



# Vancouver Island Region

Regional Caucus – Spring 2019



## SUMMARY MINUTES

June 5-6, 2019 | Tigh-Na-Mara Seaside Spa Resort and Conference Centre, Parksville, BC

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Prepared by:



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# VANCOUVER ISLAND REGIONAL CAUCUS

June 6-8, 2019 | Tigh-Na-Mara Seaside Spa Resort and Conference Centre, Parksville, BC

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## DAY ONE – JUNE 5, 2019

The First Nations Health Authority (FNHA) Vancouver Island Regional (VIR) Caucus scheduled June 5-6, 2019 convened on Day 1 – June 5, 2019 at 8:45 a.m. Elder Jim Bob, Snaw'naw'as First Nation, offered an Opening Prayer

### Opening Prayer and Welcome to the Territory

Co-Chair Paul Sam, Coast Salish Representative, First Nation Health Council (FNHC), welcomed delegates to the Caucus and expressed appreciation to Elder Bob for opening the day in a good way.

### Grounding Our Work: Vancouver Island Region Corner Post

#### Bill Cranmer, Vancouver Island Region Corner Post

Elder Cranmer expressed appreciation to Elder Bob for his welcome and Opening Prayer. He acknowledged that our language is our strength. Language plays a key role in creating communities who are healthy physically, spiritually and emotionally.

Elder Cranmer offered a Prayer Song.

### Agenda and Meeting Minutes

#### Agenda

A delegate from Nuu-chah-nulth stressed the importance of Chiefs attending the meeting to ensure future success.

Co-Chair Sam expressed appreciation to Elders Bob and Cranmer for opening the day in a good way. He noted that by opening the meeting in the language, it represents the past leadership that have come before who are still working amongst us.

Co-Chair Sam referenced the agenda package and led a review of the agenda. He informed that FNHA and FNHC obtains its guidance and direction from these meetings.

#### **MOTION (190605-01)**

That the Spring 2019 Vancouver Island Regional Caucus Draft Agenda be adopted as circulated.

**MOVED BY: John Powell, Mamalilikulla (Proxy)**

**SECONDED BY: Samantha Christiansen, Ka:'yu:k't'h'/Che:ktles7et'h (Chief)**

**CARRIED**

#### Meeting Minutes – Vancouver Island November 2018

Co-Chair Sam provided updates from the Minutes of the FNHA VIR Caucus held November 6-8, 2018, and provided comments regarding:

- Completion of all agenda items presented at the session with the exception of updates to the VIR Caucus Terms of Reference (ToR); the Secretariat will follow up with regions on the ToR to ensure alignment
- Action (181108-06) will be ongoing as the process proceeds; there will be continuous updates to the ToR.

Relative to the update from the Minutes of the FNHA VIR Caucus held November 6-8, 2018, discussion ensued on:

- *Confirmation that the information sharing report from all regions was sent via eBlast*
- *Consideration of Chiefs' schedules and the ability of proxies to relay information*
- *Importance of elected officials' attendance to make informed decisions related to health*
- *Recognition of leaderships' busy schedules*
- *Importance of respect for all delegates in attendance and work for all citizens throughout the province similar to the ways of ancestors*
- *Recognition that each community is different in how it operates and communicates internally*
- *Suggestion to consult with other First Nation organizations in BC prior to scheduling the Caucus given the conflicting schedules with their meetings*
- *Challenges in coordinating schedules with all First Nation organizations to ensure maximum participation*
- *Importance of improving communication to everyone to ensure informed decision-making*
- *Remembrance of those in communities that delegates work for to improve quality of life*
- *Refocussing work at home and setting aside of political egos to serve all citizens*
- *Use of First Nation medicines rather than the reliance on prescriptions*
- *Ditidaht First Nation who hired doctors and other service providers to work in the community which decreased patient travel by 50%.*

Co-Chair Sam encouraged Delegates to forward additional concerns and comments to the FNHA team.

### **MOTION (190605-02)**

That the Meeting Summary for the Vancouver Island Regional Caucus held November 6-8, 2018 be adopted.

**MOVED BY: Archie Little, Nuchatlaht (Proxy)**

**SECONDED BY: John Powell, Mamalilikulla (Proxy)**

**CARRIED**

### **Directive #1: Community-Driven, Nation-Based**

Co-Chair Sam provided a presentation titled, "First Nations Health Council (FNHC) Engagement Update", and offered comments regarding:

- Engagement satisfaction level
- Engagement feedback

- Responsive to the needs of Chiefs and Caregivers
- Provide adequate space on agendas for questions
- Incorporate ceremony and culture
- Create space for communities to share promising practices
- Maintain the separation of business and politics
- Reduce the demand on leaders' and caregivers' time
- Evolving Engagement.

Co-Chair Tania Dick, Kwakwaka'wakw Representative, FNHC, continued the presentation, and offered comments regarding:

- The new approach which will be re-evaluated at the end of the year
- Gathering Wisdom X will discuss increase to funding for treatment centres
- Evaluating the new approach through feedback from delegates.

It was noted that the Health Forum was intended to be scheduled following the Spring Governance Caucus but due to logistical challenges in securing a venue, it would be scheduled for the fall. A date would be provided as soon as possible.

