



First Nations Health Authority
Health through wellness

Mental Health and Wellness
Jordan's Principle
Opioid Public Health Emergency Response

Vancouver Coastal Caucus
April 24, 2018

Sonia Isaac-Mann,
Vice President – Programs & Services



Mental Health and Wellness

- Opportunity to demonstrate progress and share knowledge on wise and promising practices
- Discuss FNHA Mental Health and Wellness Policy, Framework and key opportunities moving forward



Policy Statement on Mental Health and Wellness

*The FNHA through its relationships and partnerships will assure that all First Nations people have access to a culturally-safe, comprehensive, coordinated **continuum of mental health and wellness approaches** that affirms, enables and restores the mental health and wellness of our people, and which contributes to Reconciliation and Nation rebuilding.*

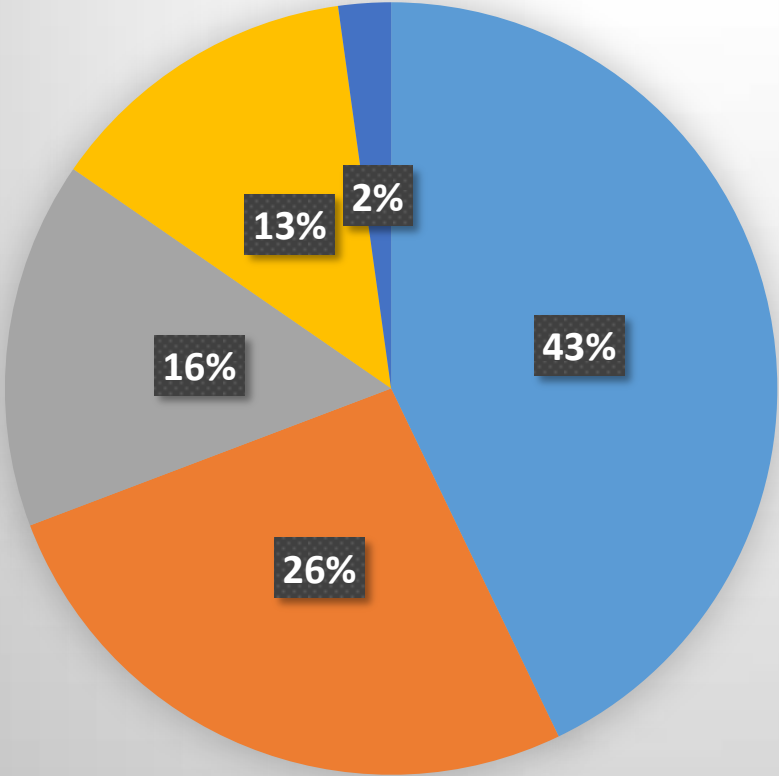
When services are needed, a full continuum is equitably available and includes:

- culture and traditional healing;
- promotion, prevention, capacity-building, education;
- early identification and intervention;
- wrap-around supports, including aftercare;
- harm reduction;
- crisis response;
- trauma-specific services;
- withdrawal management/detox;
- trauma-informed **in-patient** and out-patient treatment/services;
- coordination of care and care planning



What we heard?

Priority Mental Health and Wellness Direction (n= 91, all regions)



- Increased access to and quality of services
- Traditional healing and wellness approaches as foundation
- Community ownership through nation-based and Nation rebuilding approaches
- Facilitate wellness across the continuum, center the needs of children and youth, and move upstream



Preliminary Grouping of 597 Recommendations

Programs & Services	Governance	System-Level Health Care	Cultural Safety	HR Development	Information Management	Populations
<ul style="list-style-type: none"> • Services engaging land in traditional ways • Addiction services • Trauma informed care • Prevention, intervention, postvention • Support families affected by FASD • Home-based supports for people with complex needs 	<ul style="list-style-type: none"> • Alignment with MYHP • Regional governance structures and p’ships • Develop community capacity to design, deliver, and evaluate services • Provincial and regional reporting standards on funding 	<ul style="list-style-type: none"> • Rural, remote and isolated Nations • Address current silo based funding arrangements • Remove barriers that impede cultural integration • Developing cross-jurisdictional agreements • Strategies for mental wellness and substance use away from home 	<ul style="list-style-type: none"> • Cultural knowledge exchange between Elders and youth • Holistic wellness throughout the life cycle • Support accountability to local First Nation communities • Inclusion of traditional healers, cultural workers, and elders as health professionals 	<ul style="list-style-type: none"> • Determine training gaps and support staff to gain qualifications • Address burn-out and attrition by supporting workers’ • Pool professional dvpt. resources to provide centralized skills-training • Supporting the hiring of more First Nation employees 	<ul style="list-style-type: none"> • Evaluation • Focus on wellness and social determinants of health data • Aboriginal Patient Experience information • Integrated case management system 	<ul style="list-style-type: none"> • Children/youth and elders affected by violence, trauma, and neglect • Women and their families • Elders • Two-spirit/LGBTQIA



Mental Health and Wellness Framework

- The MHW Service Framework project aims to support the implementation of the FNHA Policy on Mental Health and Wellness.
- Based on previous engagement and priority setting by Nations, communities, families and regions, co-create a Mental Health and Wellness Service Framework, as well as an Implementation Manual and Communications Plan.
- Designed to guide the implementation of a phased approach to develop and strengthen regional mental health and wellness infrastructure.



Past, Present, Future

IRS RHSP	Brighter Futures	Health actions investments	Building Healthy Communities	NAYSPS (7 ASCIRT teams)
Counselling via Health Benefits	Jordan's Principle	KUU-US Crisis Line	Joint Project Board Investments	Roots of Trauma Training
Regional Crisis Response Protocols	Provincial Opioid Action Plan	Compassion, Inclusion Engagement	HR Investment (Addictions, Crisis)	Mandatory Cultural Safety Training
Support for sexual trauma	Comprehensive Provincial Crisis Response	Prevention and early intervention initiatives	Trauma Treatment	Training Centre of Excellence
	Withdrawal Management and After Care	Expand land-based healing approaches	E-mental health Enhancements	



