2018) was the regional investment of funding available through the Agreement in Lieu of MSP.

Effective July 2, 2013, Health Canada transferred the funds historically used to pay Medical Services Plan (MSP) premiums on behalf of status First Nations residents in BC to the FNHA. Of this transfer, 25 percent over the first three years was set aside by the FNHA to support the development of new primary care services in the regions. The Agreement in Lieu of MSP was successfully renegotiated in 2018 and although the Government of BC eliminated MSP premiums for BCNs effective January 1, 2020, the FNHA continues to receive annual funding from MOH to support these primary care services. In recent years, the JPB has provided a forum for oversight and accountability on the progress of the annual shared LMA priorities.

The JPB has laid the framework to provide strategic support for regional- and community-based partnerships, to facilitate primary care projects, share innovative approaches, provide communication and information-sharing tools and support the integration of health services to better meet the regional health and wellness needs of First Nations people.

Accomplishments

The JPB continues to operate as a key mechanism to enhance partnerships and coordination between the FNHA, the MoH, regional health authorities and partner organizations to embed First Nations' needs, perspectives and opportunities across the provincial health system.

Partnerships have been built across many program areas and at various levels between the organizations, including enhanced integration across health system standing committees. Significant partnerships have developed and grown in BC regions as First Nations communities work together with the FNHA and the regional health authorities to develop and implement primary care and mental health initiatives.

Collaborative planning and ongoing engagement of all key partners are essential to support progress towards improving the health and wellness of First Nations people, families and communities.

Governance and Negotiations

The FNHA and the MoH continue to work as partners on shared joint priorities through the annual LMA, including collaborative approaches on governance and negotiations, health and wellness strategies, cultural safety and humility and data and information. For the 2020-21 reporting period, the LMA was also a key lever for enabling significant collaborations on managing the response to the COVID-19 pandemic.

In November 2019, the Government of BC enacted the Declaration on the Rights of Indigenous Peoples Act (the Declaration Act), the purpose of which is to affirm the application of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) to the laws of BC.

Over the past year, early discussions took place between the partners on the province of BC efforts to develop a Declaration Act action plan and the need for First Nations feedback on next steps. The MoH and the FNHA also worked together to plan for provincial Spring Caucus 2021 presentations on the Declaration Act and next steps. The partners will continue to work with the First Nations Health Council to discuss next steps for engaging with First Nations on the Declaration Act and on related legislative developments.

Provincial Response to the COVID-19 Pandemic

In the 2020/21 reporting period, BC, Canada and the world experienced a severe health crisis with the onset of the COVID-19 pandemic. The FNHA and the MoH, in partnership with BC First Nations, the Government of Canada, emergency service providers and other organizations have worked to develop a coordinated public health response that includes strategies intended to meet the needs of First Nations communities and peoples. Those needs included addressing the unintended negative consequences that

COVID-19 public health measures had on the toxic drug crisis and overdose public health emergency and the dramatic and disproportionate increase in deaths among First Nations people. Efforts include:

- embedding First Nations into provincial, regional and local emergency response structures
- the development and implementation of the Rural, Remote, First Nations and Indigenous COVID-19 Response Framework
- improved access to culturally safe and appropriate virtual primary care and mental health and addictions specialist services
- enhanced mental health service availability
- prioritization of Indigenous peoples and communities in BC's COVID-19 Immunization Plan

The local availability of JPB-funded services and initiatives were impacted by public health and safety restrictions, but are resuming.

Cultural Safety and Humility

Cultural safety and humility are critical in ensuring that health services are delivered in a manner that meets the needs of First Nations peoples. Enhancing cultural safety and humility is a key provincial priority across the health system and continues to be a common thread across all JPB initiatives.

There was significant attention and collective focus from the partners on anti-racism and cultural safety and humility actions this year.

In November 2020, a report, commissioned by the Minister of Health was released, entitled *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, which confirmed widespread Indigenous-specific racism across the BC health system. The report included a number of findings and recommendations to support addressing Indigenous-specific racism. The FNHA provided data to support the development of the In Plain Sight report.