Relative to the FNHC Engagement Update, discussion ensued on:

- *Whether funding would be allocated towards discharge planning for those completing treatment to end the cycle of continued addiction*
- *Ability to create programs to meet community needs through a \$30 million allocation for mental health*
- *Location of the two new treatment centres in the Vancouver Coastal Region and the Fraser Salish Region*
- *Additional funding of \$50 million through the Transformation Fund for Mental Health for communities to develop a plan to address gaps in treatment*
- *Need to develop a strategy for the entire region to take advantage of opportunities and move away from competing for funds*
- *Commitment made at the Gathering Wisdom IX to renovate six existing treatment centres; funding will be prioritized to treatments with the highest need*
- *Locations of new treatment centres was determined by need and population base*
- *Addition of infrastructure to address additional unmet needs and advocating with other agencies to increase funding*
- *Recognition that each community's needs related to the continuity of care for addictions and treatment centres differ*
- *Review of other models that are successful to develop services to support those returning home*
- *Need for the FNHC to support and advocate for sustainable funding*
- *Need to consult with communities to identify strengths, weaknesses and gaps prior to determining where a treatment centre should be constructed*
- *Whether the FNHA developed a plan for self-care for health care workers that is funded and resourced to prevent stress and burnout*
- *Whether the FNHC would support communities with resources and tools to address drug houses located on reserve with law enforcement and:*

- *Efforts made by communities to spotlight drug houses which were ineffective*
- *Recognition that many of the drug houses are populated by family members who are funding their own addictions*
- *Population most at risk – the 30 to 49 year old mothers and fathers*
- *Examination of programs offered at treatment centres and issue that the current programming is ineffective and too brief to benefit citizens*
- *Need for cultural workers in communities to work with citizens for healing*
- *Need for increased supports for communities to develop and operate their own mental wellness programs which would save money and address after care*
- *Development of a six-week outpatient harm reduction program which would benefit remote communities challenged with isolation and that do not have access to expedited referrals*
- *Suggestion that the FNHA implement expedited referrals to rural communities for detox and stabilization to provide support and connect citizens to local treatment centres*
- *Suggestion that the FNHA guarantee one bed for each rural community in detox*
- *Need for the FNHA to understand barriers and challenges experienced by communities*
- *Need for the FNHA to educate communities about their responsibility to care for grandchildren*
- *Unresponsiveness by the system to assist those suffering through mental health challenges*
- *Involvement by communities in deliberations to engage the system to shift policy to better serve the needs of all people*
- *Political nature of the work to right what was wronged*
- *Development of a position paper by Cowichan Tribes with respect to the ongoing dialogue regarding social determinants of health (SDH) and the unique needs of Cowichan Tribes.*

Monica Patsy [phonetic] was invited to speak regarding her experiences with the National Inquiry into the Missing and Murdered Indigenous Women and Girls (MMIWG).

M. Patsy expressed appreciation to the FNHA for allowing her to attend the release of the National Inquiry's MMIWG Final Report in Ottawa, Ontario. She reflected on her role as a mother, grandmother and sister. She shared that her sister was taken in 1977 and was beaten, raped and murdered and there was no justice for her until now. Her file was labelled as an unsolved cold case.

She commented on her role to advocate for her sister and other family members. This led to the creation of a walk two years ago, the Cowichan Missing and Murdered Men and Women. The first walk was successful with over 1,000 participants. The second walk was divided into two days.

M. Patsy noted that she shared with the MMIWG National Inquiry the factors that led to her family being amongst the MMIWG: violence on reserve, drugs and alcohol addiction, rape, and non-Aboriginal individuals coming on reserve and violating people and taking the children. It provided opportunities to connect with media and share her story of her missing loved ones. This is just the beginning for all those affected by MMIWG and violence against Indigenous peoples. M. Patsy informed that she reached out to Vancouver Island Chiefs to join her efforts. Recently, she created the Cowichan Missing and Murdered Men, Women, and Children Non-Profit Society. She reached out to the Aboriginal Department of the RCMP to assist in approaching the major crimes unit to assist families in obtaining information related to their loved ones.

M. Patsy thanked Chief William Seymour, Cowichan Tribes, for his sponsorship of the first walk; Chief Thomas for his support and sponsorship of the annual walk; and Chief Jones. These Chiefs were key in spreading information on MMIWG on Vancouver Island through media outlets to assist in searching for missing loved ones.

M. Patsy commented on her efforts to pressure the RCMP and provide families with answers and information on their missing loved ones. Through the Non-Profit Society, she was able to apply for grants to fund these efforts in a spiritual and cultural way.

M. Patsy informed that annual walks would continue each year. Additionally, in partnership with Chief Seymour and Chief Thomas, a conference would be scheduled to address missing and murdered men and women.

M. Patsy requested that the Chiefs add to the First Nations Summit agenda the need to address missing and murdered men, women and children. She stressed the importance of adding men to the Inquiry whether in addition to the National Inquiry into MMWIG, or as a stand-alone inquiry. The Non-Profit Society recently received \$25,000 which would be used to fund an event honouring those missing and murdered and their families and offering assistance in their pursuit of the truth.

M. Patsy commented on efforts to pressure first responders to assist in searching for missing loved ones. She encouraged Chiefs and communities to put their voice forward to protect men, women and children to make safer communities.

Co-Chair Dick expressed appreciation to delegates for creating space that was not in the agenda to hear about such a significant event. The voices of families were loud and clear to all of Canada and the world about what Indigenous families experience and non-Indigenous peoples are being challenged to step up.

## Opioid State of Emergency

### Update Opioid Health Statistics

Dr. Shannon McDonald, Deputy Chief Medical Officer, FNHA, acknowledged the pain and loss suffered by communities since the beginning of the opioid crisis. It is one of the many addictive substances that impact communities and cause untold grief.

Dr. McDonald provided a presentation titled, "First Nations and Opioid Overdose – A Severe and Persistent Threat to Wellness", and highlighted the following:

- History of the opioid crisis
- FNHA's Framework for Action: A System Approach
- What do we know?
- Overdose events by gender
- Where is this happening?
- Overdose events by age
- Non-fatal overdose events rates by year
- Fatal overdose event rates by year
- 2018 fatal overdose rates by region
- Non-fatal overdose events among First Nations Vancouver Island Region for 2018
- Fatal overdose among First Nations VIR for 2018

- VIR First Nations Overdose events (2015-17)
- Why is the gap widening?
- Deaths averted
- What more is needed?