Targeted Investments Joint Project Board

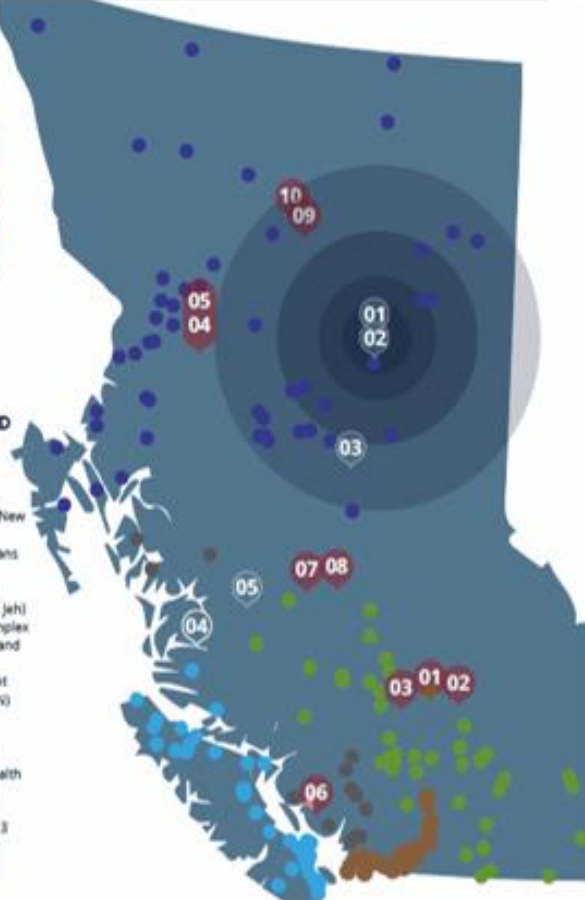
Next Steps:

- Policy support
- Service model development
- Operational alignment
- End to End Integration



Regional Projects

- North
- Fraser Salish
- Interior
- Vancouver Island
- Vancouver Coastal

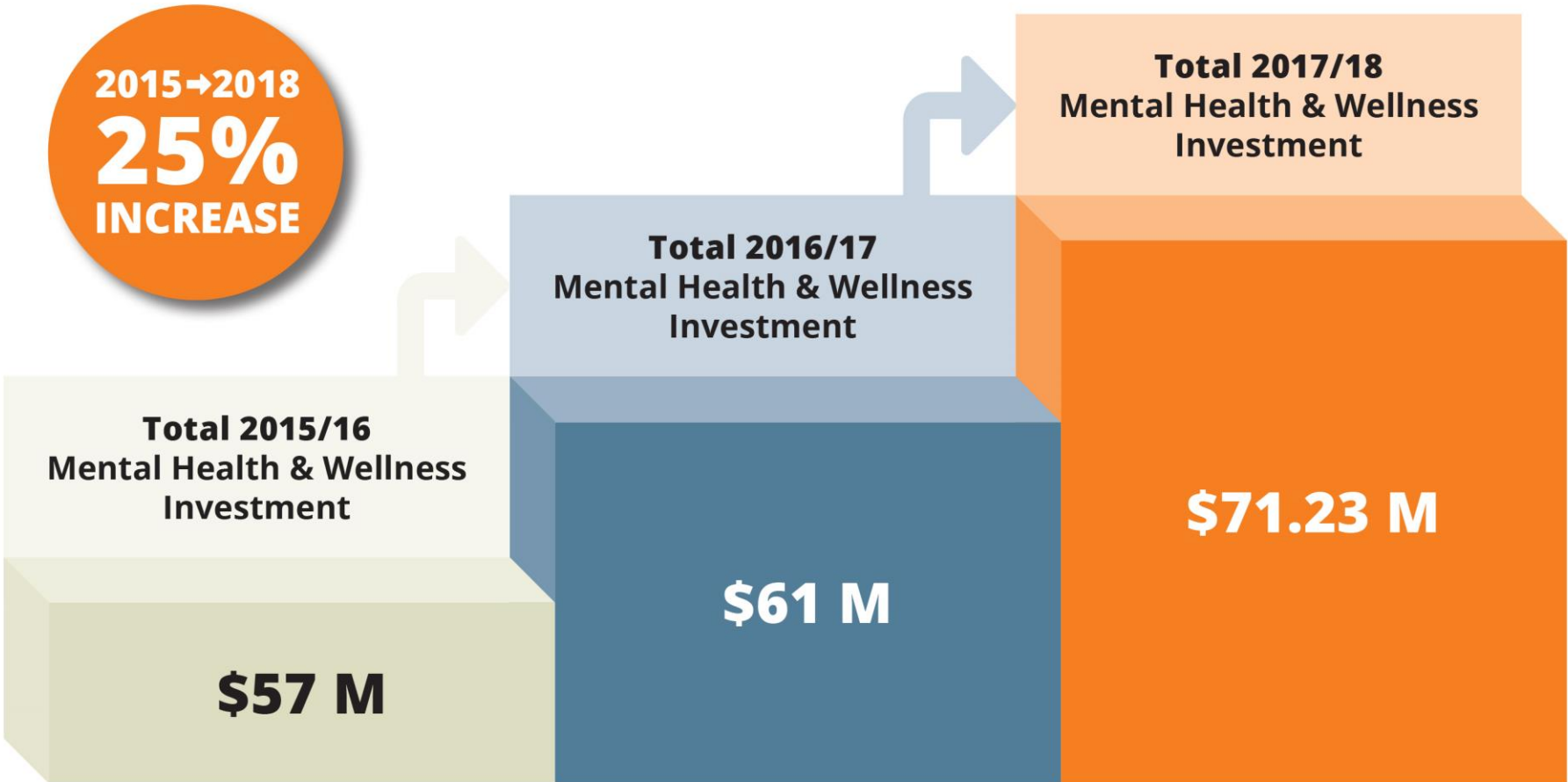


27 NUMBER OF NEW PROJECTS FUNDED

- Carrier Sekani Family Services Primary Care Expansion Project
- Northern Nurse Practitioner Project
- Northern Primary Health Care Teamlet
- Northern MWSU Mobile Support Teams
- Primary Health Care at Sobos Nation Health
- Primary Health Care at Seabird Island
- Fraser Salish Wellness System Navigators
- Fraser Salish Youth Suicide PIP Coordinator
- Fraser Salish Riverstone Home/Mobile Detox and Daytox Expansion
- Shuswap Carrier Chilcotin Community Mobile Treatment Program
- Interior Nations Mental Health Clinicians and Nurse Practitioners
- Vancouver Coastal-New Regional MWSU Services and Clinicians
- Vancouver Coastal We are Related (Jeh Jeh) Circle of Care - Complex Care Management and
- Coast Salish Teamlet (Hul'qum'num LPN)
- Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Team
- Nurse Navigators x 3
 1. Kwakwaka'wakw
 2. Nuu-chah-nulth
 3. Coast Salish



Mental Health and Wellness Investments 2015-2018





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Jordan's Principle

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FNHA Child and Youth Health and Wellness (CYHW) Systems Navigation – Implementing Jordan’s Principle





Why Did FNHA Need a Framework for JP?

