



First Nations Health Authority
Health through wellness

2014-2015 FNHA Annual Report Presentation



The contents of the report follow the five goals outlined in the 2014-2015 FNHA Summary Service Plan:

Transition; Governance and Decision-Making; Health Services and Improvements; Partnerships; and Leadership, Organizational Development and Planning.



Priority Area 1: Transition – Concluding Transfer

- FNHA has now migrated, replaced or decommissioned 61 of the original 71 systems that were used pre-Transfer in BC
- Migration of 321,000 network file shares and replacement of over 165 users' desktop devices.
- On March 26, 2015, FNHA officially unplugged from the federal network, marking independence from Health Canada's Information Technology infrastructure with exception to Health Benefits buyback areas.



FNHA Chief Information Officer and Vice President of IIMS Joseph Mendez with a Health Canada cord, cut and framed to recognize the conclusion of FNHA systems migration from the federal government.



Priority Area 2: Governance and Decision-Making

- **FNHC/ FNHDA**
 - Secretariat Merger
- **The Gathering Space**
 - FNHDA Partner Portal
- **FNHDA Strategic Plan**

- **FNHC Strategic Plan:**
 - Promote Health Literacy and Model Healthy Leadership
 - Enhance First Nations Governance Structure and Standards
 - Provide Leadership in Transformation
 - Advance learning, advocacy, communications and group process
 - Achieve Progress on Wellness Determinants





Priority Area 2: Governance and Decision-Making

Enhancing services in the Regions

- **Regions 2.0**

- 48 Regional Staff including
- 5 Mental Wellness Workers
- 27 Community Engagement Coordinators.



- **Regional Health and Wellness Plans**

- Response to 2011 and 2012 Consensus Papers
- Inform Provincial Strategies of FNHA, FNHC, FNHDA
- Evergreen documents published in all 5 regions.

- **Regional Envelopes**

- \$15.2 million dollars allocated to regional envelopes last year
- Aligns investments with regional priorities and plans



Priority Area 3: Health Services and Improvements

Protecting and Enhancing Funding Arrangements

- Engagement and improvements
- A new Approach to the Community-Based Reporting Template (CBRT)
- Funding Increases for 2015

\$168 million was transferred directly to First Nations Health Service Organizations this year.
5.5% increase from previous year.

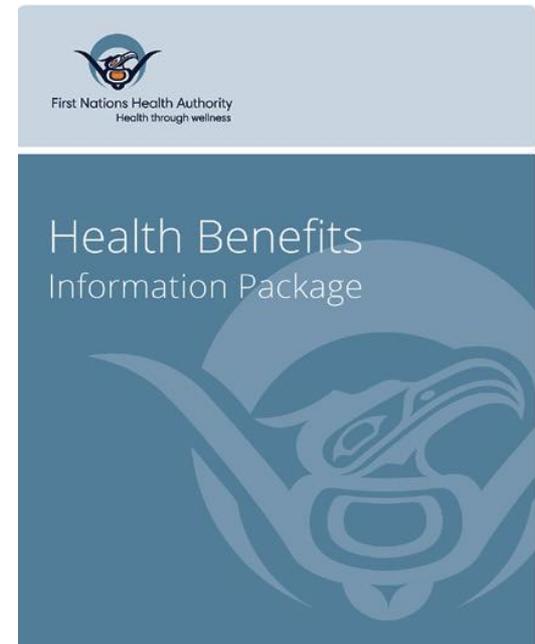




Priority Area 3: Health Services and Improvements

First Nations Health Benefits

- Rate increases
- Addition of Health Benefits Support Representative and 100% cultural competency training for FNHB staff
- Reduced processing times, better customer service and communication of First Nations Health Benefits
- Supporting citizens and providers =increased usage of services



"Thank you to you and your colleagues for providing a significantly improved program and services... Our money flow and the turnaround time for benefit exceptions have improved.."

Prince Rupert Aboriginal Community Service Society



Priority Area 3: Health Services and Improvements

- **Aligning Community-Facing Services**
 - Chief Medical Officer – Dr. Evan Adams
- **Nursing: Review, Recruitment and Retention**
 - FNHA has recruited 39 new nurses
- **Service Reviews and Improvements**
 - IRS Program
 - NNADAP Review





Priority Area 3: Health Services and Improvements

- **Crisis Response**
 - Manager of Emergency Management, crisis response protocol, Regional Directors as a central support contact for communities, and regional mental wellness advisors.
- **Supporting Community Accreditation**
 - 23 health centres and 11 treatment centres are participating in the FNHA Community CAQI Program
- **First Nations First Responders**



First Nations First Responders - 22 members from 7 rural and remote First Nations communities trained in Summer 2014. Over 140 community First Responders projected to be trained in 40-50 communities during summer and fall 2015.