Dr. McDonald noted that the opioid crisis is a family and community problem and we need to work together to find solutions.

## **Regional Update**

Courtney Defriend, Regional Manager, Mental Health and Wellness, VIR, FNHA, provided a presentation titled, “Vancouver Island Opioid Response”, and highlighted the following:

- Community responses
- Away from home crisis – Campbell River, Nanaimo, Victoria
- Wholistic Approach – continuum of care
- Legacy planning.

## **Huli'tun Health Society Self-Management and Recovery Training (SMART)**

Kalem Thomas reflected on his journey of addiction to recovery. He shared that this began when he entered the Comox Recovery Centre in September for 60 days of treatment. It is a 12-step program, requiring the surrendering of your will to God, which was a barrier as an Indigenous man and his knowledge of residential schools. He discovered the Society Self-Management and Recovery Training (SMART) which did not have its tenants in religion. He acknowledged the place of 12-step programs in many people's recovery.

A significant difference between SMART and Alcoholics Anonymous (AA) was the format in which participants are allowed to speak. Through SMART, each participant is invited to share about their week specific to their successes and challenges. With AA, those new to the program are not permitted to speak until they have sufficient clean time to offer something to the rest of the group. Another significant difference with SMART is they do not use labels. Using labels to identify as an alcoholic or addict is viewed as counterproductive and unhealthy.

SMART recovery has four pillars of self-empowerment. The third pillar talks about managing through feelings and behaviours. He learned to manage his thoughts, especially his memories, to prevent them from becoming feelings. Those feelings led to unhealthy behaviours. Willpower did not influence addiction; addiction was a side effect. K. Thomas noted he was able to manage his thoughts to prevent urges under the SMART program. Following his recovery, K. Thomas was able to develop a healthy relationship with his job and he has taken time off to spend more time with his family. K. Thomas encouraged all delegates to bring the SMART program to their communities.

Thomas Hleck, Health Director, Huli'tun Health Society, acknowledged the FNHA for allowing K. Thomas to share his journey at the Caucus. He is an example of someone who did this for himself as a father, husband and son. He encouraged delegates to bring the SMART program to their communities which provides support and hope to their members.

T. Hleck acknowledged the support of the FNHA staff to assist K. Thomas by providing immediate crisis funding enabling him to seek assistance. As a result, K. Thomas was able to speak to the Caucus and share his story with communities to give them hope.



T. Hleck reported that while the SMART program is similar to AA, it is more interpersonal by encouraging participants to pull themselves up and changing their thought patterns. It does not rely on a greater power and is more internalized to provide support for one's self through changing thoughts and behaviours to manage them better.

T. Hleck advised that the FNHA agreed to support training for the program for those interested and a two-day training was scheduled for June 26 and 27, 2019 in Duncan. It would be open to 20 community staff from across the Island at no cost. The FNHA would fund any costs associated with travel and registration forms were available at the Caucus. Those completing the training would be able to facilitate groups for community members.

T. Hleck thanked K. Thomas for his attendance at the meeting to share his story.

Relative to the opioid state of emergency, discussion ensued on:

- *Appreciation to K. Thomas for sharing his story*
- *Ability to empathise with family members who struggle with addictions resulting from K. Thomas's story*
- *Efforts to strategize the removal of drugs from communities and provide assistance to those addicted*
- *Ability to provide a Statement of Readiness template as a guide to develop a strategy for potential programs*
- *Need for increased education on psychosis resulting from prolonged opioid use*
- *Need for increased education for youth on the dangers of vaping*
- *Need for doctors to quit the practise of prescribing Tylenol-3 and morphine pills*
- *Importance of focussing on healthy communities to provide a safe place for those leaving treatment to come home to*
- *Need for citizens to feel loved and supported through their journey*
- *Need for leadership to disrupt the flow of drugs into communities*
- *Suggestion that a joint meeting be scheduled between law enforcement and leadership to develop strategies to disrupt the flow of drugs into communities.*

### **MOTION (190605-03)**

That the Vancouver Island First Nation Health Council and First Nation Health Authority host a meeting between leadership, Health Directors, and local law enforcement to discuss how best to collaborate on disrupting the flow of drugs into communities.

**MOVED BY: Archie Little, Nuchatlaht (Proxy)**

**SECONDED BY: John Powell, Mamalilikulla (Proxy)**

**CARRIED**

Co-Chair Dick thanked the panel for the information, noting that everyone is touched by addiction. The journey that was shared helps us recognize the reflection needed for each journey. What you have to say will always matter to us. You are seen and you are heard. You are a role model for us.

## Directive #2: Increase First Nation Decision-Making and Control

### Political Health Advocacy with Partners on Implementation of MOU

Co-Chair Dick provided a presentation titled, “First Nations Health Council Outstanding MOU Commitments”, and highlighted:

- Mental health and wellness as a priority across BC and consistently set out in each regional Health and Wellness Plan
- Tripartite Memorandum of Understanding (MOU) on Mental Health and Wellness
- Outstanding MOU commitments
- Long-term funding commitments to transform mental health and wellness
- Mental health and wellness reporting framework
- Commitment to build and renovate First Nations’ treatment centres.

Katy Hughes provided a presentation titled, “Funding Implementation Update Tripartite MOU on Mental Health and Wellness”, and commented on:

- Statement of readiness update
- Funding approach of pre-planning and planning, collaborate, design, demonstrate
- Themes from statements received to date
- Key contacts to submit a statement of readiness.