The FNHA, together with the First Nations Health Council (FNHC) and First Nations Health Directors Association (FNHDA) jointly developed an Anti-Racism, Cultural Safety and Humility Framework and Action Plan. The objectives are to work with partners in BC to support a racism-free health system with embedded cultural safety and humility practices and to champion cultural safety and humility in BC, with a focus on First Nations-led responses, regional innovation and service excellence.

Through the FNHA partnership with the Health Standards Organization, a Cultural Safety and Humility Standard is now drafted and out for public review.

The partners will continue to jointly participate in and advance cultural safety, cultural humility and anti-racism actions, building off the recent In Plain Sight report findings, the Cultural Safety and Humility Declaration and Anti-Racism and Cultural Safety and Humility Framework and Action Plan. Work continues through the First Nations Partnership Table and the Task Team set up after the In Plain Sight report.

Health and Wellness Strategies

Primary Health Care

The FNHA and the MoH continue to prioritize the increased accessibility and quality of an integrated and culturally safe provincial primary health care system supported by strong partnerships, investment and policy tools.

In 2020/21, the FNHA and the MoH worked collaboratively with the General Practice Services Committee, regional health authorities and other partners, to advance the provincial primary care strategy by focusing on the following:

- ensuring that First Nations interests and priorities are embedded in all models and levels of the primary health care system including primary care networks, community health centres, urgent and primary care centres, the First Nations-led primary health care initiative and in strategic initiatives
- ongoing implementation of the First Nations-led primary health care initiative
- supporting engagement between First Nations, communities, divisions of family practice, the regional health authorities and other partners regarding primary care planning and implementation
- advancing the integration of Indigenous team-based supports in health care teams and systems through the FNHA Traditional Wellness Strategic Framework
- collaboration with the Primary Care Network Steering Committee to implement the Care Team Information Sharing Agreement, in alignment with the principles of OCAP® (Ownership, Control, Access and Possession)

Mental Health and Wellness

First Nations in BC have long identified mental health and wellness as a key health priority. The 2018 Memorandum of Understanding (MOU): Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness, along with other key health plans and agreements, continues to support First Nations in planning, designing and delivering a continuum of community-driven and Nation-based mental health and wellness services that reflect unique community needs.

As of 2020/21, the Mental Health and Wellness Table has received 51 Statements of Readiness that represent 166 unique First Nations communities (over three-quarters of the communities in the province) and \$20.5 million of a total \$30 million investment has been allocated.

In 2020/21, the tripartite partners agreed to extend implementation of the MOU until March 31, 2022.

The Province and the FNHA are also working together to improve access to culturally safe mental health and wellness services including funding for the remediation, replacement and construction of First Nation-operated treatment facilities and funding to support the expansion of land-based and cultural healing services.

The Ministry of Mental Health and Addictions (MMHA) continues to collaborate with the FNHA to address the disproportionate impact of the toxic drug crisis and overdose public health emergency on the First Nation population in BC, including repositioning the response to ensure services engage First Nations women and First Nations people living away-from-home.

Population Health and Wellness Promotion

The MoH and the FNHA continue to collaborate to ensure that First Nations perspectives and interests are incorporated into population health and health promotion actions and initiatives.

In 2020/21, the MoH and the FNHA continued to pursue shared priorities, including ongoing work to finalize the Population Health and Wellness Agenda and strengthening action on the Guiding Framework. Additionally, significant local and regional population and public health work was undertaken in support of necessary priorities for the dual COVID-19 and overdose public health emergencies.

Digital Health

The partners continue to ensure that the Digital Health Strategy and Virtual Care Strategies align with and support the service models developed pursuant to the LMA.

The FNHA's representation in digital health governance bodies continues to grow. Furthermore, various digital health initiatives have been developed to support priorities outlined in the FNHA Three-Year Roadmap and the LMA, including an FNHA Digital Enablement Strategy. Exploration of digital resources has accelerated to accommodate immediate health and wellness needs resulting from the toxic drug crisis and pandemic public health emergencies.

In 2020/21, the FNHA began successfully implementing the First Nations Virtual Doctor of the Day program and the First Nations Virtual Substance Use and Psychiatry Service and continued to explore the virtual delivery of youth life promotion activities.

Health Human Resources

The incorporation of First Nations perspectives and needs, guided by learning from JPB projects in provincial health workforce planning processes, continues to be a priority for the MoH and the FNHA.