Priority Area 4: Partnerships



- Federal Partners remain committed
- Regional Partnerships
- Provincial Partners
- Joint Project Board investments

- 16 New Projects in five regions
- \$15.33 Million over three years
- 86.65 New staff positions
- 15 New telehealth sites

Community-Driven, Nation-Based NEW INVESTMENTS IN BC FIRST NATIONS HEALTH

New Sustainable Investment

In 2013, the First Nations Health Authority and BC Ministry of Health agreed to jointly invest funds provided by Health Canada and the BC Ministry of Health in new locally determined primary care, maternal and child health, oral health and mental wellness and substance use services for First Nations people throughout BC.

5/5

Number of regions benefitting from investment

\$15.33 mil*

To support increased access to health services for First Nation people in BC

* At full implementation, this is the annual expenditure estimated on new services.

Region	Percentage
North	35%
Fraser Salish	8%
Interior	23%
Vancouver Island	23%
Vancouver Coastal	11%

New Staff

Based on local priorities, many of the projects hinged on the creation of new positions to support specific needs — patient navigators, nurses, part-time health teams, and other professionals.

86.65

Number of new staff positions funded throughout BC

Region	Number of Staff
North	38.25
Fraser Salish	8
Interior	16.7
Vancouver Island	14
Vancouver Coastal	9.7

Regional Projects

16 NUMBER OF NEW PROJECTS FUNDED

- Caribou Selkirk Family Services Primary Care Expansion Project
- Northern Nurse Practitioner Project
- Northern Primary Health Care Team
- Northern-MSU Mobile Support Teams
- Primary Health Care at Sitka Nation Health
- Primary Health Care at Skeena Health
- Fraser Salish Wellness System Navigators
- Fraser Salish Youth Suicide PIP Coordinator
- Fraser Salish Beer Store Home-Visit Detox and Opioid Expansion
- Stungay Carrier Children Community Health Treatment Program
- Interior Nations Mental Health Clinics and Nurse Practitioners
- Vancouver Coastal New Regional MSU Services and Clinics
- Vancouver Coastal We are Not Alone gish gish Circle of Care - Complex Care Management
- Coast Salish Teamist (Tshuqumim LPA)
- Kamloops/Interior Primary, Maternal, Child and Family Health Collaborative Team
- Nurse Navigators x 3: 1. Haislaanwalew 2. Huxalshwalew 3. Coast Salish

Telehealth

ADDITIONAL CAPACITY
Another early success includes five new clinical telehealth sites to enable improved access for remote patients to primary care and specialist services. Also 10 educational telehealth sites were created to enable community participation in educational sessions and support circles.

15 NUMBER OF NEW TELEHEALTH SITES

- 01 Boveyane Indian Band, Cache Creek
- 02 Owen Sound Health Society, Owen Sound
- 03 Houston Health (Bridge River Indian Band), Lillooet
- 04 Gitlaxanax, Hazelton
- 05 Hupla, North of Hazelton
- 06 Haislaanwalew, Fort Ware
- 07 Yu Dei Det (Sheshaanwalew Creeks), Chikako Forks
- 08 Nanangit Wellness Centre, Williams Lake
- 09 Tsay Kwa, Hazelton
- 10 Hwodech, Fort Ware
- 01 Dr. Nadine Carson specialized post-surgical consults via telehealth
- 02 Dr. Brian Stremes, Family physician, provides general practitioner services to several northern communities
- 03 Coastside Health and Wellness Centre expanded its partnership between CFPs, RNAs and the local First Nations communities.
- 04 Bella Coola - community will have increased access to renal, maternal and mental health services.
- 05 Anahim Lake - community will have increased access to primary care, mental health and specialist services.