Co-Chair Les Doiron, Nuu-chah-nulth Representative, FNHC, acknowledged K. Thomas for his strength and recognizing the teachings of his ancestors. Co-Chair Doiron encouraged delegates to look at implementing the SMART program in their communities and to invest in youth. One way his community is doing this is through the “Warriors” program which would be discussed later in the agenda.

Relative to the update on the implementation of the MOU, discussion ensued on:

- *Request for more information specific to the SMART program*
- *Importance of the role of sport in communities to foster discipline and health*
- *Empowering healthy people to declare they have the right to be safe and avoid violence and limit drugs and alcohol in communities*
- *Importance of returning to the way people were taught through the use of natural resources in the territory to encourage healthy living*
- *Acknowledgement of those in attendance who work hard for their communities*
- *Whether the SMART program could be offered in individual communities for those who have difficulty with isolation*
- *Need for further research on youth suicide rates*
- *Importance of increasing the number of fluent speakers in communities*
- *Suggestion to seek funding for self-esteem programs for those exiting treatment*
- *Suggestion to host communication workshops for communities*
- *Suggestion to develop workshop for massage for Elders.*

## Social Determinants of Health Video

A video presentation was provided by the FNHC titled, “Social Determinants of Health (SDH) from a First Nation Perspective”, which commented on:

- Remembering who we are related to culture, social support networks, gender roles and genetics
- Shared vision of healthy, self-determining and vibrant BC First Nations communities
- Transformation of First Nations health
- Importance of a strong foundation through the SDH
- Rebuilding Nations to have healthy children through community development and rebuilding the environment.

## Working Towards a Ten-Year Strategy on Social Determinants of Health

### Developing Guiding Principles to Support Family-Based Health and Wellness

Co-Chair Doiron provided a presentation titled, “First Nations Health Council Long-term Approach”, which highlighted:

- What is the Ten-Year Strategy on Social Determinants of Health?
- Mental health, social determinants, and Nation-rebuilding
- What does success look like?
- How do we get there? What do we need in place in order to make meaningful change?
- Mental health and wellness reporting framework
- First Nations partnerships strategy
- Shared investment in services
- Shared investment in good governance
- Community-driven, Nation-based planning

Relative to the Ten-Year Strategy on the SDH, discussion ensued on:

- *Definition of “community-driven and Nation-based” is determined by each community and each region*
- *Incorporation of traditional knowledge in programming to assist citizens in understanding the root of their challenges.*

Elder Cramner offered a song that talked about how people work together to make the world a brighter place in the work they do. It is a song that tells people our history.

## Family Based Planning on Mental Health and SDH

Delegates were separated into family groupings to consider the following questions:

1. What priority areas exist within your community/Nation in relation to mental health and wellness?
2. Are there areas of common interest and potential collaboration between you and your neighbours?
3. What types of supports do you feel the FNHC should advocate for from our Partners?

## Report Back on Family Based Planning

Representatives from each region were invited to report out on discussions, and offered comments regarding:

### **Kwakwaka'wakw**

*Question #1 – What priority areas exist within your community/Nation in relation to mental health and wellness?*

- Budgets
- Meeting people where they are at
- Getting support around community surveys led by health departments to gain feedback on health barriers with elders and youth
- More psych services
- Partnerships with ECE and day cares in communities with staffing
- Land based projects, not just existing ones
- Treatment programs
- Recovery programs on the land base
- Capacity development not just with training people but having competitive wages for existing staff and new hires to address gaps off reserve
- Post hospital discharge
- Better planning especially for those who have been suicidal or in psychosis
- Child and family services – have core services for families away from delegated agencies and MCFD as families are afraid to access supports in the same building for fear of being reported
- Make job descriptions more culturally appropriate
- Qualifications not based on academics
- Isolation is also an issue for urban services; mental health and wellness do not get out to remote areas
- Urban area issues include access doctors and no access to stationary services
- Engagement session was rushed; want more time to delve into conversation
- Much conversation from a community-based perspective; more time is needed to that level to contribute recommendations
- Communities want community-based plans that reflect their unique needs; not allocated into rural remote plan and urban plans; they want community-based plans that reflect their membership needs.

*Question #3 – What types of supports do you feel the FNHC should advocate for from our Partners?*

- Increase partnerships to address cultural safety issues and the lack of care services provided to Indigenous populations; many don't access services
- Ensure enough time for health records and community leaders to talk about priorities from their community perspective to feed into FNHC.

### **Coast Salish**

*Question #1 – What priority areas exist within your community/Nation in relation to mental health and wellness?*

- Urban communities that require resources and mental health support have difficulty accessing services as they are not available, or they live off reserve

- Trouble for families that live off reserve or in an urban community
- Urban community needs to be involved in discussions related to mental health
- Mental health services made available to children in school to ensure availability of counselling services to address mental health at a younger age; mental health fitness is important and underscored in schools
- Decrease in wait times for mental health referrals for children and youth and those who are most vulnerable
- Increase supports for drugs and alcohol in the area of mental health; those in crisis situations do not have access to services when they want help
- Recognition of limitations in crisis situations
- All areas and issues are a priority and important for families to access services
- Importance of culture to each person
- Reconnection with community, culture, land, and utilizing ceremonies
- Importance of bringing families home where they can be supported and looked after
- Helping families struggling with addictions to access services such as detox and counselling which is typically not available when needed.
- Availability of funding and resources for a detox bed when someone is ready to go.

*Question #2 – Are there areas of common interest and potential collaboration between you and your neighbours?*

- Opioid crisis
- Having trauma or family counsellor or psychiatrist available to community
- Neighbouring communities providing services to other communities to avoid perceived judgement to those accessing services
- Accessing drug and alcohol counsellor
- Sharing services amongst communities to ensure continuity of care to members.