The current strategic approach places significant emphasis on measures to increase cultural safety and humility, achieve a more representative workforce and reduce barriers to entry into health careers. Advancing partnerships with the FNHA and First Nations communities, engagement with health sector unions regarding workforce planning and the development of a refreshed health and human resources strategy will be key areas of focus going forward.

Other Priorities

The JPB continues to function as an important platform for information sharing and addressing emerging priorities including incorporating FNHA perspectives into the development of specialized community services programs relating to mental health and wellness, elder care, surgical care and, emergency management including pandemic planning and system response.



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Data and Information

Enhancing capacity for data collection and analysis, information sharing and building a robust data governance and stewardship strategy are key priorities to support decision-making regarding health system strategy and service delivery priorities and to effectively monitor and report on progress.



Appendix: JPB Projects, ongoing as of March 31, 2021

| REGION | PROJECT | ANNUALIZED | COMMUNITIES SERVED |
|--|--|------------------|--|
| OF THE \$15.33 MILLION ALLOCATED ACROSS ALL REGIONS, \$ 15,034,627 HAS BEEN COMMITTED TO DATE | | | |
| Fraser Salish (5 Projects) | | | |
| | Primary Health Care at Stò:lô Nation Health - 0.7 FTE GP & 0.3 FTE Traditional Chinese Medicine (<i>re-profiled from 1.0 FTE GP</i>), 0.8 MOA | 278,450 | Aitchelitz, Leq'a:mel, Matsqui, Popkum, Skawahlook, Skowkale, Shxwha:y Village, Sumas, Tzeachten, Yakweakwioose |
| | Primary Health Care at Seabird Island - Subsidy for 2.0 FTE GP salaries; MOA | 234,500 | Scowlitz, Squiala, Soowahlie, Kwaw'Kwaw'Apilt, Kwantlen, Sts'ailes, Skwah, Cheam, Union Bar, Chawathil, Shxw'ow'hamel |
| | Wellness System Navigators - 2.0 FTE Wellness System Navigators (RN or RSW) to assist those living with chronic conditions | 257,300 | Boston Bar, Boothroyd, Spuzzum, Katzie, Kwantlen, Semiahmoo, Tsawwassen, Kwikwetlem, Yale |
| | Mental Health Clinicians - 2.0 FTE Mental Wellness Clinicians for on and off-reserve clients (<i>re-profiled from youth suicide PIP coordinator</i>) | 204,892 | Kwiwetlem, Katzie, Qayqayt, Atchelitz, Cheam, Kwaw-kwaw-Apilt, Peters, Popkum, Shxwha':y, Skowkale, Skwah, Soowahlie, Spuzzum, Squiala, Tzeachten, Yakweakwioose, Urban |
| | Riverstone Home/Mobile Detox and Daytox Expansion - Two teams of 1.0 FTE RN and 1.0 FTE RCC to provide mobile withdrawal management services | 442,300 | Aitchelitz, Skowkale, Leq'a:mel, Matsqui, Popkum, Skawahlook, Shxwha:y Village, Sumas, Tzeachten, Yakweakwioose, Boston Bar, Boothroyd, Spuzzum, Katzie, Scowlitz, Squiala, Soowahlie, Kwaw'Kwaw'Apilt, Sts'ailes, Skwah, Cheam, Union Bar, Chawathil, Shxw'ow'hamel, Yale |
| Total Approved Funding: | | 1,417,442 | |
| Interior (8 Projects) | | | |
| Dakelh Dene Nation Shared Services | | | |
| | Child & Youth Mental Health Contractor Clinicians - 2 x 0.5 FTE contracted Mental Health Clinicians to equal 1.0 FTE (<i>re-profiled from 1.0 FTE</i>) | 131,000 | Ulkatcho |
| | | 131,000 | |
| Ktunaxa Nation Shared Services | | | |
| | Social Worker & NP Top Up - 1.5 FTE MOA (1.0 FTE & 0.5FTE) & 1.0 FTE RSW; Subsidy for 2.0 FTE NP salaries | 195,000 | Akisq'nuk, Lower Kootenay, St. Mary's, Tobacco Plains |
| | Dietitian Services - 1 Dietitian @ 45 hrs/month | 42,934 | |
| | | 237,934 | |
| Nlaka'pamux Nation Shared Services | | | |
| | Mental Health Clinicians (SCHSS) - 2.0 FTE MHCs; 0.5 MOA | 234,500 | Ashcroft Indian Band, Coldwater Indian Band, Cooks Ferry, Kanaka Bar Indian Band, Lower Nicola Indian Band, Lytton First Nation, Nicomen Indian Band, Nooaitch, Oregon Jack Creek, Shackan, Siska, Skuppah Indian Band |
| | Child & Youth Mental Health Clinician (SCHSS) - 1.0 FTE Child & Youth MHC; 0.25 MOA | 129,285 | |
| | Mental Health Clinician (SCHSS) - Funding 50% of 1.0 FTE MHC; 0.25 MOA | 63,143 | |
| | NP MOA (Conayt Friendship Society) - Salary 0.8 FTE MOA | 31,419 | Conayt, Scw'exmx, Lower Nicola Indian Band, Upper Nicola Indian Band |
| | NP Top-up MOA (Lytton First Nation) - 0.6 FTE MOA | 34,232 | Lytton, Cook's Ferry, Siska, Nicomen, Kanaka Bar, Skuppah |
| | | 492,579 | |
| Northern St'at'imc Nation Shared Services | | | |