- Although FNHA has existing processes and infrastructure that facilitate the implementation of JP in British Columbia, FNHA needed to determine, define and/or understand:
 - ✓ Overarching strategic intent and direction
 - ✓ Current and future FNHA business processes
 - ✓ FNHA Roles and responsibilities
 - ✓ FNHA Governance and oversight
 - ✓ External partner roles and responsibilities
 - ✓ External partner pathways and/or business processes
 - ✓ Data strategy



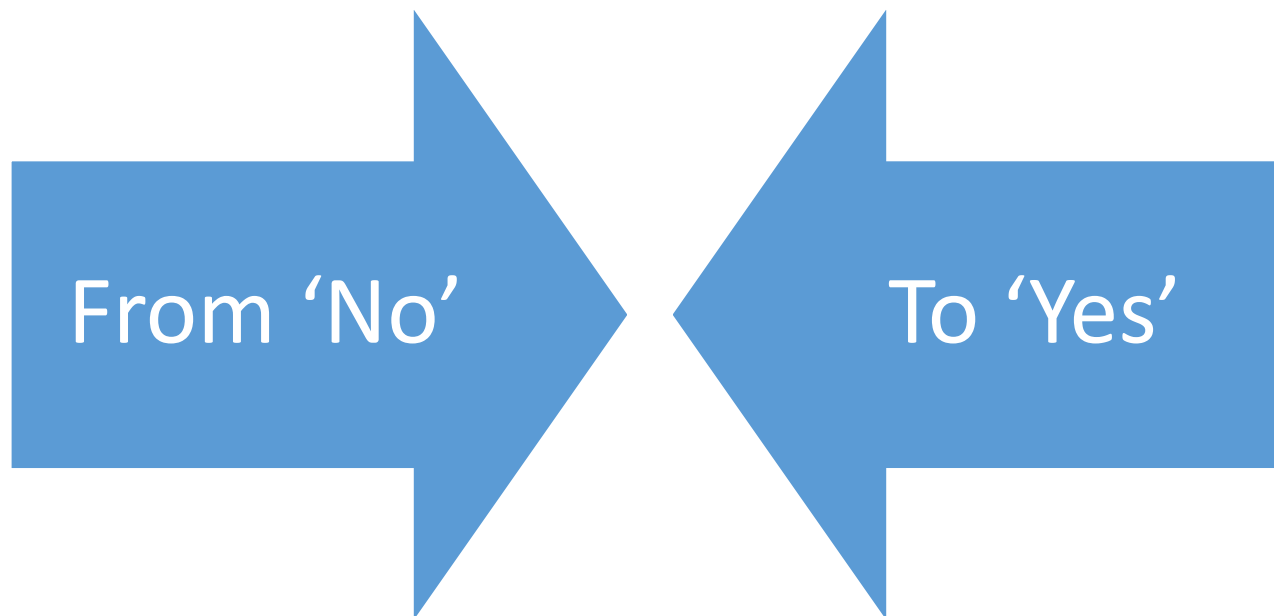
What is the Focus of the Framework?

- The Framework that was developed explains:
 - ✓ How Jordan's Principle is being operationalized within the FNHA. It defines:
 - The scope, focus and objectives of the FNHA's role in JP (e.g., prevention and escalation).
 - Functions within the FNHA that will have JP or case coordination responsibilities.
 - What organizational unit(s) will have responsibility for outreach, case coordination/management, escalation of cases, and management of actual JP cases.
 - Goals for FNHA JP performance management.
 - Pathways to FNHA's external partners.
 - Implementation goals



What Has Changed?

The Canadian Human Rights Tribunal decisions require Canada to ensure substantive equality – the achievement of true equality – in the provision of services to the child, to ensure culturally appropriate services and to safeguard the best interests of the child.





How to Make a Jordan's Principle Claim?



1 Make the call 1.866.913.0033

Tell us your story. In calling us first, our staff will help you get the supports and services you need. We will report to any agencies that need to be involved, and help you determine the next steps. If you are eligible for FNHA benefits, this process will start right away.



It takes strength & community to ask for help



2 Get help dealing with the system

We will actively support you through the entire process, assess your child's needs, and work with you to:

- get help early on
- develop integrated care plans
- connect your child and family to needed services
- remove the stress of navigating service systems
- support your families as they manage their needs
- involve relevant partners in your case, and as necessary, quickly address urgent service gaps

Our kids our cultures our futures are worth it



3 Find out what health treatment & supports are available under Jordan's Principle

Services like education, childcare, recreation, and culture and language are included.

In health, we will work with partners to provide various health and social services, which may include provision of medical equipment, mental health, speech and physical therapies, and more.



4 Referrals & assessments

Our staff may refer you to a specialist to assess need and eligibility for treatment and/or equipment benefits. If your child is included under either Ministry of Children and Family Development or Ministry of Health mandates, we will work towards getting you treatment or necessary equipment benefits.

Our teachings tell us fairness is good medicine

A Health Benefits Assessor will look into which FNHA benefits apply and what Jordan's Principle federal funding is available.

If FNHA is the first point of contact, we will engage with Health Canada on your behalf.



5 Get treatment & support

Necessary equipment may be provided by federal/provincial government, or a contract service provider.

We will work towards meeting established client service delivery standards for your child. Once treatment and support are underway, we will follow up.

1.866.913.0033 www.fnha.ca/jordansprinciple
jordansprinciple.ca



How do we Process a Jordan's Principle Claim?

- Kinwa Bluesky, Jordan's Principle Consultant, directs incoming enquiries to regional Child and Youth Health and Wellness (CYHW) Systems Navigators who will do an intake with parents, caregivers, etc.
- CYHW Systems Navigators then send claims to Kinwa Bluesky and Michelle DeGroot, ED, for review and approval within 12-48 hrs. of receiving all appropriate information.
- CYHW Systems Navigators work with families, organizations, Nations, etc. to help the child or youth access services. Sometimes it is a group claim and the Navigators work with a community or Nation.



Current Jordan's Principle Statistics (03/29/18)

Number of Individual Child and Youth Claims: 265

Total funding projected to spend: \$578,751.35

Total individual claims :

On-reserve: 90

Off-reserve: 146

Unknown: 36

Number of Group Claims: 39

Approved: 34/39 (5 pending documentation)

Total dollar of approved: \$8,385,114.03



First Nations Health Authority
Health through wellness

Opioid Public Health Emergency

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Overdose/Opioid Public Health Emergency for First Nations A FRAMEWORK FOR ACTION

SUPPORT PEOPLE ON THEIR HEALING JOURNEY

- Focus on aftercare by: increasing consistency of services that support healing from trauma; proactively removing impediments to access; and supporting consistent pathways and linkages across service providers. Examine gaps in treatment centres in Fraser and Vancouver Coastal regions.
- Develop and resource comprehensive pain management approaches which include non-pharmacological options.
- Long-term: Build and enhance social and emotional resilience and connection with culture (i.e. access to counseling, Elders and cultural activities, health promotion activities).

CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS

- Access to injectable opioid agonist therapy (hydromorphone).
- Indigenous specific treatment beds.
- Ensure wrap-around support (cultural, counselling, other) for all treatment options.
- Expand mobile treatment/detox options.
- Improve follow-up after overdose and discharge.
- Expand telehealth options.
- Increase OAT services in community and rural settings.
- Expand substance use and pain management supports in primary care settings.
- Expand cultural based (including on-the-land) treatment options.

KEEP PEOPLE SAFER WHEN USING

- Prevent diversion from prescribed opioids to tainted street drugs.
- Increase number of and usage of Safe Consumption Sites.
- Implement drug checking opportunities.
- Public Education about risk.

PREVENT PEOPLE WHO OVERDOSE FROM DYING

- Access to naloxone & knowledge of how to administer.
- Reduce stigma and mitigate risk for people using alone.
- Improve community-911 linkage.
- Increase awareness of Good Samaritan Drug Overdose Act.
- Ensure services are culturally safe and trauma-informed.



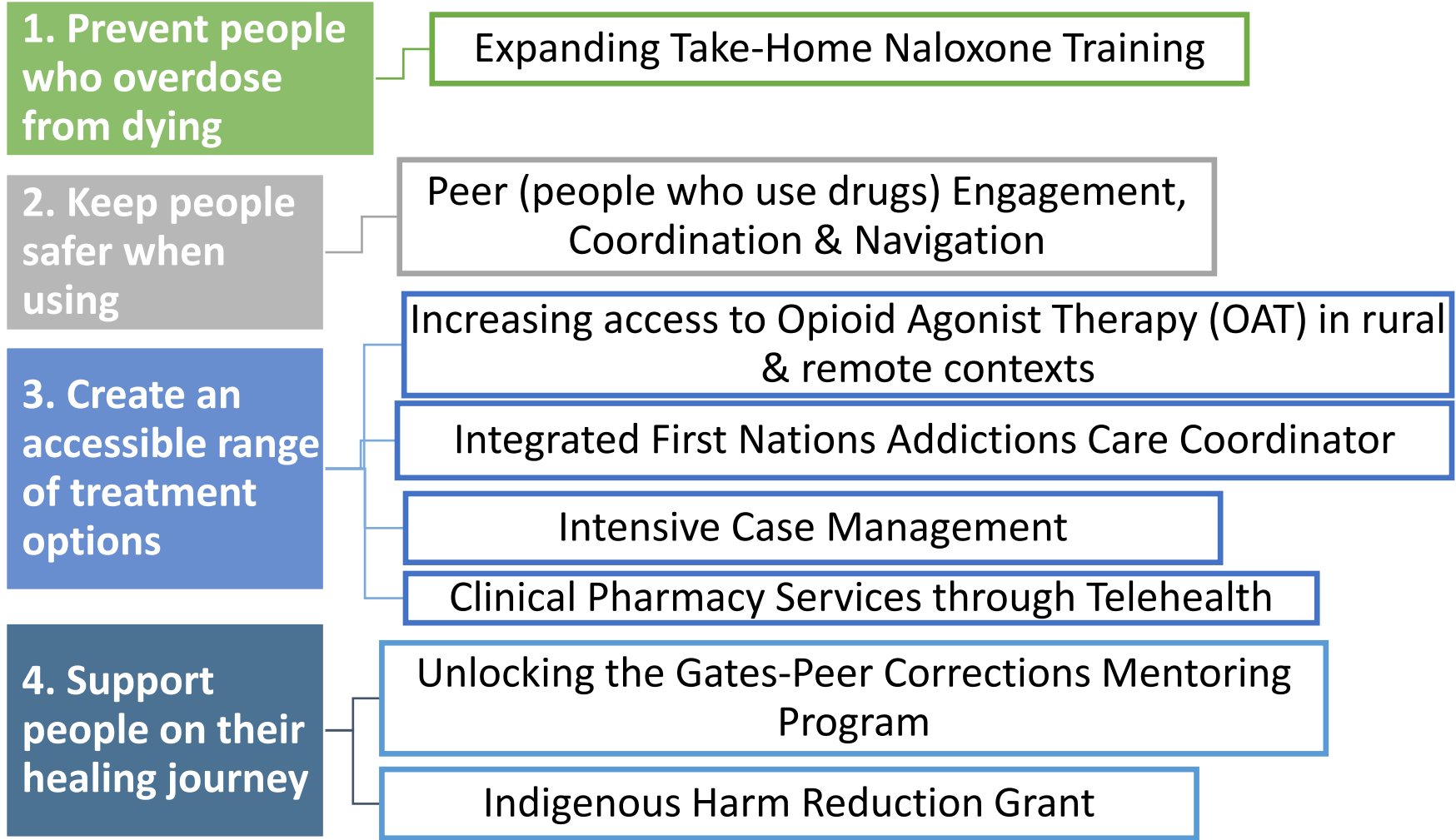


Number of Deaths by Health Authority, *First Nations*
Jan 1 2015 – Dec 31 2017 (Status First Nations)

Health Authority	# of Status FN Deaths
	2015-2017 (58 – 104 – 148)
Northern Health	25
Vancouver Coastal Health	137
Vancouver Island Health	48
Interior Health	62
Fraser Health	55
BC total	327



FNHA's Overdose/Opioid Response



+ Funding for Communications, Data/Surveillance and Project Manager



Immediate Actions

- Harm reduction grants for First Nations and Indigenous organizations
- Expansion of naloxone training for First Nations communities;
- Information campaigns on risks to target populations
- Peer engagement, coordination and navigation supports;
- Increasing access to Opioid Agonist Therapy in rural and remote communities;
- Intensive case management teams; integrated First Nations addictions care coordination; and
- Clinical telehealth pharmacy services to support healthy medication use in First Nations communities, among others.



FIRST NATIONS OPIOID PUBLIC HEALTH EMERGENCY INVESTMENTS IN BC

\$20 MILLION OVER 3 YEARS

INCLUDING

\$2.4 MILLION IN HARM REDUCTION GRANTS IN YEAR ONE

In August 2017, the FNHA and provincial partners released preliminary data that showed overrepresentation of First Nations peoples in the overdose public health emergency in BC. A subsequent patient journey mapping session illustrates that intergenerational trauma and racism continue to be barriers for First Nations accessing mental health and treatment services.