## **Nuu-chah-nulth**

*Question #1 – What priority areas exist within your community/Nation in relation to mental health and wellness?*

- Supporting members living away from home
- Educating young people around being healthy, sex education and sexually transmitted diseases
- Direct funding to Nations to focus on healthy people and those who are struggling
- Manage money and addictions
- Wait times for treatment
- Come together more as family to support each other through struggles and discuss issues to be more prepared to present to the Region
- Respecting people's grieving process
- Acknowledge loss of language and culture and revitalize it
- Ceremony to allow grief and loss
- Clinical and cultural supports
- Wellness for youth drug and alcohol counselling
- Involving Elders with youth – every age matters
- Language and culture
- Partnerships with neighbouring Nations in activities to support attending cultural events or sharing knowledge

- Increase of community services outside of regular business
- Collaborate with Tribal Council and the FNHA around opportunities
- Traditional counsellors for youth in rural communities are needed and valued
- Focus on support for men and their roles and responsibilities
- Connecting with urban Nation members
- Take time to meet as a community
- Use of “best of both worlds” approach
- Implement programs and services related to domestic violence in communities.

*Question #2 – Are there areas of common interest and potential collaboration between you and your neighbours?*

- Language and culture sharing
- Meet more often and share successes as Nations; what we are currently doing and areas we need support
- Partner with Friendship Centres and other services outside of the community
- Communicate and share information
- Operate own counselling support and cultural services
- Cultural house – within each community, a place to have leaders from neighbouring Nations stay when they travel a long distance to share their knowledge
- Independent living for youth which is not covered in any Nuu-chah-nulth communities
- Provide incentive for youth aging out to learn independence and life skills, and continue with their education; provide space for them to live and a support worker to help them understand budgeting and buying food and establishing goals
- Potlatch – more participation from neighbouring communities.

*Question #3 – What types of supports do you feel the FNHC should advocate for from our Partners?*

- Tribal Council and leadership to witness dialogue and understand issues raised
- More frequent meetings to talk about what we are doing
- Need to connect with all partners and Friendship Centres to maximise services
- Support with systemic issues and intergenerational trauma related to the Sixties Scoop, MMIWG and men, and Day Schools
- What the government perspective on wellness is
- Inclusion of leadership in family discussions.

## Adjournment

The Caucus adjourned on Day 2 – June 5, 2019 at approximately 4:52 p.m.

## DAY TWO – JUNE 6, 2019

The Caucus reconvened on Day 2 – June 6, 2019 at 8:22 a.m. with an Opening Prayer offered by Elder Jim Bob, Snaw'naw'as First Nation.

## Overview of Agenda and Introduction

Co-Chair Doiron welcomed everyone to the Caucus and stressed the importance of practicing the language at every opportunity. He expressed appreciation to the Elders for sharing the songs and culture. Co-Chair Doiron provided a summary of the previous day's discussions and reviewed the agenda for Day Two.

Co-Chair Dick recognized the authentic sharing by delegates on Day One and reminded delegates that cultural support was available. She acknowledged that while the work that is done will never be comfortable, it is in that discomfort that progress is made.

Co-Chair Doiron encouraged delegates to take the information they learned at the Caucus and share it with those in their communities. That is the role of Health Directors and leaders. He further encouraged delegates to show love and support to their communities and to be kind and respectful of their fellow workers.

## First Nations Health Authority Summary Service Plan

### Evaluation of FNHA's Health Benefits Pharmacy Program for BC First Nations

Colleen Erickson, Chair, FNHA Board of Directors, acknowledged the valuable contribution of Snaw'naw'as First Nation to its territory and its endearing connection to the land. She provided a presentation titled, "2019-2020 Summary Service plan", and highlighted:

- 5-year goals and outcomes
- 2019-2020 annual key priorities
- Key priorities:
  - Evolving the FNHA operating model, including regionalization
  - Renewing partnerships with First Nations
  - Wellness
  - Knowledge development and exchange
  - Cultural safety and humility
  - Service excellence – mental wellness
  - Service excellence – primary health care
  - Service excellence – health benefits
  - Leadership and culture development.

C. Erickson provided a presentation titled, "Evaluation of FNHA's Health Pharmacy Program for BC First Nations", and highlighted:

- Evaluation of FNHA's Health Benefit Pharmacy Program for BC First Nations
- Evaluation overview
- Planning for and introducing the transition
- Changes in claims, formulary and processes
- Positive Impacts of Transition
- Negative impacts of transition

Delegates were invited to submit any questions on this program to Ted Weicker at: [tweicker@ggi.ca](mailto:tweicker@ggi.ca); and Dianne Lepa at: [Dianne.lepa@fnha.ca](mailto:Dianne.lepa@fnha.ca).