2 NUMBER OF PROJECTS APPROVED IN PRINCIPLE

- An Aboriginal Oral Complex Care Team for BC Children's Hospital
- Lower Skeelaw: Whole-Of-System Chronic Disease Management and Prevention Team

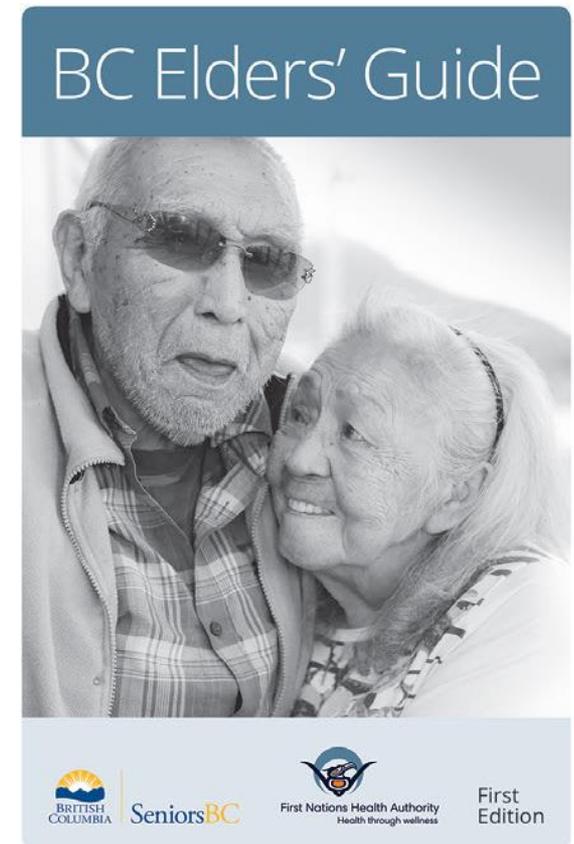


Priority Area 4: Partnerships

Our Wellness Partnerships

- **June 21 Day of Wellness Events**
- **Winter Wellness Challenge**
- **BC Elders Gathering**
 - Release of BC Elders Guide
- **Gathering Our Voices Youth Conference**
- **All-Native Basketball Tournament**
- **Hobiye**
- **BC Aboriginal Diabetes Conference**

And of course.....



Priority Area 4: Partnerships

Annual Health Leadership Challenge - Beefy Chiefs and Champions 2.0 Step Up

- Over 5,000 Step Up Participants

Total Stats - July 2014 to April 2015:

- 1,128,561,981 steps
- 3,340,035 active minutes
- 680,528 km traveled
- Almost 17 times around the circumference of the earth!



First Nations
Health Council





Priority Area 5: Leadership, Org Dev, and Planning



- Tracking and increasing number of First Nations staff - Directive 5
- Better Service, Better Services: Mandatory ICC Training
- FNHA's Accreditation Journey
 - Web and Social Media Communications
 - Supporting Moosehide Campaign
 - FNHA On-hold music



First Nations Health Authority
Health through wellness

Presentation on Financial Results Year end March 31, 2015

FNHA Annual Report Learning Circle
October 2015



Role of the Secretary Treasurer

- **Chair of Finance and Risk Management Committee**
 - The Committee reviews:
 - Financial statements of the FNHA
 - Changes or proposed changes to policy or practice
 - GAAP, legal compliance and internal controls
 - The committee also works directly with Auditors to address obstacles and provide oversight to FNHA operations
- **2014-2015 Audit- What we heard**
 - Files were clean and well prepared
 - FNHA has in place a mature and well-structured chart of accounts
 - Another clean audit opinion



Financial statement format

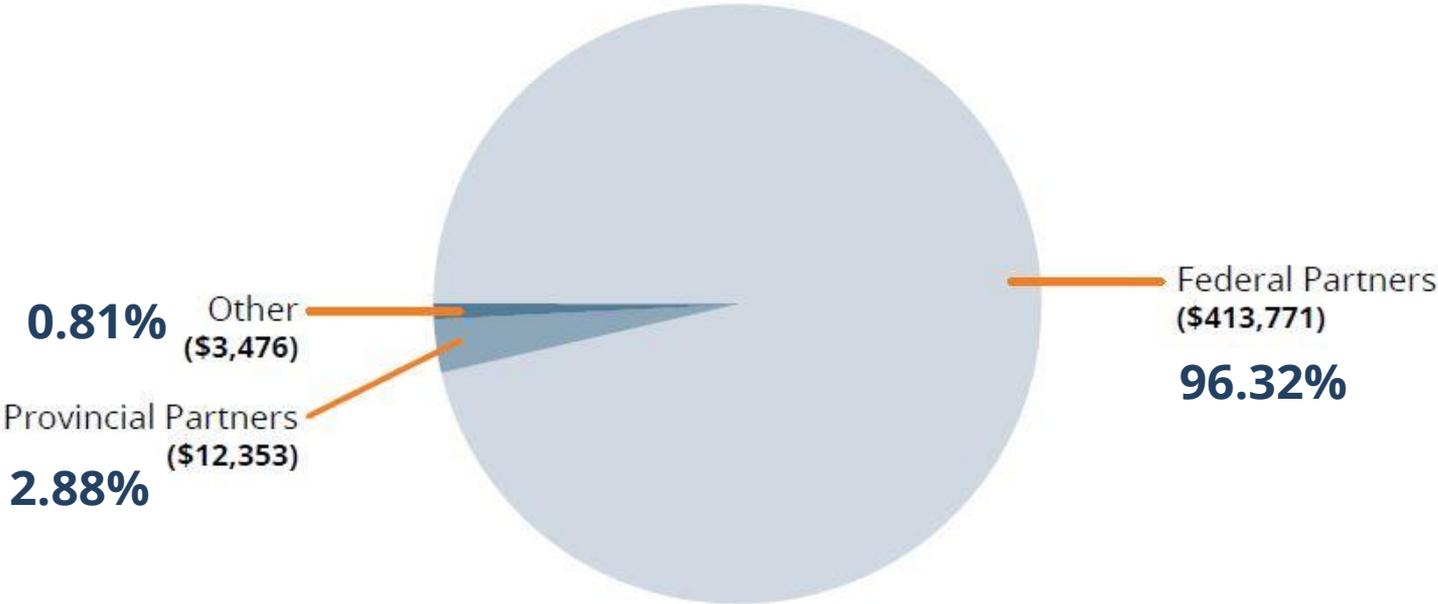
New financial statement captions that allow for meaningful groupings.