A \$20 million dollar investment over three-years will support First Nations communities and Indigenous Peoples in BC to address the ongoing impacts of the opioid public health emergency. The FNHA investment plan will support frontline service providers and First Nations communities to continue effective work already underway, and develop new community-driven approaches and solutions.

Investments will fall within the four goals areas of the FNHA's *Framework for Action on Responding to the Overdose/Opioid Public Health Emergency for First Nations*:

- PREVENT PEOPLE WHO OVERDOSE FROM DYING;
- KEEP PEOPLE SAFER WHEN USING;
- CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS; AND
- SUPPORT PEOPLE ON THEIR HEALING JOURNEY.

INVESTMENTS

PREVENT PEOPLE WHO OVERDOSE FROM DYING

NALOXONE TRAINING EXPANSION

KEEP PEOPLE SAFE WHEN USING

PEER ENGAGEMENT, COORDINATION AND NAVIGATION

- Compassion, Inclusion and Engagement (CIE)
- Peer Coordinators
- Harm reduction awareness campaigns

SUPPORT PEOPLE ON THEIR HEALING JOURNEY

INDIGENOUS HARM REDUCTION GRANTS

CREATE AN ACCESSIBLE RANGE OF TREATMENT OPTIONS

INCREASING ACCESS TO OPIOID AGONIST THERAPY (OAT) IN RURAL AND REMOTE FIRST NATIONS CONTEXTS

- Treatment Centres
- Community Health and Nursing Stations

INTENSIVE CASE MANAGEMENT TEAMS

55 INDIGENOUS HARM REDUCTION PROJECTS FUNDED

\$2.4 million of the funds will support Community-Driven, Nation-Based innovative and culturally relevant responses to the Opioid Public Health Emergency, both on- and off-reserve through FNHA Indigenous Harm Reduction grants.

55 harm reduction projects support a range of non-judgmental approaches and strategies to enhance the knowledge, skills, resources, and supports for individuals, their families, and communities to make informed decisions to be safer and healthier.

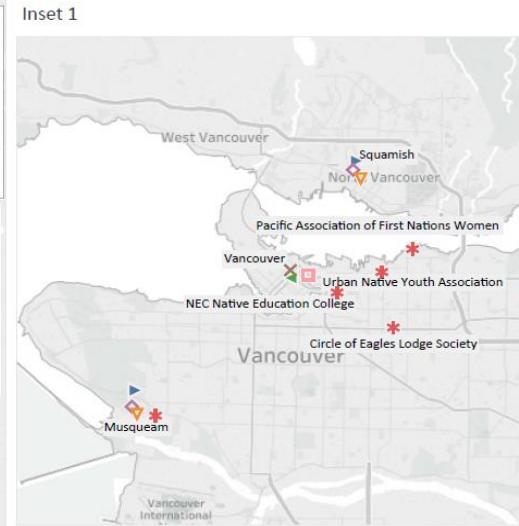
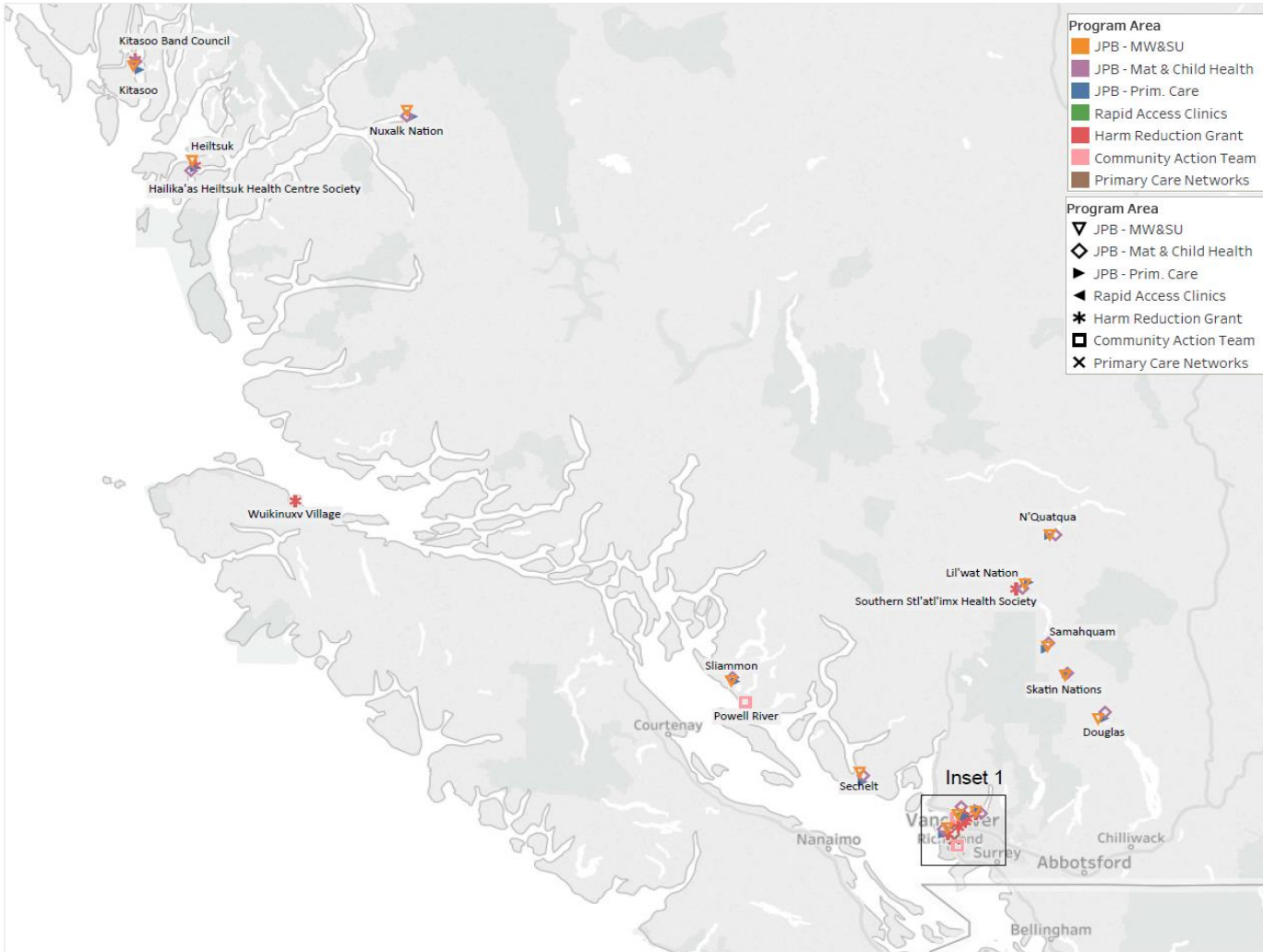


HARM REDUCTION GRANT DISTRIBUTION

Region	Grants	Investment
VANCOUVER ISLAND	13	\$476,037
INTERIOR	12	\$563,846
VANCOUVER COASTAL	10	\$450,000
NORTHERN	13	\$650,000
FRASER	7	\$270,081
TOTAL GRANTS/INVESTMENTS	55	\$2,409,883



Location of JPB, Harm Reduction Grants, and Provincial MH&A Sites, Vancouver Coastal Region



JPB, Joint Project Board; Mat & Child Health, Maternal and Child Health; MW&SU, Mental Wellness & Substance Use; Prim. Care, Primary Care. Note: Latitude and longitude coordinates are based on location of band office and are jittered to ensure marks are not plotted directly on top of each other.