Relative to the FNHA Summary Service Plan, discussion ensued on:

- *Need for ongoing discussions related to cultural safety and humility; improvements in hospitals are imperceptible*
- *Development of a user-friendly complaint process to address issues related to hospitals, ambulances and paramedics*
- *Need to lodge complaints with IHA*
- *Whether the provision of services has improved with the regulatory framework involving NIHB and prescription drugs*
- *Encouragement to all delegates to utilize the existing complaints process to ensure all complaints are lodged*
- *Importance of the FNHC to address concerns among the Nation that accesses services*
- *Need for a navigator for all patients in hospitals*
- *Sharing information related to traditional medicines to citizens*
- *Importance of reminding citizens regularly about the complaints process*
- *Suggestion to place a visible complaints box at the reception desk in emergency departments*
- *Need for navigators' hours to be expanded to include late night discharges and weekends*
- *Addressing liability concerns when nurses administer the incorrect medications*
- *Need for discharge plans to be used again*
- *Needed improvements to 911 to ensure all communities are in its system so that paramedics can locate them*
- *Concerns related to collection agencies contacting citizens related to Medical Service Plan (MSP) and ambulance bills*
- *Concern that citizens are giving their medications to other citizens which leads to hospitalizations*
- *Delays experienced by patients when prescription orders are changed and the requirement for approval prior to filling the prescription*
- *Need for the Shingrix vaccine to be made available to everyone*
- *Need for janitorial staff in health centres to receive appropriate training and certification*
- *Need for young men to want to attend programs; they indicated they are seeking land-based healing programs*
- *Suggestion to form a working group of individuals who underwent an organ transplant to discuss challenges experienced and strategies for improvement*
- *Lack of funding and assistance available to transplant recipients to navigate the system.*

C. Erikson thanked delegates for voicing their concerns and noted the importance of the FNHA Board's attendance at the sessions. When you look at the summary service plan, Goals One and Two can only be accomplished by attending and hearing concerns and bringing them to the Board level.



## First Nations Health Authority Update

### Operations

Brennan MacDonald, Regional Executive Director, VIR, FNHA, provided a presentation titled, “Vancouver Island Update”, and highlighted:

- VIR Operations
- Overview of engagement sessions: Ahousaht, Hesquiaht, Sna’ naw’as, Homalco
- Progress update on:
  - Mental health and wellness
  - Primary care
  - Cultural safety committees
  - Elders in residence
- Regional approach with the VIR Corner Post and Living Marker to ground meetings
- VIR Partnership Accord
- Regional Health Forum 2019 to discuss rural and remote communities, and away from home members.

Appreciation was expressed to the FNHA staff for their efforts in communities.

Richard Jock, Chief Operating Officer (COO), FNHA, provided a presentation titled, “FNHA Update, VI Region Caucus”, and highlighted:

- Community Capital Program and monetization – looking to gauge interest from Chiefs
- First Nations Primary Health Care (PHC) landscape – multiple stream of PHC work occurring
- Primary Care – Our Work
- First Nation-led PC Health Human Resources model with \$2.1 million in funding for each centre
- Tripartite MOU on Mental Health and Wellness.

R. Jock acknowledged the comment related to organ transplants and informed that a team from the University of British Columbia (UBC), in partnership with Dr. Nadine Caron, was exploring how to assess and support First Nation members accessing lifesaving procedures. He commented that he would look at implementing the suggestion of a working group.

### First Nations Health Benefits

Darren McKnight and Andrea Oberdiek, jointly provided a presentation titled, “Health Benefits engagement and transition update: Next steps on Dental, Vision and MS&E”, and highlighted:

- Feedback from focus group discussions conducted throughout province
- Community Relation Team – Focus Groups
- Summary feedback – top 4 recommendations
- Partner feedback alignment through the First Nation Health Director Association (FNHDA), community and providers
- Full plan transparency – partnership with Pacific Blue Cross (PBC)
- Dental plan changes – final plan design coming fall 2019
- Vision plan changes
- Medical Supplies and Equipment (MS&E)
- Our journey continues together.

Relative to the FNHA update, discussion ensued on:

- *Accessing funds to develop programs*
- *Need for an increase in detox beds to allow for the immediate transition to a treatment centre*
- *Need for post care beyond conventional treatment programs*
- *Need for longer term facilities which include cultural and traditional components*
- *Need for the FNHA ensure its staff is adequately trained in all programs and services*
- *Whether the FNHA has an Emergency Disaster Preparedness and Response Program*
- *Appreciation to Candy-Lea Chickite, Community Engagement Coordinator, FNHA, for her dedication*
- *Need for the transition from detox centres to treatment centres to be continuous*
- *Need for better communication between hospitals and communities specific to patients being released from hospital to ensure adequate supports are in place*
- *Request that dental coverage through PBC be received prior to launch*
- *Management of Jordan's Principle by ISC and FNHC being aware of issues with the transition to address them*
- *Goal of cultural safety and humility to ensure that all Indigenous persons are treated equally to non-Indigenous persons*
- *Whether an FAQ sheet related to health benefits could be circulated*
- *Need for a process for communities to be reimbursed for costs incurred to ensure citizens have needed supplies immediately rather than waiting for approvals*
- *The need for collaboration and partnerships that are creative and innovative to increase accessibility and capacity for communities*
- *Need for support to individuals seeking to be organ donors*
- *Potential for land-based opportunities and programs located in rural and remote communities*
- *Example of a mobile detox in the Fraser Salish Region that is available seven days a week, 24 hours a day*
- *Clarification that "shovel ready" means the criteria for the social infrastructure program at the federal level and not regular treatment programs*
- *Selection of new treatment centres through a cost analysis*
- *Ability to apply funding to address neglect to the National Native Alcohol and Drug Abuse Program (NNADAP)*
- *Development of an Emergency Response Department to ensure communities receive a quick response during emergencies*
- *Development of a Crisis Response Position to work with Nations around emergency preparedness and coordinate with communities*
- *Availability of a list of Wave 1A&B and Wave 2A&B communities for Primary Care Networks*
- *Formation of a Primary Care Network Working Group*
- *Role of the Primary Care Manager to build relationships throughout the region and be the contact person to navigate inclusion*
- *Goal to partner together throughout the region to discuss priorities for family-based planning and sharing of service models*

- *Development of metrics to measure progress toward cultural safety and humility*
- *Partnership with the IHA to develop localized solutions for cultural safety and humility*
- *Development of information sheets on the new benefit plan; information will be phased out over the next few months leading up to the transition*
- *Use of the toll-free number to gain access to information on the benefit plan*
- *Ability to access personal information through registration with PBC through its website or smartphone app*
- *Continued work on orthodontics to ensure it is solidified prior to September 2019*
- *Benefits of PBC which will eliminate the need for the majority of preauthorization's and reduce the instances of communities needing to assist*
- *Confirmation that receipts submitted by communities for reimbursement will be processed*
- *Need for individuals receiving calls from collection agencies to contact a health representative*
- *Phased approach for making the Shingrix vaccine available as part of regular coverage*
- *Recent changes to Plan W based on feedback from communities including changes to diabetes medications.*

Delegates were reminded to register for the FNHDA Annual General Meeting (AGM) scheduled for September 2019 at Sun Peaks Resort in Kamloops, BC.