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| Mental Health Clinician & Child & Youth Outreach Clinician - 1.0 FTE MHC, 1.0 FTE CY MHC (<i>re-profiled from 1.0 FTE Advocate</i>) | 230,608 | Seton Lake, Bridge River, Pavilion, Fountain, T'it'q'et, Cayoose Creek |
| Primary Care Outreach Nurse – 1 FTE RN (<i>re-profiled from 1.0 FTE Physiotherapist</i>) | 110,000 | |
| MH Clinical Supervisory Associate - MH Clinical Supervisory Associate (150 hours annually) | 38,026 | |
| | 378,634 | |
| Secwepemc Nation Shared Services | | |
| Mental Health Clinician (Simpco) - 1.0 FTE MHC | 166,825 | Bonaparte, Simpcw, Skeetchestn, Tk'emlúps, Whispering Pines/Clinton, High Bar |
| Nurse Practitioner (Interior Health Authority) - 0.5 FTE NP | 80,108 | |
| Mental Health Clinician + NP top-up (Three Corners) - MH Outreach Services , NP travel + ancillary costs, 0.75 MOA | 212,637 | Canim Lake, Esk'etmc, Canoe/Dog Creek, Williams Lake, Soda Creek |
| Child & Youth Mental Health Clinician (Splatsin) - 1.0 FTE CY MHC | 150,901 | Adams Lake, Little Shuswap Lake, Neskonlith, Splats'in |
| Support Worker (Splatsin) - 0.6 & 0.4 FTE RSWs (as personal support workers) | 75,455 | |
| | 685,926 | |
| Syilx Nation Shared Services | | |
| NP Top Up & Psych Assessments - NP top-up travel and ancillary costs , 0.6 FTE MOA | 47,300 | Lower Similkameen Indian Band, Okanagan Indian Band, Osoyoos Indian Band, Penticton Indian Band, Upper Nicola Band, Upper Similkameen Indian Band, Westbank First Nation |
| Advocates & Youth Wellness Coordinator - 2.0 FTE Advocates (RN/RSW/LPN) & 1.0 FTE Youth Wellness Coordinator (RSW) | 298,700 | |
| | 346,000 | |
| Tsilhqot'in Nation Shared Services | | |
| Mental Health Clinician Services, MHC (1.0 FTE), Physiotherapy (8 Days/Month), MOA (0.4 FTE), Nurse Practitioner (ancillary cost) | 217,200 | ?Esdilagh, Tl'esqox, Tl'etinqox-t'in Government, Tsi Del, Yunesit'in Government, Xenigwet'in First Nation Government |
| Dietician and Registered Nurse – Registered Nurse (1.0 FTE), Dietician (1.0 FTE) | 202,540 | |
| | 419,740 | |
| Regional & Multi-Nation Foundational Supports & Specialty Services | | |
| Chilcotin Mobile Treatment Program - 2.5 FTE RCC over 37 weeks to expand services to additional communities | 172,185 | Services for all communities in 3 x Nations: Dakelh Dene, Tsilhqot'in, Secwepemc |
| Interior Nation Health Services Mental Wellness Action Team - 2.0 FTE trauma response coordinators (RSW/RCC) – ON HOLD | 288,000 | All 54 communities |
| | 460,185 | |
| Total Approved Funding: | 3,151,998 | |
| North (4 Projects) | | |
| CSFS Primary Care Expansion - 1.0 FTE Primary Care Coordinator, 3.0 FTE MOAs | 308,911 | Takla Lake, Saik'uz, Nadleh Whuten, Stellaten, Cheslatta, Wet'suwet'en, Burns Lake Band, Skin Tyee, Nee Tahi Buhn, Yekoochee |
| Nurse Practitioner Project – NP salary top-up, 3.5 FTE (14 x 0.25 FTE) MOAs; | 688,093 | CSFS Communities, Gitxaala, Gitga'at, Lax Kwa'alaams, Metlakatla, Kitwanga, Old Massett, Skidegate, Kitselas, Kitsumkalum, Nak'azdli, Tl'azt'en, Moricetown, Gitanyow, Gitsegukla, Gitwangak |