First Nations Health Authority	
Fiscal 2014/2015 Financial Statement - Explanation of statement of operations categories	
Financial Statement Structure	
Operations:	
Corporate Operations	Includes Salary, Benefits, and Operations and Maintenance costs for Operating cost centres (Board, CEO Office, Finance, Human Resources, IMIT (not E-Health expenditures), Corporate Services (not community O & M costs), Implementation costs + Amortization of assets.
Governance and Community Engagement:	
First Nation Health Council	Salary, benefits, director remuneration and travel and operations costs for FNHC
First Nations Health Directors Association	Salary, benefits, director remuneration and travel and operations costs for FNHDA
First Nations Engagement	Caucus session costs, Regional Tables, Gathering Wisdom, and contract payments to community coordinators.
Regional Operations	Salary, benefits, travel and operations costs for regional departments
Program Services:	
Health Benefits	Includes all Health Benefits related costs: Salary, Benefits, Operations and Maintenance, MSP, Health Benefit expenditures and Dental Therapy costs. Contribution Agreement payments to communities are reflected in Direct Community Services funding
Direct Community Services Funding	Contribution Agreements and grants payable directly to the communities. This includes Health Actions community funding, CEH community agreements and non-CEH regional community funding.
Health Services and Programs	Includes: 1) Salary, Benefits, Operations and Maintenance for Chief Operating Officer (PPCS, Health Services and Nursing Services), the Chief Medical Officer, and EHealth/Telehealth ; 2) Contribution Agreements and grants payable to non-community recipients and treatment centres ; 3) Community operation and maintenance cost (non-salary related)



Revenue

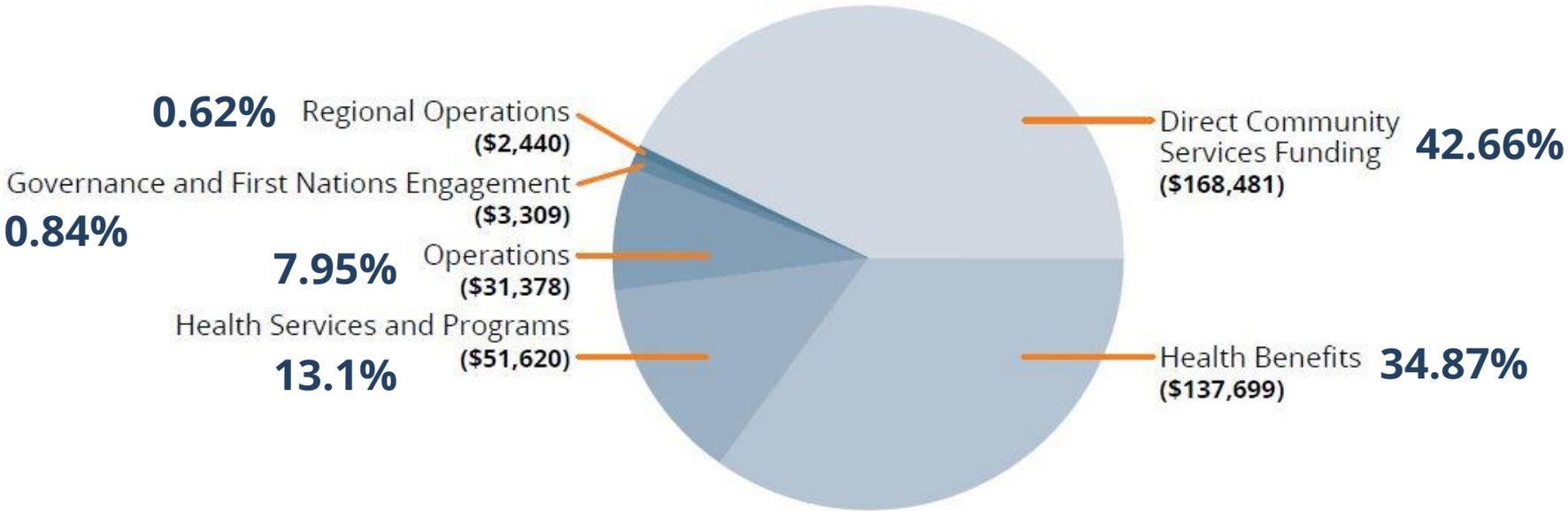
2015 REVENUE TOTAL (figures in thousands): \$429,600