### **Partnership Accord Evaluation**

Megan Misovic, Epidemiologist, Policy Planning and Transformation, FNHA, provided a presentation titled, "Vancouver Island Partnership Accord Evaluation: Update and Preliminary Findings", and highlighted:

- About the Partnership Accord
- Purpose of the Partnership Accord
- Purpose of the Partnership Accord Evaluation
- Evaluation timeline
- Evaluation methods
- Who we heard from
- Future timeline which includes engagement in the Technical Advice process and report out to Regional Caucuses
- Preliminary findings.

M. Misovic noted that additional opportunity for dialogue would occur at the Health Directors table. Additional findings were available related to recommendations and discussions to move forward so support partnerships.

During the lunch break, a video presentation was provided titled, "Living Well: Transforming First Nations Health in BC".

### **Family Based Planning Video**

A video presentation was provided titled, "Nation-Rebuilding".

## Warriors Program – Sharing Best Practices

Ricardo Manmoham provided information on the Ahousaht Warriors Program, noting:

- The program was created in 2015 to provide young men the opportunity to learn traditional skills and give them a voice
- The program is based on educating young men how to provide, protect and prepare; they learn respect for the land and themselves, responsibility and self-discipline
- Each program launches in the fall and continues throughout the school year
- Each program is community specific and follows the leadership teachings of the Elders
- Programs are designed by youth; they are not based on curriculum, but instead focus on being on the land safely and letting cultural teaching occur naturally
- Challenges faced by parents and guardians including violence, drug abuse, and sexual abuse to provide support for healing
- The program created a safe environment to be traditional Indigenous men who are not afraid to cry
- There is a need to increase funding to sustain the program
- Connection with the ancestors to teach young men and write stories that will be told to future generations
- Growth in young men participating to provide cultural support and empathy in traditional ways as they move through the school system and beyond.

Co-Chair Doiron commended R. Manmoham on his work with the young men in his community and provided details on his education and background. Many of the participants come from broken families. The program takes youth from villages and brings them back to their traditional territory where they learn about traditional foods and medicines and learn to build trails for the protection of Elders.

Co-Chair Doiron commented on his observations related to the change in the young men in his community, noting they are proud and happy, and when they are proud, happy and confident, the community benefits. There is decreased drugs and alcohol abuse in young children. The youth want to be in their homeland and traditional territory. The program is community building and leads youth away from drugs and trauma.

Co-Chair Doiron committed to advancing the Ahousaht Warriors Program to Ottawa and the FNHC and he encouraged delegates to share the program with their communities and to lobby for funding for the program.

Iris Frank acknowledged the work of the FNHA and its emphasis on community. What young adults are facing, including attempted suicides can be disheartening. I. Frank encouraged delegates to invest in their youth by giving them time and space. She reflected on a story of one of the Warrior program's participants who had struggled with anxiety and depression. He needed to take medication to be okay and he is now one of the program's leaders.

I. Frank provided additional details regarding the Warriors Program, noting:

- The program started with four or five youth participating and it has grown to more than 40 youth
- It provides a feeling of safety for youth
- The program helps youth understand who they are
- The program teaches young boys discipline, and how to pay attention and be helpful.

I. Frank encouraged Health Directors to use funding to invest and collaborate with others to bring the Warriors program to their communities. The program benefits youth and Elders. Part of the seed that is planted in the youth is to have the skills they need to be ready to leave home to attend college or university.

For further information, delegates were encouraged to contact R. Manmoham at [ricardo@pacificrimleadership.com](mailto:ricardo@pacificrimleadership.com).

## **FNHC – Capital and Infrastructure**

Grand Chief Doug Kelly thanked K. Thomas and R. Manmoham for sharing their experiences. He noted that First Nations people will go a long way if they believe it will get better. He commented on what he heard that grandmothers and grandfathers need to reclaim their role and be present in children's lives. He also heard about the importance of language and culture and being on the land. He acknowledged FNHC VIR representatives for their leadership during the Caucus and in the region.

Grand Chief Kelly provided a presentation titled, "First Nations Health Council Capital and Infrastructure", and commented on:

- Commitment to build and renovate First Nations' treatment centres
- Community-based capital and infrastructure
- Federal and provincial opportunities.

## **Reflecting on Our Work: Vancouver Island Living Marker**

Jenn Smith, Living Marker, reflected on the previous year and explained her role with FNHA in Community Relations and with cultural safety and humility work. During the Caucus sessions and conversations related to roles, she learned it is about leadership, not about the Chiefs, proxies, Health Directors or titles. Everyone at the meeting, no matter their title, is present for their community and grandchildren at home.

J. Smith acknowledged that while all delegates have been impacted by residential schools whether they attended or not, First Nations people are resilient. Give them a little hope and they can go a long way.

## **Closing Remarks**

Co-Chair Doiron thanked delegates for their attendance at the Caucus and acknowledged comments provided that more time was needed for discussion during the Caucus.