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| Coastal Tsimshian Primary Health Care Teamlet - 1.0 FTE GP, 0.5 SP, 2.0 FTE RSW (1 position re-profiled from 1.0 FTE OT), 1.0 FTE MOA; | 641,008 | Gitxaala, Gitga'at, Lax Kwa'alaams, Metlakatla |
| MWS Mobile Support Teams - 9.0 FTE RNs, 16.0 FTE RSWs, 0.6 FTE NP, Integrated Health Services Advisor (1.0 FTE) | 2,915,784 | Nazko, Lhatako Dene, Lhoosk'uz Dene, Blueberry River, Doig River, Sauteau, West Moberly Lake, Halfway River, Iskut, Dease Lake, Telegraph Creek, Dease River, Daylu Dena, Fort Nelson, Prohet River, Lake Babine Nations, Nak'azdli, Tl'azt'en Nations, Skidegate, Old Masset Village Council, Lheidli T'enneh, McLeod Lake, Kwadacha, Tsay Keh Dene, Gitsegukla, Moricetown, Gitanyow, Gitwangak, Hagwilget, Kitsumkalum, Kitselas, Haisla |
| Total Approved Funding: | 4,553,796 | |
| Vancouver Coastal (5 Projects) | | |
| MWSU Flagship Project - 1.0 FTE MHC, 5.2 FTE MHC | 941,000 | Tla'amin, Sechelt, Xa'xtsa (Douglas) , Lil'wat Nation, N'Quatqua, Samahquam, Skatin, Kitasoo, Heiltsuk, Nuxalk, Wuikinuxv, Musqueam, Squamish, Tsliel-Waututh |
| We are Related (Jeh Jeh) Circle of Care - Complex Care Management - 1.0 FTE Chronic Disease RN, 1.0 FTE RSW, | 252,132 | Tla'amin, Sechelt |
| Lower Stl'atl'imx Wrap-Around Chronic Disease Management & Prevention Team - Chiropractor (240 hours), Occupational Therapist (150 hours), Pharmacist (8 hours), Physiotherapy (100 hours), Podiatrist (68 hours), Speech Language Therapist (130 hours), Dietitian (480 hours), 1.0 FTE RN | 272,346 | Xa'xtsa (Douglas) , Lil'wat Nation, N'Quatqua, Samahquam, Skatin |
| Central Coast Integrated Home & Community Care – 2.0 FTE RN, Dietitian (18 days/yr), Speech Pathologist (6 days/yr), OT (39 days/yr), PT (45 days/yr), Pharmacist (60 hours), RMT (10 days/yr) | 337,272 | Kitasoo, Heiltsuk, Nuxalk, Wuikinuxv |
| Urban On-Reserve Primary Care Clinics - 1.0 FTE GP, 1.0 FTE RN, 1.5 FTE MOA | 358,400 | Musqueam, Squamish, Tsliel-Waututh |
| Total Approved Funding: | 2,161,150 | |
| Vancouver Island (4 Projects) | | |
| Coast Salish Teamlet and Hul'qumi'num LPN - GP top-up for 1.0 FTE, 2.0 FTE RN, 1.0 FTE Psychologist, 0.55 FTE Dietitian, 1.0 FTE RSW, 3.0 FTE LPN, 1.0 FTE MOA | 889,341 | Cowichan Tribes, Malahat, Halalt, Penelakut, Lake Cowichan, Stzuminus |
| Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Team - 1.5 FTE RSW, 1.0 FTE RN Professional Development and practise lead, 1.0 FTE RN Intake/Program Coordinator, MD/NP non-clinical session coverage, Midwife top-up, 0.5 MOA | 636,360 | Gwa'sala-'Nakwaxda'xw, Tsawataineuk, Kwakiutl, Da'naxda'xw, Quatsino, Ka:'yu:'k't'h'/Che:k:tl'es7et'h', Tlatlasikwala, Nuchaltlaht, Gwawaenuk Tribe, Ehetteshaht, Namgis, Tlowitsis, Mamaililikulla-Qwe-Qwa'Sot'Em, Kwicksutaineuk/Ah-Kwa-Mish Tribes |
| Nurse Navigators - 1.0 FTE RN, 2.0 FTE LPNs | 314,550 | Kwakwaka'wakw - Da'naxda'xw, Dzawada'enxw, Gwa`Sala-Nakwaxda`xw, Gwawaenuk, K`omox, Kwaikah, Kwakiutl, Kwikwasut`inuxw Haxwa`mis, Mamaililikulla-Que`Qua`Sot`Em, Namgis, Quatsino, Tlowitsis, We Wai Kai (Cape Mudge), Wei Wai Kum (Campbell River) Nuu chah nulth - Ahousaht, Ditidaht, Ehettesaht, Hesquiaht, Hupacasath, Hu- |