Indigenous Peer Journey Map

PEERS FEEL ISOLATED, SHAMED and SILENCED BY the PEOPLE THEY NEED to HELP THEM

PEERS are TREATED AS EQUALS and EXPERTS in THEIR OWN CARE and WELL-BEING

STIGMA
DISCRIMINATION
RACISM SHAME
POVERTY
COLONIZATION
ABUSE

"There was a 30-day restriction on communication at the 12 step program. I got kicked out for lending a mom my phone to call her kids."

"Addiction does not discriminate, but treatments do. Privilege gets you treatment."

"If their rules don't work for you, you're suddenly 'non-compliant'."

"I just gave up on my doc. Now I use alcohol and meds for pain."

"When they take your kids, it removes your reason to live."

"The hospital pushed me out the door."

"If I could stay clean for two weeks on my own, I wouldn't NEED detox."

NEGATIVE EXPERIENCES WITH THE SYSTEM

one connection

one person

POSITIVE EXPERIENCES WITH THE SYSTEM

"I had one person believe in me - that is why I'm here."

"I need community and belonging"

"Healing is a process...it takes time."

"I need a safe space to heal and pray in my own way."

"It was always no, NO, NO...until someone said yes."

"For a week, someone I knew died every day."

"Nobody is being prepared to age out."

WHAT MATTERS

EDUCATION

THE KIDS

"Teach them about Indigenous identity, culture...how to set boundaries and how to communicate."

"Scare tactics don't work. Bring in peers to talk about the the whole picture - not just demonize drugs."

"We need to teach them about civic duty, about being in a community."

"I wish I had learned life skills in school instead of calculus."

PROVIDERS

"I feel like they don't understand ADHD and addiction."

"There should be mandatory education on mental health for providers."

THE PUBLIC

"Peers can challenge the 'It can never happen to me' mindset."

WHAT MATTERS

EMPOWERMENT

PEERS AS TEACHERS

"Let us pass on the gift of lessons learned."

PEERS AS EXPERTS

"We can design treatment that works for us."

AS INDIVIDUALS

"I proved everybody wrong - I got better."

"I needed to learn how to write cheques, how to grocery shop..."

AS A COMMUNITY

"We need to be together to heal."

WHAT MATTERS

CHANGE

THE CONVERSATION

"We need to decriminalize the action if we're going to humanize the person."

THE SYSTEM

"Homelessness is the first thing that they need to tackle...housing and food."

"Criminalization keeps people in the system."

COMMUNITY
RESPECT
STRENGTH
RESILIENCE
CULTURE



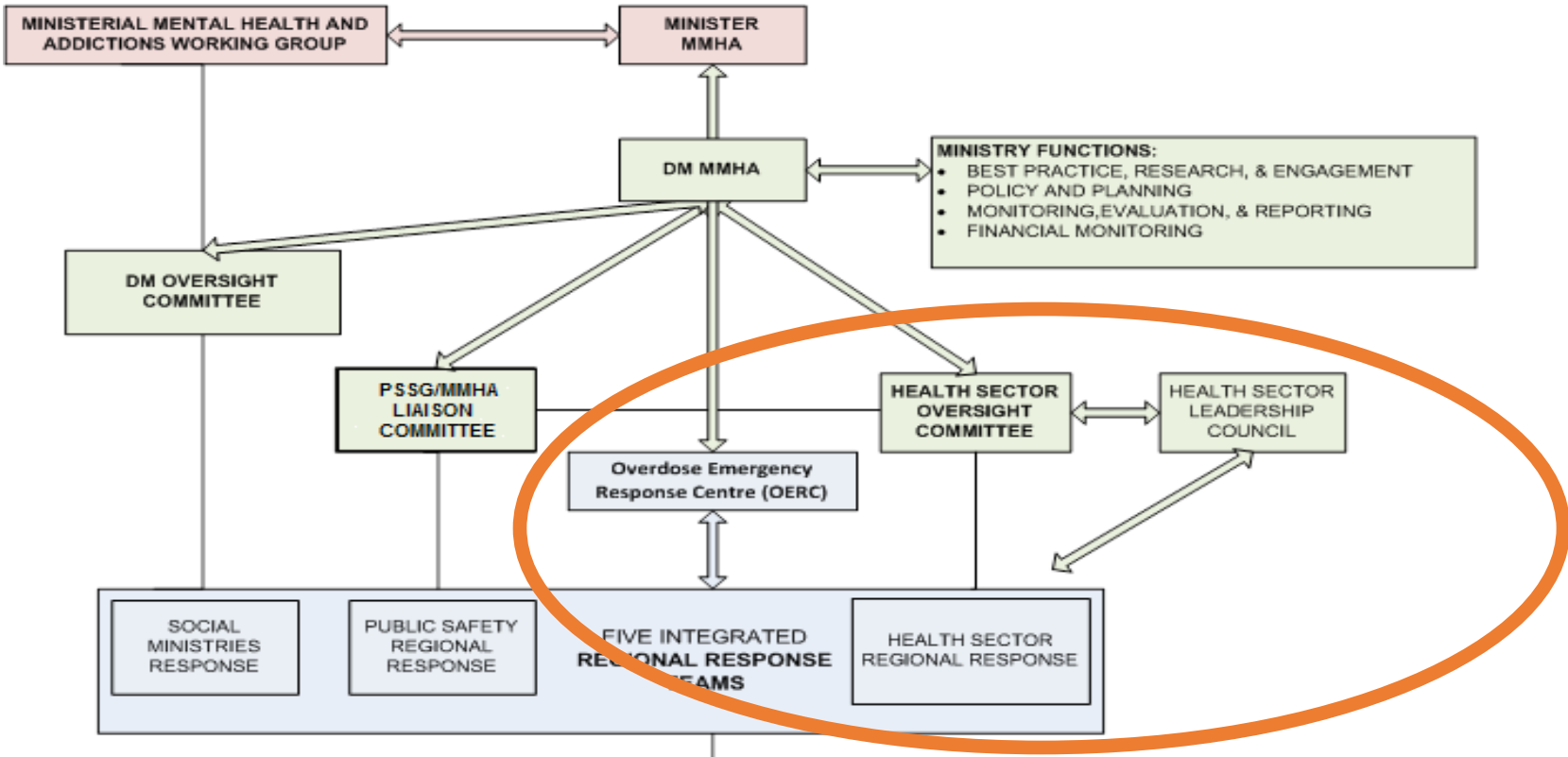
BC PATIENT SAFETY & QUALITY COUNCIL
Working Together. Accelerating Improvement.