## **Adjournment**

The Caucus concluded on Day 2 – June 6, 2019 at 2:53 p.m.

## APPENDIX 1 - ACRONYMS

AA	Alcoholics Anonymous
AGM	Annual General Meeting
CAT	Community Action Teams
COO	Chief Operating Officer
FNHA	First Nations Health Authority
FNHC	First Nations Health Council
FNHDA	First Nations Health Directors Association
ISC	Indigenous Services Canada
IHA	Island Health Authority
MMHA	Ministry of Mental Health and Addictions
MMIWG	Missing and Murdered Indigenous Women and Girls
MOU	Memorandum of Understanding
MS&E	Medical Supplies & Equipment
MSP	Medical Services Plan
NIHB	First Nations Non-Insured Health Benefits
NNADAP	National Native Alcohol and Drug Addiction Program
NTC	Nuu-chah-nulth Tribal Council
O&M	Operations and Maintenance
PBC	Pacific Blue Cross
PTSD	Post-Traumatic Stress Disorder
SDH	Social Determinants of Health
SMART	Self-Management and Recovery Training
ToR	Terms of Reference
TRC	Truth and Reconciliation Commission
UBC	University of British Columbia
VIR	Vancouver Island Region

## APPENDIX 2 – REFERENCE MATERIALS

The following is a list of reference materials provided in the agenda package or is available by contacting the First Nations Health Authority:

### Day One:

- Draft Vancouver Island Region – Regional Caucus – Fall 2018 Summary Minutes, held November 6-8, 2018
- Presentation titled, “First Nations Health Council Engagement Update”
- Presentation titled, “First Nation and Opioid Overdose – A Severe and Persistent Threat to Wellness”
- Presentation titled, “Vancouver Island Opioid Response”
- Evolving How We Engage FAQ
- First Nation Health Council Update and Expected Outcomes
- SMART Recovery Fast Facts
- Presentation titled, “First Nations Health Council Outstanding MOU Communities, Spring 2019 Regional Governance Caucus Sessions”
- Video presentation titled, “Social Determinants of Health (SDH) from a First Nation Perspective”
- Measuring What Matters: Please Help the FNHC Measure Future Improvements in Mental Health and Wellness
- Presentation titled, “First Nations Health Council Long-Term Approach, Spring 2019 Regional Governance Caucus”
- Presentation titled, “2019-2020 Summary Service Plan”
- Presentation titled, “Evaluation of FNHA’s Health Pharmacy Program for BC First Nations”

### Day Two:

- Presentation titled, “Vancouver Island Update”
- presentation titled, “FNHA Update, VI Region Caucus”
- 2018-2019 Annual Report, First Nations Health Authority
- Presentation titled, “Health Benefits engagement and transition update: Next steps on Dental, Vision and MS&E”
- Presentation titled, “Vancouver Island Partnership Accord Evaluation: Update and Preliminary Findings”
- Video presentation titled, “Living Well: Transforming First Nations Health in BC”
- Video presentation was provided titled, “Nation-Rebuilding”.
- Health Benefits Community Relations Representatives
- The Warrior Program Model
- Presentation titled “First Nations Health Council Capital and Infrastructure, Spring 2019 Regional Governance Caucus”
- Terms of Reference, Vancouver Island First Nations Regional Caucus, Adopted April 19, 2012

## APPENDIX 3 – DELEGATE ATTENDANCE

### Day One

#### **Chiefs**

Samantha Christiansen  
Cynthia Dick  
John Elliot  
Richard Lucas  
Anne Mack  
Moses Martin  
Rose-Ann Michael  
Michael Recalma  
Chris Roberts  
Farron Soukochoff  
Don Tom

#### **Proxy**

Paula Schwartz  
Barbara Vosper  
Doug White II  
Marian Atkinson  
Stephanie Atleo  
Angus Campbell  
Nick Chowdhury  
Patricia Hall  
Cindy Inrig  
Rose Jack  
Jessie Him  
Krista Johnny  
Coral Johnson  
Jennifer Jones  
Archie Little  
Tina McLean  
John Powell  
Kim Roberts  
Kelly Sport  
Derek Thompson  
Michelle Thut  
Asya Touchie  
Lila Underwood  
Leslie Walkus

#### **Health Director/Political Lead**

Cliff Atleo  
Julia Atleo  
Lucia Bartleman  
Vanessa Charlong  
Denise Chewka  
Sunny Cooper  
Charlene Dawson  
Rose Dumont

Bella Fred  
Glenda Gibbon  
Joan Glendale  
Sue Hanley  
Heather Hastings  
Trisha Hood  
Roxy-Merl Jones  
Warren Lauder  
Ruby Manila  
Morgan Lisa  
Jen Nelson  
Corinne Ortiz-Castro  
Glen Pallen  
Regan Seward  
Audrey Smith  
Kelli Telford  
Kristin Thomas  
Patricia Thomas  
Bill Wasden  
Dawn Willie  
Dean Wilson  
Keith Wilson

#### **Health Service Organizations**

Thomas Hleck  
Kalem Thomas  
Ricardo Manoham  
Andy Callicum  
Lynnette Lucas  
Mildred Price

### Day Two

#### **Chiefs**

Cynthia Dick  
Samantha Christiansen  
John Elliot  
Rose-Ann Michael  
Michael Recalma  
Chris Roberts  
Farron Soukochoff  
Don Svanvik  
Don Tom

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Jessie Him  
Krista Johnny  
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Glen Pallen  
Regan Seward  
Audrey Smith  
Kelli Telford  
Kristin Thomas  
Bill Wasden  
Dawn Willie  
Dean Wilson  
Keith Wilson

#### **Health Service Organizations**

Ricardo Manoham