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|---|------------------|--|
| | | ay-aht, K:'yu:'k't'h'/Che:k'tles7et'h', Mowachah/Muchalaht, Nuchatlaht, Pacheedaht, Tla-qui-aht, Toquaht, Tseshaht, Ucecklesah, Yuutu?it?ath Coast Salish - Beecher Bay (Scia'New), Cowichan Tribes, Esquimalt, Halalt, Homalco, Klahoose, Lake Cowichan, Lyackson, Malahat, Nanoose, Pauquachin, penelakut, Qualicum, Snuneymuxw, Songhees, Stzuminus, T'Sou-ke, Tsartlip, Tswaout, Tseycum |
| First Nations Health and Wellness Team - 8.0 FTE RCC, 4.0 FTE RSW, 1.0 Team Lead, 1.0 FTE MOA | 1,584,990 | Kwakwaka'wakw - Da`naxda`xw, Dzawada`enxw, Gwa`Sala-Nakwaxda`xw, Gwawaenuk, K`omox, Kwaikah, Kwakiutl, Kwikwasut`inuxw Haxwa`mis, Mamalilikula-Que`Qua`Sot`Em, Namgis, Quatsino, Tlowitsis, We Wai Kai (Cape Mudge), Wei Wai Kum (Campbell River) Nuu chah nulth - Ahousaht, Ditidaht, Ehattesah, Hesquiaht, Hupacasath, Huu-ay-aht, K:'yu:'k't'h'/Che:k'tles7et'h', Mowachah/Muchalaht, Nuchatlaht, Pacheedaht, Tla-qui-aht, Toquaht, Tseshaht, Ucecklesah, Yuutu?it?ath Coast Salish - Beecher Bay (Scia'New), Cowichan Tribes, Esquimalt, Halalt, Homalco, Klahoose, Lake Cowichan, Lyackson, Malahat, Nanoose, Pauquachin, penelakut, Qualicum, Snuneymuxw, Songhees, Stzuminus, T'Sou-ke, Tsartlip, Tswaout, Tseycum |
| Total Approved Funding: | 3,425,241 | |
| PHSA (1 Project) | | |
| Indigenous Complex Care Coordination - 1.0 FTE RN, 1.0 FTE RSW, 1.0 FTE RN/RSW | 325,000 | Provincial |
| Total Approved Funding: | 325,000 | |
| | | |