Expenditures

2015 EXPENDITURES TOTAL (figures in thousands): \$394,927





Money in the Bank and Restrictions

Money in the bank totals \$48.2 million of which 37.4 million is earmarked for Health Transformation, Health Service Enhancement, and Infrastructure reserve.

10.8 million is **restricted** fund for Joint Project Board, Health Actions and Federal Tobacco and Prescription drug abuse.

	Fiscal 2015	Fiscal 2014
Health Transformation Reserve	9,379,555	9,379,555
MSP Project Board	7,929,033	3,965,856
Health Actions Initiatives	2,268,018	2,270,371
CCFA - Federal Tobacco Control Strategy Funding	390,243	-
CCFA - Prescription Drug Abuse Funding	256,818	-
Health Service Enhancement Reserve	13,000,000	-
Infrastructure Reserve	15,000,000	-
	48,223,667	15,615,782



Schedule 3 Expenses by Region

(thousands of dollars)

Year ended March 31, 2015, with comparative information for 2014

	North ¹	Interior	Vancouver Island	Fraser ¹	Vancouver Coastal	2015 Total ²
Direct community services funding	\$ 54,369	\$ 40,028	\$ 39,456	\$ 14,097	\$ 16,733	\$ 164,683
Health services and programs	11,861	6,175	3,170	1,176	2,123	24,505
Health benefits ²	1,675	1,075	568	279	1,024	4,621
First Nations engagement	329	281	211	131	107	1,059
First National Health Council	87	125	179	101	102	594
First Nation Health Directors	50	63	43	32	41	229
Regional operations	375	407	522	254	256	1,814
Corporate operations	47	24	16	1	4	92
Total	\$ 68,793	\$ 48,178	\$ 44,165	\$ 16,071	\$ 20,390	\$ 197,597

	North ¹	Interior	Vancouver Island	Fraser ¹	Vancouver Coastal	2014 Total ²
Direct community services funding	\$ 27,325	\$ 16,885	\$ 19,421	\$ 5,625	\$ 8,171	\$ 77,427
Health services and programs	5,757	2,514	1,047	360	1,133	10,811
Health benefits ²	882	499	186	113	444	2,124
First Nations engagement	163	221	96	97	58	635
First National Health Council	99	112	125	104	75	515
First Nation Health Directors	37	67	33	40	49	226
Regional operations	167	102	109	91	82	551
Corporate operations	101	41	8	1	83	234
Total	\$ 34,531	\$ 20,441	\$ 21,025	\$ 6,431	\$ 10,095	\$ 92,523

Note 1: First Nation Health Council costs for the North and Fraser regions include a portion of the costs for Chair and Vice Chair related to work done in the region.

Note 2: Health Benefits regional costs represent direct payments to providers for vision, patient travel and mental health based on their band location and not where the services were provided. The majority of Health Benefit costs are presently not tracked at regional levels, this includes the current buyback arrangement with Health Canada.



Audited financial statements and Annual Report

- **What else did the Audit Identify?**
 - Part of the Job of an auditor is to identify areas Performance Improvement and Observations
 - As a result of the audit the FNHA updated/enhanced its 2009 Whistleblower policy and added a hotline and procedures. These were subsequently shared and communicated to staff.