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SUBSTANCE USE TREATMENT JOURNEY MAP:
What do Indigenous Peers Experience?

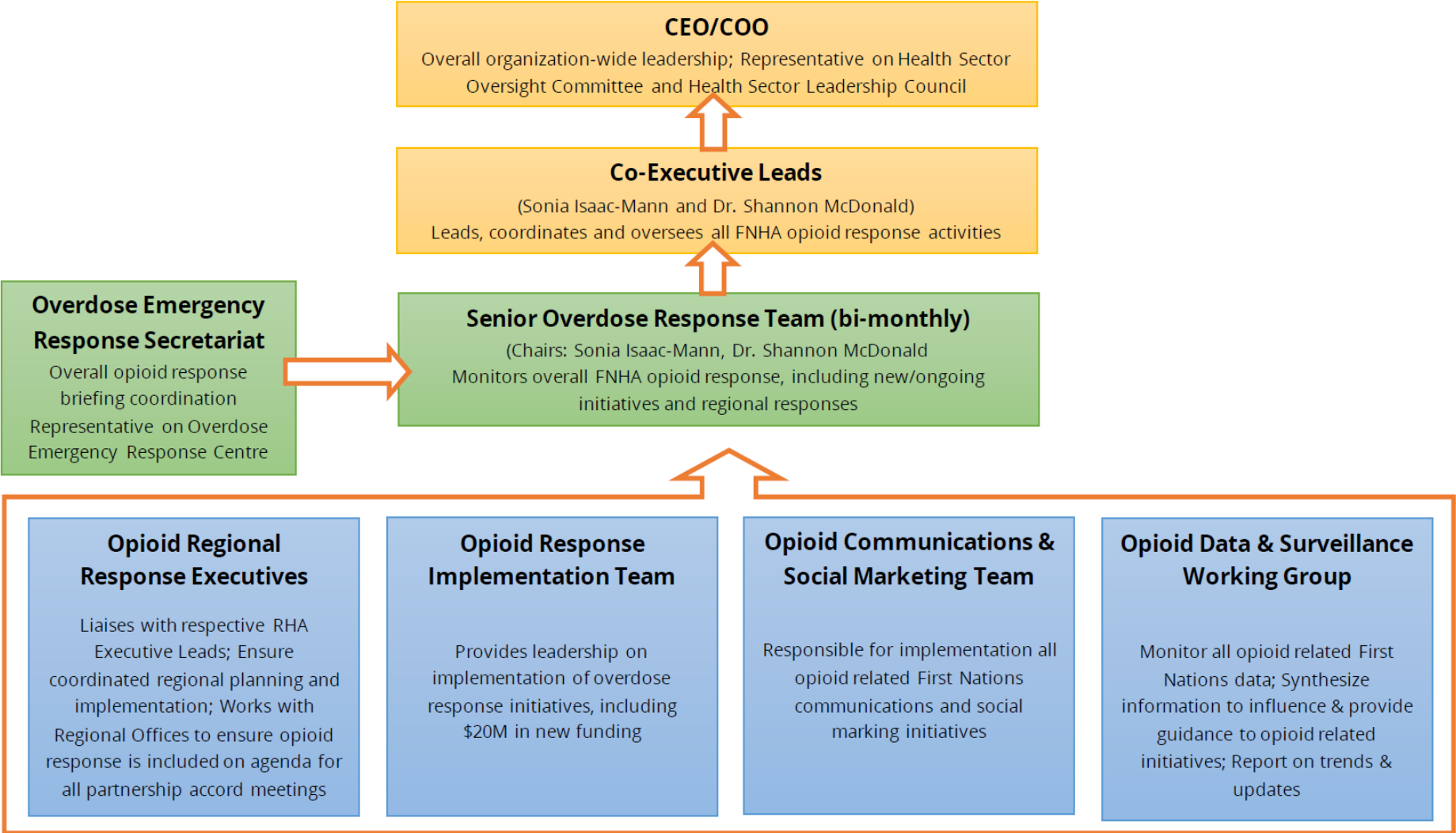


Provincial Operations Coordination Structure





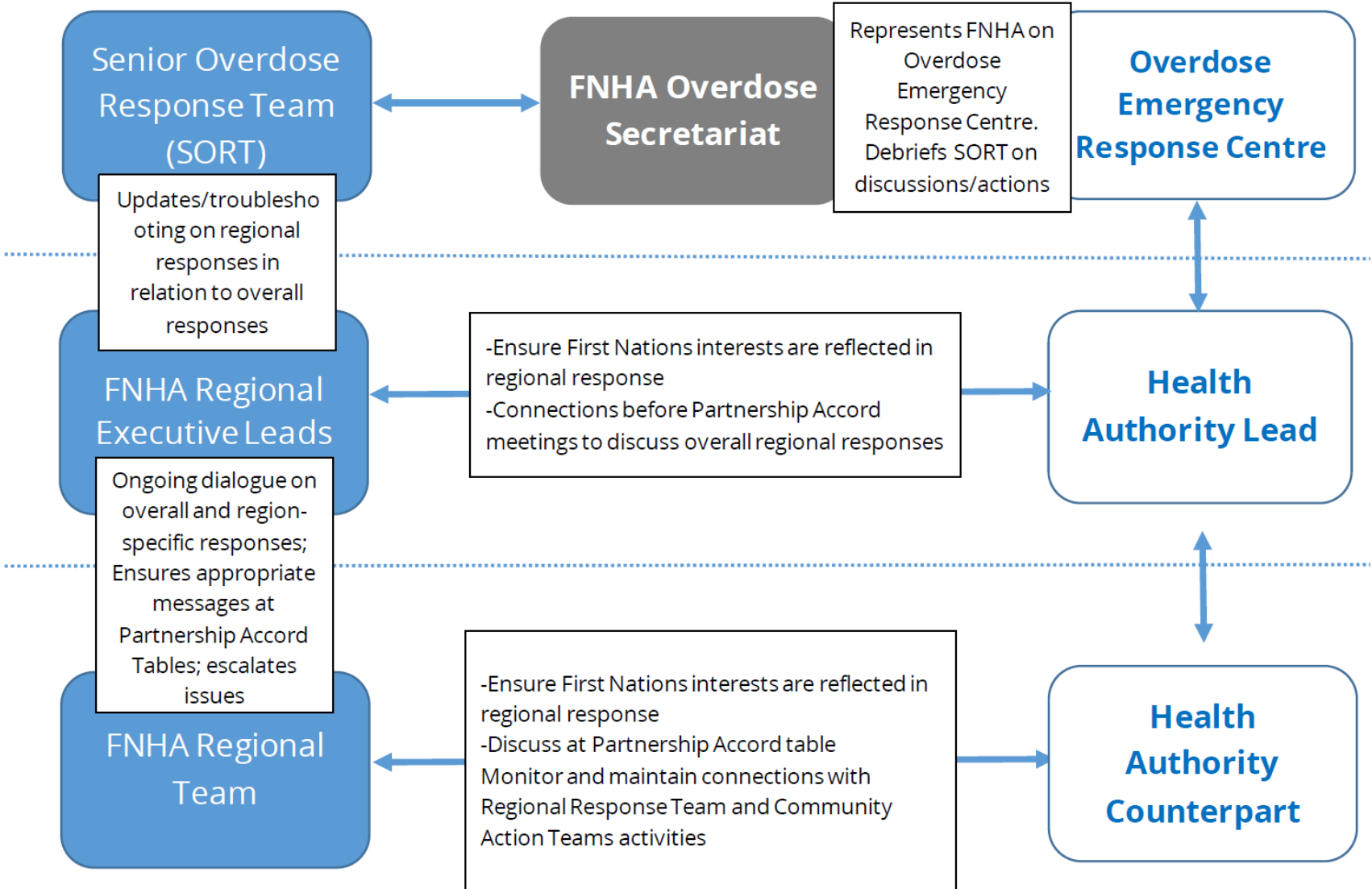
FNHA Internal Governance – At a Glance





Regional Roles - At a Glance

Ensuring Appropriate Representation at all Levels of the System





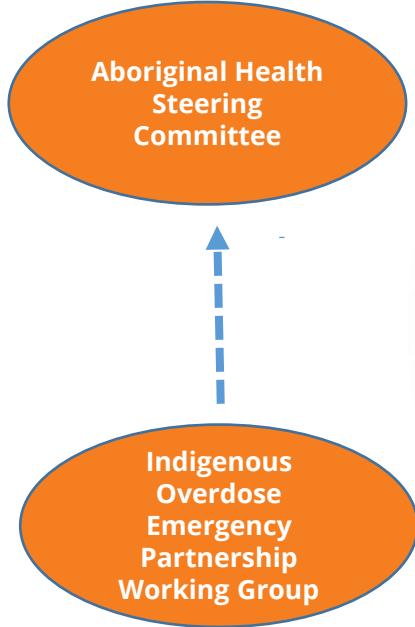
Vancouver Coastal Opioid Regional Response Update

Tuesday, April 24, 2018

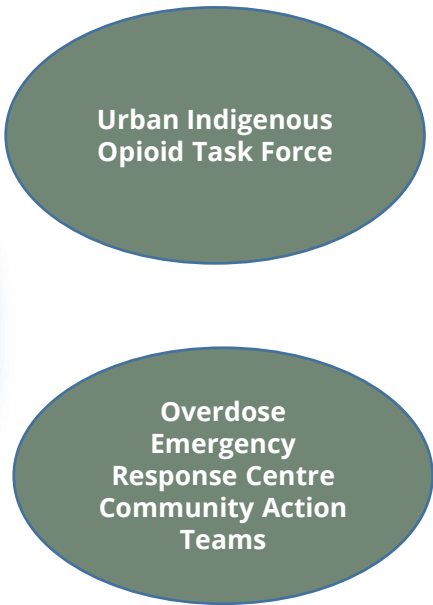
2018 Spring Vancouver Coastal Caucus

Vancouver Coastal

Regional Response Table



Local Response Table



Vancouver Coastal Region

Action #1:

***Prevent People Who Overdose
From Dying***

Action #2:

***Keep People Safe When Using
Substances***

- Naloxone Training
- Creating Awareness – Community Town Halls
- Naloxone Kits
- Training Opportunities
- Partnerships and Collaboration

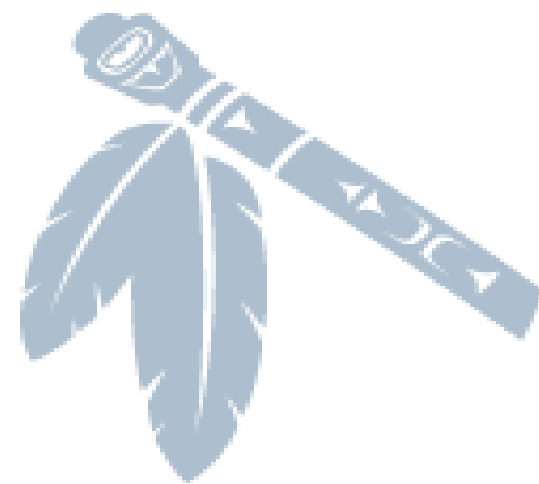


Vancouver Coastal Region

Action #3:

Create an Accessible Range of Treatment Options

- **Walking Together**
- **Mobile Mental Wellness/Detox Team Model**
- **Mental Wellness Flagship Project**
 - Redesigned to be closer to Community
- **Culture & Connection**
- **Joint VCH/FNHA Mental Wellness Substance Use Partnership Working Group**
 - Aboriginal Addictions & Substance Use Advisory
 - Draft Crisis Response Protocol



Vancouver Coastal Region

Action #4:

Support People on their Healing Journey

- **Building wrap around support**
- **Land-based Opportunities**
- **Traditional Wellness
Community Grant
opportunity**
- **Harm Reduction Grants**

Traditional Wellness - Centered as the heart of all we do and is the foundation to the health and wellbeing of all Nations



Vancouver Coastal Region

- **Traditional Wellness**
- **VCR Mobile Mental Wellness/Detox initiative**
- **Peer Coordinator**
- **Mental Wellness Flagship Project – closer to community**
- **Regional Mental Health & Wellness Action Plan**
- **Enhancing Wrap-around supports**





Thank you

